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: ______________________