

SHDP Participant Eligibility Certification

Unit # _____

Resident: _____

Check eligibility for the Special Needs occupancy requirement specified in the Land Use Restriction Agreement and other documents.

Persons living on the street

Persons coming from living on the street
(and into a place meant for human habitation)

Persons coming from an emergency shelter

Persons coming from transitional housing for homeless persons

Persons being evicted from a private dwelling

Persons from a short-term stay (up to 30 consecutive days)
in an institution who previously resided on the street or in an
emergency shelter

Persons being discharged from a longer stay in an institution

Persons fleeing domestic violence

Persons coming from overcrowded/housing

Persons under 21 with developmental disabilities

Homeless veterans

Survivors of domestic violence & children

Non-homeless with disabilities: persons with mental, physical,
or developmental disabilities; persons with substance use disorders;
persons diagnosed with HIV/AIDS, and other population
approved by the Agency

Other _____

Household Certification & Signatures

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief.
The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Signature

Date