



The Housing Authority of the County of Cook
175 West Jackson Boulevard, Suite 350
Chicago, Illinois 60604
(312) 663-5447
www.thehacc.org

Homeless Verification Form
(To be completed by Service Provider or Agency Staff)

Applicant: _____ **Last 4 Digits of SSN:** _____ **Date** _____

To be eligible for the homeless preference in admissions to the HACC's programs, applicants must meet one of the HACC's definitions of homeless. Please check the appropriate box and attach supporting documentation from the list of Recordkeeping Requirements. Documentation must be on an agency's letterhead. If this verification form is being used as a self-certification, the applicant must check the appropriate box and sign below.

Definition of Homeless – check appropriate box for definition that fits your circumstances: Individual or family who lacks a fixed, regular, and adequate nighttime residence due to which of the following:	
<input type="checkbox"/>	Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
<input type="checkbox"/>	Is living in a supervised publicly or privately operated shelter
<input type="checkbox"/>	Is exiting an institution where (s)he temporarily resided (90 days or less) and was residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings

Recordkeeping Requirements for Verification of Homeless Status – check appropriate box for documentation you will supply:	
<input type="checkbox"/>	Written observation by the outreach worker, including when observed, where observed, and how often
<input type="checkbox"/>	Written referral by another housing or service provider attesting to the homeless status
<input type="checkbox"/>	Certification by head of household or individual seeking assistance that he/she was living on the streets or in a shelter, for how long, and the last permanent address with the dates living there
For Individuals Exiting an Institution Provide one of the forms of evidence above AND one of the following:	
<input type="checkbox"/>	Discharge paperwork or written referral from the institution
<input type="checkbox"/>	Written record of intake worker's due diligence to obtain above evidence AND certification by the individual that they exited the institution

Signature: _____ **Printed Name:** _____

Agency Name: _____ **Position:** _____

For Self-Certification Only: My signature below indicates the information provided on this form is true and correct and that knowingly providing false information may result in denial of housing assistance.

Applicant Signature (self-certification only): _____

