## **TCLI Certification of Informed Housing Choice**

l, \_\_\_\_\_\_ an individual eligible for transitional housing and community based supportive services through the US Department of Justice and State of North Carolina settlement

agreement, hereby certify the following:

I have been fully informed of my house to Community Living Voucher (TCLV).	ng options, including but not limited to the North Carolina Transition
	ticipate in the Transition to Community Living Initiative (TCLI), I mancy"), with a roommate, or family, as long as the housing unit and
I understand that if single-occupancy housing is not available when I am ready to transition to community-based housing, I may choose to either live with a roommate or wait for single-occupancy housing of my choosing to become available.	
I also understand that while waiting for single occupancy housing or housing with a roommate to become available I will continue to receive transition planning services and remain eligible for the program until a unit is available.	
I understand that if I have requested to live with a roommate, I have a right to select my roommate. I have made/am making an informed decision about where I wish to live and with whom I will live.	
Name (Print)	Selected Unit Address (Street Name, Unit #, City, State and Zip)
Number of Bedrooms in Selected Unit:	Is unit single-occupancy housing: Yes No
I have requested to live with a roommate: Yes No	
Signature	Date (mm/dd/yyyy)
	Revised: 12/28/201