Minnesota Housing
Finance Agency

❑ *REFERRAL*
❑ *VERIFICATION*

Long -Term Homeless Housing Status

Print Applicant Name	

For program eligibility purposes, the definition of long-term homelessness is:

Households experiencing long-term homelessness: Means persons including individuals, unaccompanied youth and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless. Access the Minnesota Housing website for more information on the long-term homelessness definition at: http://www.mnhousing.gov/initiatives/housing-assistance/homelessness/MHFA_001628.aspx

I **hereby** verify the Applicant: _____ meets the definition of long-term homelessness or

_____ does not meet the definition of long-term homelessness

Print Name & Title Of Professional:		
Signature of Professional:		Date:
Telephone Number:	Fax:	Email:
Company/Agency Name & Address:		