



# CERTIFICATION OF HOMELESSNESS

## Monument Crisis Center

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

MCC#: \_\_\_\_\_

Monument Crisis Center's clients must provide a form of identification, proof of address and proof of income. If you cannot obtain the necessary documentation due to homelessness, a Certification of Homelessness is required prior to receiving any of the Center's services.

**Please fill out the following form in order to verify client's status as homeless.**

I certify that the following is true for myself/my household (check all that apply):

- I/We have no housing.
- I/We have no consistent place to live (less than 90 days).
- I/We am/are about to lose the housing I(we) currently live in.
- I/We have no resources to obtain consistent housing.
- I/We reside in an emergency shelter. Name \_\_\_\_\_
- I/We am/are moving from Transitional Housing.
- I am leaving a hospital or other institution and was homeless upon entering the facility.
- I/We am/are living in a car.
- I/We am living on the street.
- Other \_\_\_\_\_

I verify that the above statements are true and that I/my household lack(s) a fixed, regular, and adequate form of housing.

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

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

<b>Staff</b>	
<b>Initials:</b>	_____
<b>Date:</b>	_____