

Homelessness Self Certification Statement

Instructions: *This form may be used when an applicant lacked connections with service providers to complete a third-party verification of homelessness during a time period for which homelessness must be verified. Service providers must document all attempts to obtain third party verification for each self-certification (see below).*

Applicant Name: _____ Date of Birth: _____ Phone or E-mail: _____

I certify that I have been homeless during the following periods of time and in the following locations.

| Location (address, name of public space, street name, landmark, etc.): | Description of living conditions (sleeping in a car, in a tent, in the open, etc.): | Start date: | End date: |
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What else would you like to share about your homeless status during the period of time referenced above (optional)?
For example, *"I cannot remember the name of the place where I was living during the fall of 2018 but I believe it was an emergency shelter. I have problems with my memory from that time due to an illness."*

I certify that the above information is correct.

Signature of Client: _____ Date of Signature: _____

Staff Section: **DO NOT SKIP THIS STEP**

Please document all attempts to obtain 3rd party verification for the period of homelessness documented above.

- 1) _____
- 2) _____
- 3) _____

I reviewed the above statement with the applicant and certify that the attempts to obtain third-party verification are accurate.

Name of Staff (Print): _____

Staff Member Organization and Title: _____ Staff Phone Number: _____

Signature of Staff: _____ Date of Signature: _____

* <https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>