

ALBANY TEMPORARY TRANSITION SHELTER

VERIFICATION OF HOMELESSNESS

Name: _____ Date: _____

Referred By: _____

1. As of today, do you have a place in this area that you consider to be a permanent place where you live? A permanent place would be a house that you rent or own, an apartment that you rent, a room that you rent, or a living arrangement that allows you to sleep at a relative or friend on a regular basis, 5 or more days a week?

- Yes (STOP HERE)
- No (If no, continue)

2. If you do not have a permanent residence, where have you been living?

- Homeless Shelter/Shelter Name and Location: _____
- Transitional Housing Facility for homeless persons and originally came from the streets or emergency shelter Facility Name and Location: _____
Prior to Transitional Housing where were you living? _____
- In a place not meant for human habitation such as in a car, van, truck, or other vehicle
- Anywhere outside (on the streets, in parks, in campgrounds)
 - Albany Bulb, For how long? _____
 - Other _____
- In a migrant worker camp
- In an abandoned building
- Other _____

3. What is your current income? _____

3A. Do you feel you have the financial means to obtain and maintain a permanent place to stay?

- Yes
- No

4. Certification

I, _____, do hereby certify that the answers I have given to the preceding questions are true and accurate.

Signature of Applicant

Date

A person is homeless if he/she is "an individual who is living on the streets or in an emergency shelter, or would be living on the street or in an emergency shelter without the SHP assistance. A person is considered homeless only when he/she resides in one of the places described above.

Based on the responses to the preceding questions given by the above program applicant

I, _____, a staff member of **Operation Dignity** find that _____

- is
- is not

homeless according to the definition of homelessness stated above.

Signature of Staff Member

Date