



SELF CERTIFICATION OF HOMELESS STATUS FORM

Applicant Name (Head of Household): _____

Date of Birth: _____

Household Size: _____

Number of Adults: _____

Number of Minors: _____

SECTION I: TO BE COMPLETED BY THE APPLICANT

HUD Category 1: Literally Homeless (If checking Category 1, check only one box below and complete fields below.)

- Place Not Meant for Human Habitation A public or private place not meant for, or ordinarily used as a regular sleeping accommodation for human beings, including a street, sidewalk, car, park, abandoned building, bus station, airport, or campground.
- Emergency Shelter A supervised publicly or privately-owned emergency shelter designated to provide temporary living accommodations.
- Hotel or Motel paid for by Charitable Organization or Federal, State, and Local Government Program
- Exiting an Institutional Care facility (i.e. jail, substance abuse treatment facility, mental health treatment facility, hospital, or other similar facility); stay must be less than 90 days AND had previously
- resided in a shelter or in a place not meant for human habitation immediately before entering the institution.
- Safe Haven supportive housing serving hard-to-reach homeless persons with severe
- mental illness, usually coming from the streets.
- Transitional Housing a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living. Each program must determine if the location, time, and circumstances meet the eligibility criteria for their program.

Location/Facility	Address of Location/Facility	Time Period Being Verified		
		Start Date	End Date	# of Days
		Total Days:		

Before coming to this location/facility, the applicant resided at/on/in _____

HUD Category 4: Fleeing Domestic Violence (If checking Category 4, check applicable boxes and complete the fields below.)

Note: For an applicant to qualify under HUD Category 4 ALL boxes must be checked and be true.

- I am fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; **and**
- I have no other residence; **and**
- I lack the resources or support networks to obtain permanent housing

Do not upload DV Homeless Status Forms onto HMIS unless the participant has authorized it.	Time Period Being Verified		
	Start Date	End Date	# of Days
		Total Days:	

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information above and any other information I have provided in applying for homeless assistance is true, accurate, and complete.

Applicant Printed Name: _____ Applicant's Signature: _____ Date: _____

AGENCY/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.

Staff Name: _____ Staff Title: _____

Staff Email: _____ Staff Signature: _____

Agency Name: _____

Agency Address: _____

Staff Documentation of Due Diligence: *Documentation of attempts made for third-party verification*

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

Date Completed: _____