



Emergency Housing Voucher (EHV)

ELIGIBILITY CERTIFICATION

EHV Applicant (Print) Last Name: _____

First Name: _____

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above named individual or household meets the following criteria based on the check mark, other indicated information, and signature indicating their current living situation

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation:

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

FOR OFFICIAL USE ONLY

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Count (HIC) report submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).

Living Situation: Recently Homeless

The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (ex. Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.)

This referring agency must appear on the CoC's Housing Inventory Count (HIC) report submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

Emergency Shelter OR A place unfit for human habitation

Living Situation: At-Risk of Homelessness

The person(s) named above is/are currently at-risk of homelessness as outlined at 24 CFR 578.3, which can also be found in PIH Notice 2021-15 in section 8.b.

The referring agency is responsible for maintaining documentation supporting clients at-risk of homeless as stated above.

Authorized Agency Representative Name (Print): _____

Signature: _____ Date: _____

CES Convener Name (Print): _____

Signature: _____ Date: _____

CoC Collaborative Applicant Name (Print): _____

Signature: _____ Date: _____
