



Form: Household Level Attestation: Experiencing or at Imminent Risk of Long-Term Homelessness

Please note: There is an HMIS data entry requirement associated with this form.

Experiencing or at Imminent Risk of Long-Term Homelessness

Name of Head of Household: _____ Date of screening: _____

1. Household is earning between 0-30% Area Median Income (AMI); **AND**

2022 Income Limit	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30% AMI	\$22,380	\$25,560	\$28,770	\$31,950	\$34,530	\$37,080	\$39,630	\$42,180

2. Head of household has a disabling condition. This can include a physical, psychological or cognitive disability, a chronic illness, or an addiction;

This can be self-certified. The disability does not need to be diagnosed or documented by a third party; **AND**

3. Head of household is currently (client only needs to meet one of the following criteria):

- a. Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); **OR**
- b. In an institution or publicly funded system of care (e.g. hospital, jail, prison, or foster care); **OR**
- c. In housing and will become literally homeless within 14 days of the date of application for homeless assistance and/or has received an eviction (this includes households that are involuntarily doubled-up); **OR**
- d. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing.

Question 3 and 4 can be self-certified or certified by a supportive services provider. No additional documentation is required; **AND**

4. Head of household meets one or more of the following criteria:

- a. Has been literally homeless, institutionalized in a publicly funded system of care, and/or involuntarily doubled-up for a combined total of 12 or more months over the past 3 years; **OR**
- b. Was housed through another Homeless Assistance Housing Program in the last 3 years and is not currently being served in that program; **OR**
- c. Is being served in an intensive case management program (e.g. Assertive Community Treatment)

Multnomah County
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Page 2 of 2

Priority Population A

The head of household meets all four of the above criteria. The head of household is experiencing or at imminent risk of long-term homelessness.

Priority Population B

The head of household did not meet all four of the above criteria. The head of household is applying for homeless services and at substantial risk of homelessness and/or is experiencing any form of homelessness.

Completing this screening does not necessarily mean eligibility for a specific program or service.

Certification Box

I certify (*name of head of household*) _____ is in
priority Population A or B (Check one).

Staff Name: _____

Work Phone: _____

Staff Signature: _____

Date: _____

Staff Agency: _____

Email: _____

Note on Area Median Income (AMI): The Department of Housing and Urban Development (HUD) sets AMI limits every year. **This form needs to be updated on an annual basis to reflect these changes** (usually the new income limits come out in April). HUD develops AMI based on Median Family Income estimates and Fair Market Rent Area Definitions for each metropolitan area. Multnomah County is part of the **Portland-Vancouver-Hillsboro, OR-WA MSA** metropolitan area. This includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington & Yamhill Counties.