



147 S. Main Street
P.O. Box 1149
Warrenton, OR 97146
503-861-0119

Verification of Homelessness for Wait List Preference

Date: _____

Applicant's Name: _____

Agency verifying homelessness: _____

Representative: _____ Phone or Email: _____

The individual/household lacks a fixed, regular, and adequate night-time residence, meaning
(a) a public or private place not meant for human habitation (e.g. park, car); OR
(b) a publicly- or privately-operated shelter designated to provide *temporary* living arrangements (including congregate shelters, transitional housing, and daily/weekly rate motels); OR
(c) existing in an institution where s/he has resided for 90 days or less AND who lacked a fixed night-time residence as described in (a) or (b), above.

YES NO

The individual/household face imminent loss of their primary night-time residence, provided that

(a) residence will be lost within 14 days preceding the date of application for homeless preference; AND
(b) subsequent residence has not been identified; AND
(c) the individual/household lacks the resources or support network needed to obtain other permanent housing.

YES NO

Unaccompanied youth under 25 years of age, or households with children/youth, who otherwise do not qualify as homeless under these definitions of homelessness, but who
(a) meet other federal definitions of homelessness (*please provide description); AND
(b) have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homelessness verification; AND
(c) have experienced persistent instability as measured by two or more moves during the preceding 60 days; AND
(d) expect to continue in such status for an extended period of time.

YES NO

The individual/family is

(a) fleeing or attempting to flee domestic violence; AND
(b) has no other residence; AND
(c) lacks the resources or support networks to obtain other permanent housing.

YES NO

I verify that the person listed above meets the identified definition(s) of homelessness.

Agency Signature: _____ Date: _____

*Description of other federal definition of homelessness: _____
