



SELF-DECLARATION OF HOUSING STATUS

Applicant Name: _____

- Household without dependent children (complete one form for each adult in the
 - household) Household with dependent children (complete one form for household)
- Number of persons in the household: _____

Approximate Date Homelessness Started: _____

This is to certify that the above named individual or household is currently homeless based on this executed self-certification and other homeless certification information obtained and attached.

Authorized Signature: _____

Date: _____

Check only one:

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

Approximate Date Homelessness Started: _____

I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete.

Applicant Signature: _____

Date: _____

Staff Certification of Homelessness

I understand that third-party verification is the preferred method of certifying homelessness for an individual who is applying for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

Staff Signature: _____

Date: _____