## 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 for which homelessness must be verified. Service providers must document all attempts to obtain third party verification for each self-certification (see below). Self-certification can only be used for documenting three of twelve months of homelessness. Agencies should use their own letterhead to complete this statement.*

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone or E-mail: \_\_\_\_\_\_\_ HMIS ID (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What else would you like to share about your living situation during the period 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 certify that the above information is correct.

Applicant Signature:

Signature Date:

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

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

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

Name of Staff (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member Organization and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_