



**Self-Verification  
Long-Term Homeless Housing Status**

**Instructions:**

This self-verification form may be used to verify homeless eligibility when no other verification is possible. It may be used to self-verify one or multiple episodes of homelessness. Both the applicant and a housing or service professional must sign this form.

Please complete one to four years of housing history below, starting with the most recent.

**Print Applicant Name**

**Housing History      Date of Assessment:**

Type of Living Situation*	Living Situation Name, Location	Approximate time period (start and end dates)	Reason not able to document through other methods

\*Type of Living Situation: Choose from emergency shelter, transitional housing, psychiatric facility, substance abuse treatment, hospital, jail/prison, staying with friends/family, rental housing, other (please specify).

**Comments/Notes**

---



---



---



---

**SIGN AND DATE REVERSE SIDE**

**Applicant verification:** I hereby verify the information provided on this form is accurate and true.

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**Housing or Service Professional Determination:**

For program eligibility purposes, the definition of long-term homelessness is:

**Households experiencing long-term homelessness:** Means persons including individuals, unaccompanied youth and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization, incarceration, or transitional housing shall be excluded when determining the length of time a household has been homeless.

I hereby verify the Applicant:

- meets the definition of long-term homelessness or  
 does not meet the definition of long-term homelessness or

Name: \_\_\_\_\_

Title of Professional: \_\_\_\_\_

Company/Agency Name and Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Professional:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Telephone Number:

\_\_\_\_\_  
Fax:

\_\_\_\_\_  
Email:



## Long-Term Homelessness Eligibility Form

This form is required to verify eligibility for Long-Term Homelessness (LTH) and must be kept in the tenant file of the housing provider.

**Verification Steps**

The service provider/assessor who completes this form should:

- List **two to four** years of all housing history below, starting with the most recent date. Approximate dates (month/year) may be used, and intermittent shelter stays (e.g., within one month) may be grouped together. If necessary, continue to list living situations on page three.
- For **type of living situation**, choose from: emergency shelter, transitional housing, psychiatric facility, substance abuse treatment, hospital, jail/prison, staying with friends/family, rental housing, a place not meant for human habitation, or other (specify).
- The agency documenting LTH eligibility must attempt to verify each homeless episode and attach a paper copy of the evidence to this form. **Verification** may be via: letter, Third Party Verification Form, email, phone conversation (include date, name and number of the person you talked to), or evidence in HMIS or another database.
  - If third party verification is not feasible for one or more of the homeless episodes, the applicant may self-certify. List "self-cert" in the verification type, and explain in the comments section why third party verification is not possible.

Print Applicant Name \_\_\_\_\_

Start/End Dates	Type of Living Situation	City and State AND Facility Name OR Address	Reason for Leaving	Verification Type	# Months Homeless

**Comments/Notes/Reason For Self-Certification**

**Important!** Eligibility requirements for homeless status depend on the type of program.

**Households Experiencing Long-Term Homelessness:** Persons, including individuals, unaccompanied youth, and families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Exclude any period of institutionalization, incarceration, or transitional housing when determining the length of time a household has been homeless.

**Households at Significant Risk of Long-Term Homelessness:** Includes (a) households that are homeless or recently homeless that have members who were previously homeless for extended periods of time and are faced with a situation or a set of circumstances likely to cause the household to become homeless in the near future, or (b) previously homeless persons who will be discharged from correctional, medical, mental health or treatment centers who lack sufficient resources to pay for housing and who do not have a permanent place to live.

For more information, please read: [LTH Definition Eligibility Common Questions](#) found at [mnhousing.gov](#).

**Applicant Verification**

I verify the information provided on this form is accurate and true.

Print Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature

Date

**Service Provider Determination**

I have determined that the applicant:

- Meets the definition of long-term homelessness
- Meets the definition of significant risk of long-term homelessness
- Does not meet either definition

Print Name: \_\_\_\_\_  
Title of Professional: \_\_\_\_\_  
Company/Agency Name and Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature

Date

