

Self-Certification of Homelessness/Chronic Homelessness

Applicant Name (Head of Household): _____ HMIS ID #: _____

Gender _____ Date of Birth: _____ Individual Family

Household Member Name	Relationship to the Head of Household

Additional names attached

Literally Homeless

I certify that I and any family members listed are homeless as indicated below and have no appropriate housing options available and lack the financial resources and support networks needed to obtain immediate housing.

- Living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
Describe location: _____
- Living in a publically or privately operated shelter designated to provide temporary living arrangements
Name of Organization or Facility: _____ Contact #: _____
Describe location: _____
- Living in a hotel/motel paid for by a charitable organization or government program.
Name of Organization or Facility: _____ Contact #: _____
- Recently exited an institution where I/we resided for 90 days or less and prior to admission had been living in an emergency shelter or place not meant for human.
Facility Type: Hospital Mental Health/Substance Abuse Treatment Facility Hospital Jail Other
Name of Facility: _____
Date Entered: _____ Date Exited: _____ Total # Days: _____
Place residing prior to entry: _____

Signature: _____ Date: _____

Print Name: _____

Duration of Homelessness (Chronically Homeless)

I certify, as indicated below, I have been homeless for at least 1 year without spending any time in transitional or permanent housing or experienced homelessness 4 separate times in the last three years.

Time Period Beginning	Time Period Ending	# Days	Location of Stay

Signature: _____ Date: _____

Print Name: _____

Imminent Risk of Homelessness

I certify that I and any family members listed will lose my/our primary nighttime residence within 14 days and have no appropriate housing options available and lack the financial resources and support networks needed to obtain immediate housing.

Signature: _____

Date: _____

Print Name: _____

Victim of Domestic Violence

I certify that I and any family members listed are fleeing, or attempting to flee, domestic violence and have no appropriate housing options available and lack the financial resources and support networks needed to obtain immediate housing.

Signature: _____

Date: _____

Print Name: _____

Documentation of due diligence to obtain third-party verification: _____

Case Manager/Other Staff Completing Interview (print name): _____

Signature: _____

Date: _____

Phone: _____ Alternate Phone: _____

Email: _____

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