

**CES FL 507 Category 4
Non-VSP Client Statement Certification**

RE: _____
Participant's Name (print)

Participant Unique ID/HMIS ID:

The above participant has applied for assistance with our agency's federally funded housing program. Federal regulations require a documented certification that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; has no other residence; and lacks the resources and support networks needed to obtain other permanent housing.

Where the safety of the individual is not in jeopardy, the condition must be verified by a written observation by the intake worker or a written referral from an appropriate source. The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening condition.

SECTION BELOW TO BE COMPLETED BY THE INDIVIDUAL/HEAD OF HOUSEHOLD OR INTAKE STAFF

Select all that apply:

- I/We are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions.
- I/We lack the support networks (family, friends, faith-based or social networks) or resources needed to obtain other permanent housing.
- I/We have no other residence or housing resource.

Can this information be verified without jeopardizing your safety?

- YES NO

How can this information be verified? (select one)

- Verbal/Written statement provided by friend/family
- Verbal/Written statement provided by social service provider/case manager
- Verbal/Written statement provided by participant

I certify that the above-selected statements are accurate and complete.

Name (print clearly)

Signature

Date

If the form is completed by Non-VSP intake staff:

I certify that the above-selected statements are true and complete, as reported to me by the applicant.

Staff Name (print clearly)

Signature

Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.