**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,** **including dating violence, sexual assault, stalking, human trafficking, and other dangerous/life-threatening conditions that relate to violence against me or a family member that make me afraid to return to my primary residence** 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)
**[NOTE: SUCH INDIVIDUALS ARE ELIGIBLE FOR A LIMITED SUBSET OF PROGRAMS – CONSULT DOCUMENTATION CHECKLIST]**

 \_\_\_\_\_ 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 attempts made for third-party verification:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Contact** | **Individual/Organization Contacted** | **Method of Contact** | **Outcome of Contact** |
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Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_