

## Self Certification of Homelessness

**Instructions:** If third-party documentation is not available, individuals or households may self-certify their current homeless status. **Please check the box/es that best describe your current living situation, resources, and provide details as requested.**

**Applicant Name:**

**HMIS ID:**

(Program Use Only)

***My current living situation is:***

**Category 1: Place not meant for human habitation** (e.g. such as cars, parks, sidewalks)

*Describe living situation, Location, and Dates:*

**Category 1: Emergency Shelter** (includes hotel/motel voucher program and host home shelters)

*Emergency Shelter Name, Location and Dates of Residency:*

**Category 1: Transitional Housing for homeless persons**

*Transitional Housing Program Name, Location and Dates of Residency:*

**AND**

*Previous Homeless Living Situation (Name, Location) and Dates:*

**Category 1 :Discharging from a Institution** (includes hospital, jail, inpatient residential treatment, nursing home)

*Institution Name, Location, Date of Entry, and Expected Discharge Date:*

**AND**

*Previous Homeless Living Situation Details and Dates:*

**Category 2: Being evicted from the housing we are presently staying in and** (Check all that are true)

I must leave this housing within the next \_\_\_\_ days;

I have not identified other housing, and

I do not have the financial resources & support networks to obtain other permanent housing

**Category 4: Fleeing/Attempting to Flee Domestic Violence** (Check all that are true)

I am experiencing trauma or a lack of safety related to, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to violence against me or a family member in my or my family's current housing situation, including where the health and safety of children are jeopardized;

I have no other safe residence, and



I lack the resources to obtain other safe permanent housing

*I certify the above information to be true and complete.*

**Applicant Signature:**

**Date:**

# Staff Due Diligence Documentation

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

*Documentation of attempts made for third-party verification:*

Date of Contact	Individual/Organization Contacted	Method of Contact	Outcome of Contact

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_