

# DAKOTA COUNTY COMMUNITY SERVICES

## SOCIAL SERVICES

**Policy #** 3018

**Section:** TBD

**Title:** Housing Policy

### **POLICY**

DOCUMENTATION OF HOMELESSNESS AND IMMINENT RISK OF HOMELESSNESS

### **PURPOSE**

To provide guidelines for evidence or documentation of homelessness required for a homelessness prevention assistance payment or placement in an emergency shelter or hotel

### **DEFINITIONS**

See Policy 6016 for relevant definitions

### **PROCEDURE**

Evidence or documentation of homelessness will be requested prior to a prevention assistance payment to placement in an emergency shelter or hotel. It is the responsibility of the household requesting shelter placement to provide documentation.

In order of preference:

#### **A. Households who are homeless:**

1. Proof of shelter stay in another county within the past 60 days, when Dakota Co. is shown as the CFR; or
2. Proof of stay at an area motel paid for by another party; or
3. An observation by a reliable source (law enforcement, social services provider, religious leader, school counselor/administrator, etc. that has physically witnessed the individual/family living in a place that was not meant for human habitation (e.g. in a car, under a bridge, in a tent, etc.), or similar indication; **and**
4. A narrative that is supported/not contradicted by other documentation in a government information system (e.g. county worker notes of homelessness, all mail is scheduled for pick up at county or a General Delivery mailbox in a Dakota County city, EBT/SNAP withdrawals/purchases made primarily at Dakota Co. locations, etc.)

#### **B. Households at imminent risk of homelessness:**

Lease-holder or homeowner

1. A written eviction notice from the Court (in the case of rentals) or documentation of Sheriff's Sale showing the extended redemption period ends within 14 days (in the case of foreclosure); or
2. A letter from the landlord indicating intention to file an eviction. Verification must include amount of past-due rent, when payment is/was due and intended action and planned date of such action, if payment is not made.
3. If an eviction was filed and the tenant entered into a payment arrangement, proof of such arrangement was not adhered to, and the date the landlord intends to have a Writ served. The household may be eligible services only after the Writ date.

"Couch-hopping" with homeowners

1. A written eviction from the Court; or
2. A statement from the homeowner that the "guest" household may not stay in the home (verification must include the name and address of the homeowner, the dates that the client stayed at the residence, the reason why the client has to leave the residence) **and**
3. A 3<sup>rd</sup> party verification by someone with direct knowledge of when the homeowner made the client leave the residence, and the approximate amount of time the client was known to have stayed at such residence. (This verification must come from a provider or professional such as a social worker, mental health worker, employer, doctor, school, etc.) No statements from families or friends are accepted.

"Couch-hopping" with renters

1. Written verification from the landlord that the household may not stay in the rental unit. The verification must include the client's name & address, reason for eviction, eviction date, and landlord's contact information; or
2. Copy of current lease or proof of rental assistance, coupled with a detailed letter from the leaseholder that indicates the homeless individual/family must vacate by a specific date in order to preserve their own housing.

**Self-certification or a note from a friend/family member is not sufficient to prove homelessness.**

**NOTE:** In the event that SHU has access to any program with less restrictive documentation of homelessness (e.g. funding that requires that a household meet the state definition of homelessness, rather than the federal definition), staff will gather documentation to meet that particular program's requirements before approving the household to participate in a specialized SHU program.

**AUTHORITY/REFERENCE**

Policy 6016

**APPROVAL**

As approved by:

Andrea Zuber, Director  
Dakota County Social Services

**REVISED** (*Revision Date*)