SHD PARTICIPANT CERTIFICATION

Completed by each household indicating the special needs population met per Regulatory Agreements/Documents

	population met per Regulatory Agreements/ Documents
Development Name:	_
Head of Household Name or ID:	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 - LITERALLY HOMELESS	
 Individual or family who lacks, regular and adequate nighttime residence, meaning: Primary nighttime residence is public or private and not meant for human habitatio Living in a public or privately-operated shelter (congregate shelters, transitional ho or federal, state and local government) Exiting an institution where I have resided for 90 days or less and who resided in an immediately before entering that institution 	on; ousing and hotels and motels are paid for by charitable organizations
☐ CATEGORY 2 - IMMINENT RISK OF HOMELESSNESS	
Individual or family who will imminently lose their primary nighttime residence provided that:	
 Residence will be lost within 14 days of the date of application for homeless assistance; and No subsequent residence has been identified; and The individual or family lacks the resources or support networks needed to obtain other permanent housing 	
The individual of family facks the resources of support networks needed to obtain o	oner permanent nousing
\square Category 3 - Homeless under other Federal Statutes	
Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:	
 Are defined homeless under another federal statute: Have no lease, ownership interest, or occupancy agreement in permanent housing f Have experienced persistent instability as measured by two (2) moves or more during status for an extended period, due to special needs and barriers 	
☐ CATEGORY 4 FLEEING/ATTEMPTING TO FLEE DV	
Any individual or family who:	
 Is fleeing, or is attempting to flee domestic violence; sexual assault, stalking or huma Has no other residence; and Lacks the resources or support networks to obtain other permanent housing 	an trafficking
☐ AT RISK OF HOMELESSNESS	
Individual or family with annual income below 30% AMI; and lacks the resources of housing; and meets \underline{one} of the following:	support networks needed to obtain other permanent
 Has moved because of economic reasons 2 or more times during the past 60 days Is living in the home of another because of economic hardship 	
 Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after date of 	
 application for assistance Lives in a hotel or motel, cost NOT paid for by charity or other assistance 	
 Lives in a single-room occupancy or efficiency apartment unit in which there reside there reside more than 1.5 persons reside per room 	more than two persons or lives in a larger housing unit in which
 Is exiting a publicly funded institution or system of care; Otherwise lives in housing that has characteristics associated with instability and an 	n increased risk of homelessness
□ OTHER	
Person with one of the following special needs:	
 Disabilities which are expected to be permanent; In substance use treatment; In hos adults aging out of foster care or other licensed facilities 	spice care; Children in foster care or other licensed facilities; Young
Under penalty of perjury, I/we certify that the information presented in this certification is tru further understand(s) that providing false representations herein constitutes an act of fraud. Fermination of a lease agreement.	
Printed Name Signature	Date
	NCHEA - Undated 2 /2022