

Self-Certification of Homelessness



Applicant Name: _____

Date completed: _____

Please initial which applies:

_____ (*initial*) I am living in a place not meant for human habitation OR in an emergency shelter

_____ (*initial*) Written statement that I am fleeing OR attempting to flee domestic violence AND no subsequent residence has been identified AND I lack the financial resources to support and obtain permanent housing.

_____ (*initial*) I exited a public institution in which I stayed for fewer than 90 days and was homeless prior to entering the institution.

Instruction
Applicant Statement of location and period of homelessness:

I self-certify that I.....

By signing below I certify that the information presented in this certificate is true to the best of my knowledge. I understand that false or misleading information may result in termination of services.

Applicant signature: _____ Date: _____

Staff signature: _____ Date: _____