



WALWORTH COUNTY HOUSING AUTHORITY

affordable housing is the foundation to build a strong community

20 N Church Street, Suite 1 • Elkhorn, Wisconsin 53121

Phone: 262-723-6123 • Fax: 262-723-2079

CERTIFICATE OF HOMELESSNESS

To be completed by Homeless Service Provider

The Walworth County Housing Authority offers a homeless preference for the Section 8 Voucher Program wait list to individuals/families who are homeless within Walworth County and are certified as homeless by a homeless service provider*, such as Twin Oaks Shelter for the Homeless.

*homeless service provider: Any non-profit agency with services designed to serve individuals experiencing homelessness, law enforcement, health care workers, street outreach workers, emergency shelters, food banks and governmental organizations.

Homeless Preference Definition:

An individual or family, who lacks a fixed, regular, and adequate nighttime residence that meets certain, defined criteria. Defined criteria include: **A.** living in a publicly or privately-operated shelter designated to provide temporary living arrangements, **B.** is 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, **C.** has a primary nighttime residence that is a public or private place not meant for human habitation or **D.** is fleeing, or is attempting to flee, domestic violence; has no other residence **and** lacks the resources or support network to obtain permanent housing.

NOTE: Doubling up, "couch-surfing, or anticipating homelessness is NOT considered as eligible criteria for the homeless preference.

Name of Applicant: _____

City/Zip code where applicant typically stays: _____



Failure to provide a fully completed “Certificate of Homelessness” will result in denial of a preference request.

Staff from a public shelter or social service agency may complete this form.
A police department official may only respond to item C below.

*NOTE: The person completing this form **MUST** be serving in an official capacity AND must have direct knowledge of the applicant’s current living situation based on a professional relationship with the applicant.*

Please check which of the following describes the applicant’s current shelter arrangements.

- A. _____ Applicant is currently residing in a publicly or privately-operated shelter designated to provide temporary living arrangements.

- B. _____ Is 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.

- C. _____ Applicant has a primary nighttime residence that is a public or private place not meant for human habitation. Please specify current living accommodations:

- D. _____ Applicant is fleeing, or attempting to flee, domestic violence; has no other residence and lacks the resources or support network to obtain permanent housing.

Signature: _____ Printed Name: _____

Agency Name: _____ Date: _____

Completed Certificates of Homelessness may be returned to the Walworth County Housing Authority by: email: kfriend@wchawi.com OR fax: 262-723-2079

