

## Client Self-Declaration of Homelessness (Form E)

**Instructions:** If third-party documentation is not available, individuals or households may self-certify their current homeless status. Please initial the line below next to your current living situation and provide the details requested.

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

My current living situation is:

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

*Location and Dates:* \_\_\_\_\_

**Emergency shelter**

*Emergency Shelter Name, Location and Dates of Residency* \_\_\_\_\_

**Transitional Housing**

*Transitional Housing Program Name, Location and Dates of Residency* \_\_\_\_\_

AND

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

**Discharging from a Hospital or other Institution**

*Hospital or Institution Name, Location, Date of Entry, and Expected Discharge Date:* \_\_\_\_\_

AND

*Previous Homeless Living Situation Details and Dates:* \_\_\_\_\_

**Fleeing a domestic violence housing situation that took place in my primary residence or makes my residence feel unsafe**

and (initial all that are true)

Have no other place to live

Do not have the financial resources and support networks to obtain other housing

**Being evicted from the housing we are presently staying in** and (initial all that are true)

Must leave this housing within the next \_\_\_\_\_ days

Have not identified other housing

Do not have the financial resources and support networks to obtain other housing

I certify the above-stated information to be true.

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

