Self-Certification of Homelessness

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HMIS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| *Instructions: Housing projects use this self-certification when an applicant lacks connections with other providers to complete third party documentation of literal or chronic homelessness. This document must be retained in the applicant’s file for the duration required by the project’s funder.*  *Both self-certification AND staff certification must be completed and signed for this form to be valid.* |

## Part 1: Applicant Self-Certification

*(Applicant completes part 1A or 1B depending on their living situation)*

**EITHER**

**1A. Applicant Experiencing Literal Homelessness**

I certify that I was experiencing homelessness by living in an emergency shelter (ES), on the streets or a place not meant for human habitation, in a safe haven, OR in an institutional care facility (ICF) for fewer than 90 days AND in an ES, in a place not meant for human habitation, in a safe haven prior to entering the ICF.

I currently live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*place – please be as specific as possible*)

I have been living there since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  
 (*month/day/year*).

If applicable to eligibility determination *(for example: for chronic homelessness)*, please complete the following:

Previously I lived in the following homeless situations between:

\_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*) and \_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*), I lived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*place*)

\_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*) and \_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*), I lived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*place*)

\_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*) and \_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*), I lived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*place*)

\_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*) and \_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*), I lived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*place*)

\_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*) and \_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*), I lived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*place*)

\_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*) and \_\_\_\_\_\_\_\_\_\_\_\_ (*month/day/year*), I lived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*place*)

## Part 1: Applicant Self-Certification (*continued)*

**OR**

**1B. Applicant Fleeing or Attempting to Flee Domestic Violence\* EITHER taking place in the applicant’s primary residence OR making applicant afraid to return to their primary residence**

*(\* includes dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions, including fleeing or attempting to flee human trafficking, sex trafficking and leaving home because of physical, emotional or financial abuse or threats of abuse[[1]](#footnote-1))*

I certify that I am fleeing or attempting to flee a domestic violence situation as defined above, AND

I have no other safe residence or alternative housing identified, AND

I do not have the financial resources or support network to obtain permanent housing.

I currently live: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*place – please be as specific as possible without compromising your safety*)

I have been living there since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*month/year*)

**REQUIRED FOR EITHER LITERAL HOMELESSNESS OR FLEEING DOMESTIC VIOLENCE**

**I hereby certify that this Self-Certification of Homelessness is true and correct to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part 2: Staff Certification

1. Documentation of Applicant’s Self-Reported Living Situation (*describe as specifically as possible)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Documentation of Due Diligence to Obtain Third Party Documentation of Homelessness

*(efforts to obtain 3rd party - dates/times plus any supporting documentation of attempts and the outcomes and obstacles encountered)*

*NOTE: If the household is fleeing or attempting to flee domestic violence, 3rd party documentation should not be sought if it might jeopardize the applicant’s health or safety.*

*NOTE: victim service providers do not need to collect third party documentation, but may do so if it will not jeopardize the applicant’s health or safety.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby certify that the above staff certifications are true and correct to the best of my knowledge.**

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

Staff Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. <https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/> [↑](#footnote-ref-1)