



JOINT OFFICE OF HOMELESS SERVICES

FORM: Household Level Attestation of Experiencing or at Imminent Risk of Long-Term Homelessness

Please note: This form has an HMIS data entry requirement.

Experiencing or at Imminent Risk of Long-Term Homelessness

Name of Head of Household: _____ Date of screening: _____

1. ☐ Household is earning between 0-30% Area Median Income (AMI); **AND**

Area Median Income Percentages 2025

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$26,100	\$29,800	\$33,550	\$37,250	\$40,250	\$43,250	\$46,200	\$49,200

2. ☐ The head of household has a disabling condition. This can include a physical, psychological, or cognitive disability, a chronic illness, or an addiction;

*This can be self-certified. The disability does not need to be diagnosed or documented by a third party; **AND***

3. Head of household is currently (client only needs to meet one of the following criteria):

- a. ☐ Literally homeless (staying in a tent, car, emergency shelter, transitional housing or hotel); **OR**
- b. ☐ In an institution or publicly funded system of care (e.g., hospital, jail, prison, or foster care); **OR**
- c. ☐ In housing and will become literally homeless within 14 days of the date of application for homeless assistance and/or has received an eviction (this includes households that are involuntarily doubled-up); **OR**
- d. ☐ Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lack the resources or support networks to obtain other safe, permanent housing.

*Questions 3 and 4 can be self-certified or certified by a supportive services provider. No additional documentation is required; **AND***

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4. Head of household meets one or more of the following criteria:

- a. ☐ Has been literally homeless, institutionalized in a publicly funded system of care, and/or involuntarily doubled up for a combined total of 12 or more months over the past three years; **OR**
- b. ☐ Was housed through another Homeless Assistance Housing Program in the last three years and is not currently being served in that program; **OR**
- c. ☐ Is being served in an intensive case management program (e.g., Assertive Community Treatment)

Priority Population A

☐ The head of household meets all four of the above criteria. The head of household is experiencing or at imminent risk of long-term homelessness.

Priority Population B

☐ The head of household did not meet all four of the above criteria. The head of household is applying for homeless services and is at substantial risk of homelessness and/or is experiencing any form of homelessness.

Certification Box

I certify (*name of household*) _____ is in priority Population A ☐ or B ☐ (*check one*)

Staff Name:

Work Phone:

Staff Signature:

Date:

Agency:

Email:

Note on Area Median Income (AMI)

The Joint Office of Homeless Services updates the form annually to reflect changes in the Department of Housing and Urban Development's (HUD) Area Median Income (AMI) limits. HUD updates AMI based on Median Family Income estimates and Fair Market Rent Area Definitions for the Portland-Vancouver-Hillsboro, OR-WA metropolitan area, which includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington, and Yamhill counties in Multnomah County. Updated income limits are typically released in the Spring of each year.