



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: ____ / ____ / ____

Staff	
Initials:	_____
Date:	_____