

# 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:* \_\_\_\_\_

**Experiencing trauma or a lack of safety related to (or fleeing or attempting to flee) domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous, traumatic, or life-threatening conditions that relate to violence against me or a family member in my or my family's current housing situation (including where the health and safety of children are jeopardized) and (initial all that are true)**  
 Have no other safe residence  
 Lack the resources to obtain other safe permanent 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

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