**King County Consolidated Homeless Grant**

**No Subsequent Residence and Insufficient Resources/Support Networks - Certification**

*(part of the eligibility requirement for households at imminent risk of homelessness).*

**Section 1: Client Identification:**

|  |  |
| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |

**Also Required:**

* Targeted Prevention Eligibility Screening

|  |  |
| --- | --- |
| Describe how the household lacks the financial resources and support networks necessary to obtain other permanent housing, and that no other housing options have been identified. |  |
| Client Name and Signature |  |
| Case Manager Name and Signature |  |
| Date |  |