

## **GEORGIA HOUSING VOUCHER PROGRAM (GHVP)**

## **GHVP-22: Certification of Homelessness History**

## Please complete this document as a PDF to avoid legibility issues.

This document may be used to determine whether an individual or family meets the definition of chronic homelessness. The current or most recent episode of homelessness should be identified as well to confirm current housing situation. Documentation must be attached where available to verify status.

Applicant Name: \_\_\_\_\_

	Number of Pe	ersons in Househ	nold:		
Instructions: If he children, complete situation (be as cle	e a form for each l ear as possible), i	head(s) of house indicate if docume	hold. Complete th	e table below wit ividual must sign	h dates and living
HUD Definition of	f "chronically ho	meless":			
A "chronically hom in a place not mea care facility if the place not meant fo the institutional ca	ant for human hab individual has bee r human habitatio	oitation, a safe ha en living in the fac	ven, or in an eme cility for fewer tha	rgency shelter, or n 90 days and ha	r in an institutional ad been living in a
In order to meet the above continuously the combined occar.	ly for at least 12 m	onths, or on at le	ast four separate o		
Each period separ not meant for hum	•		•	•	other than a place
Start Date	End Date	# of Days	Location of Stay	Facility Type	Documented?
Name (Print):			-	<b>/</b> :	
Signature: Date:					