

# SHDP PARTICIPANT ELIGIBILITY CERTIFICATION

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Unit No./Bed No./ID No.

This is to certify that the above named individual or household meets the Special Needs occupancy requirement specified in the Declaration of Deed Restrictions. Please select which option best describes your current situation:

**CATEGORY 1** – Individual or family who lacks a fixed, regular and adequate nighttime residence as follows:

- My Primary nighttime residence is a public or private place not meant for human habitation;
- I (and my children) are living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

**CATEGORY 2** – Individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
  - No subsequent residence has been identified; and
  - I (and my children) lack the resources or support networks needed to obtain permanent housing.

**CATEGORY 3** – An unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:

- I am defined as homeless under another federal statute;
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows:  
\_\_\_\_\_  
\_\_\_\_\_

**CATEGORY 4**

- I am an individual or family that is:
  - Fleeing, or attempting to flee due to domestic violence;
  - Have no other residence; and
  - Lack the resources or support networks to obtain other permanent housing

**OTHER** – Persons with one of the following special needs:

- Disabilities which are expected to be permanent; In substance abuse treatment; In hospice care; Children in foster care or other licensed facilities; Young adults aging out of foster care or other licensed facilities;

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date