Helen Ross McNabb Center
HUD Housing Category 3 Addendum

Date: ________________________  Case Number: ____________
Name: ________________________  Phone Number: ____________
Family Size: ____________________

1. Certification that household meets criteria for homelessness under another federal statute:
   □ Runaway and Homeless Youth Act
     o Includes individuals age 22 or under for whom it is not possible to live in a safe
       environment with a relative and who lack safe alternative living arrangements. The
       youth may reside in a hotel or may share the housing of other persons due to loss of
       housing, economic hardship, or a similar reason.
   □ Subtitle B of Title VII of McKinney-Vento Act / Head Start Act / Food and Nutrition Act
     o Includes children and families who share the housing of other persons due to loss of
       housing, economic hardship, or a similar reason. Includes families living in motels,
       hotels, trailer parks, or camping grounds due to the lack of alternative accommodations.

   I, ____________________________, certify that this individual meets the criteria for homelessness under the federal
   statute checked above.

   ____________________________  ____________________________
   Staff Signature               Date

2. Certification by the individual stating that they have not had a permanent housing lease in the past 60 days.

   I, ____________________________, certify that I have not had a permanent housing lease within the past 60 days
   and have no current housing options.

   ____________________________  ____________________________
   Client Signature              Date

3. Certification by the individual stating that they have moved at least 2x in the past 60 days.

   I, ____________________________, certify that I have moved __________ times in the past 60 days due to
   lacking permanent housing. I currently have no housing options available.

   ____________________________  ____________________________
   Client Signature              Date

By signing above, the individual certifies that the information contained herein is true and accurate. I understand any intentional act on
my part to provide false information that will potentially result in a person obtaining benefits to which he or she is not entitled is
considered an act of fraud.