

Verification -Homeless Admission Preferences

Applicant: _____ DOB: _____

The Wilson Housing Authority has adopted local preferences for its public housing and housing choice voucher programs for two groups of homeless applicants as described below. This verification must be completed before any person is assigned one of these preferences.

The undersigned hereby certifies that the applicant listed above qualifies for one of the following preferences (*please initial the applicable paragraphs*):

1. _____ *Homeless Families with Case Management Support*: The applicant above has for the last 90 days or more have been living in a place not meant for human habitation, in an emergency shelter, in transitional housing, or is exiting an institution where they temporarily resided (up to 90 days) if they were in a shelter or place not meant for human habitation before entering the institution: or is an unaccompanied youth or a family with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under the definition above, and

_____ Is receiving regular case management support from my agency and will continue to receive regular case management support after receiving a public housing or HCV voucher unit for at least one year.

OR

2. _____ *Homeless Victims of Domestic Violence*: The applicant above is an individual or member of a family who is fleeing, or are 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, and

_____ The family is currently residing in a domestic violence shelter or a transitional housing program as a result of that domestic violence.

Per agency policy, the Wilson Housing Authority will only accept this letter if it is signed by a representative one of the following agencies: Hope Station, The Wesley Shelter, The Wilson County Department of Social Services, The American Red Cross, Veterans Residential Services, Wilson County Schools, Carolina Family Health Centers' Ryan White Program, Carolina Outreach Community Support Team, Stepping Stones Community Resources, or the Wilson County Office of the Division of Vocational Rehabilitation Services. If you have any questions about this form please contact Timothy Rogers at the Wilson Housing Authority at 252-291-2245.

Agency: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____