



**HUD Category 4 Verification of Homelessness for Victim Service Providers (VSPs)  
Fleeing/Attempting to Flee Domestic Violence (DV)**

This document certifies that the family or individual below has provided an oral statement that states they are homeless as a result of fleeing or attempting to flee domestic violence and are experiencing the following (note that all three boxes below must be checked to meet the criteria for HUD's Category 4 Definition of Homeless):

- (i) Is fleeing, or is attempting to flee, domestic violence; and
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing

Head of Household /  Individual Name: \_\_\_\_\_

Other household members' names (if applicable): \_\_\_\_\_

Additional Information (optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Staff Certification**

By signing below, I certify that to the best of my knowledge the information documented above is true and complete and as such the family or individual meets HUD's Category 4 Definition of Homelessness.

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_