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: ___________________________
Staff Supplement to Self-Declaration of Homelessness

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-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt(s) made for third-party verification:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Staff Signature: ___________________________ Date: ________________