

SHARP PARTICIPANT CERTIFICATION

Completed by each household indicating the Qualifying Population met per Regulatory Agreements/Documents

Development Name: _____

Head of Household Name or ID: _____

Unit No/Bed No/ID No: _____

This is to certify that the above named individual or household meets the Qualifying Population requirement specified in the Declaration of Deed Restrictions. Please select which option best describes your current situation:

CATEGORY 1 – HOMELESS

Individual or family who lacks a fixed, regular and adequate nighttime residence, meaning:

- Primary nighttime residence is public or private and not meant for human habitation;
- Living in a public or privately-operated shelter (congregate shelters, transitional housing and hotels and motels are paid for by charitable organizations or federal, state and local government).
- Exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Individual or family who will imminently lose their primary nighttime residence, provided that:

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; and
- The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- Are defined homeless under federal statutes
- Have no lease, ownership interest, or occupancy agreement in permanent housing for 60 days prior to the homeless assistance application;
- Have experienced persistent instability as measured by two (2) moves or more during the preceding 60 days; and can be expected to continue such status for an extended period due to special needs and barriers

CATEGORY 2 - AT RISK OF HOMELESSNESS

Individual or family with an annual income below 30% AMI (Extremely Low), as determined by HUD and lacks the resources or support networks needed to obtain other permanent housing; and meets **one** of the following:

- Has moved because of economic reasons 2 or more times during the past 60 days;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after date of application for assistance;
- Lives in a hotel or motel, cost NOT paid for by charity or other assistance;
- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room;
- Is exiting a publicly funded institution or system of care;
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness

CATEGORY 3 – FLEEING OR ATTEMPTING TO FLEE: DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING OR HUMAN TRAFFICKING, as defined by HUD (24 CFR 5.2003).

CATEGORY 4 – OTHER HOUSEHOLDS WITH HIGH RISK OF HOUSING INSTABILITY AND AT-RISK OF HOMELESSNESS

Individual or family who does not meet one of the above-mentioned categories. Other populations where providing supportive services or assistance under section 212(a) of the Act (42 U.S.C. 12742(a)) would prevent the family's homelessness or would serve those with the greatest risk of instability

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Printed Name

Signature

Date

NCHFA - Updated 3/2023

