Self-Declaration of Homeless Status

When a written observation by an outreach worker or written referral by housing or service provider is not available, an applicant may submit this signed statement verifying his or her situation.

|  |
| --- |
| **Applicant Information**  Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of persons in household: \_\_\_\_\_\_\_\_\_\_\_  Family Type:  Individual  Family |
| **Self-Declaration of Literally Homeless Status (Category 1)** (Check only one)  I am currently living in a place not meant for human habitation; or  I am currently living in a shelter providing temporary living arrangements (including emergency shelters, transitional housing, and hotels and motels paid for by charitable organizations or by government programs); or  I am currently living in an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation before entering that institution  **Housing History Summary (Current & Prior)**  To certify duration of homelessness, please complete the table below, indicating time homeless (in a place not meant for human habitation such as living on the streets or a homeless emergency shelter) as well as any breaks in homelessness:   |  |  |  |  | | --- | --- | --- | --- | | Location of Stay & Location Type (e.g. a car, shelter, etc.) | Begin Date | End Date | Number of Days | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | Total Days |  |  |  | |
| **Self-Declaration of Imminent Risk of Homelessness Status (Category 2)** (Check all)  I am at imminent risk of losing my primary nighttime residence homelessness and have all of the following circumstances:  My residence will be lost within 14 days of the date of this notice; and  No subsequent residence has been identified; and  I (and my children) lack the resources or support networks needed to obtain permanent housing |
| **Self-Declaration of Fleeing/Attempting to Flee Domestic Violence (Category 4)** (Check all)  I am fleeing, or attempting to flee, domestic violence (where the safety of the individual or family is not jeopardized this statement must be verified for non-victim service providers); and  I have no other residence; and  I lack the resources or support networks to obtain permanent housing |
| **Additional Details**  What else would you like to share about your housing history, victim status or available resources? For example, “*I cannot remember the name of the place where I was living during the fall of 2013 but I believe that it was an emergency shelter. I have problems with my memory from that time due to an illness.*” |
| **Applicant Certification**  I certify that the above information is correct  Applicant Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Staff Certification**  I understand that 3rd party verification is the preferred method of certifying homelessness for an individual or family who is applying for assistance and self-declaration is only permitted when I have attempted but cannot obtain such verification.  **Documentation of attempts made for third-party verification:** |
|  |
|  |
| **I certify that the above information is correct.** Staff Signature: Date: |

Updated 7/19/17