

SELF-DECLARATION OF HOUSING STATUS

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

- Household without dependent children (complete one form for each adult in the household)  
 Household with dependent children (complete one form for household)  
Number of persons in the household: \_\_\_\_\_

**Approximate Date Homelessness Started:** \_\_\_\_\_

This is to certify that the above named individual or household is currently homeless based on this executed self-certification and other homeless certification information obtained and attached.

Authorized Signature: \_\_\_\_\_

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

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**Check only one:**

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).  
 I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

**Approximate Date Homelessness Started:** \_\_\_\_\_

**I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete.**

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

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

**Staff Certification of Homelessness**

I understand that third-party verification is the preferred method of certifying homelessness for an individual 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 made for third-party verification:*

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

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