



## Self-Declaration of Housing Status for Homeless Assistance

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

### Check one:

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

**This is to certify that the above-named individual or household is currently homeless based on the following:**

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### CATEGORY 1

**Check only one: I am an individual or family who lacks a fixed, regular, and adequate nighttime residence as follows:**

- My primary nighttime residence is a public or private place not meant for human habitation.
- I [and my children] are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs).
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
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### CATEGORY 2

**I am an individual or family at imminent risk of losing my primary nighttime residence homelessness and have all of the following circumstances:**

- My residence will be lost within 14 days of the date of this notice; and
- No subsequent residence has been identified; and
- I (and my children) lack the resources or support networks needed to secure permanent housing.
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### CATEGORY 3

**I am an unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:**

- I am defined as homeless under another federal statute; and
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance; and



- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
- I expect to continue in such status for an extended period of time due to special needs or barriers defined as follows: \_\_\_\_\_

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#### CATEGORY 4

- I am an individual or family that is:
- Fleeing, or attempting to flee, domestic violence; and
  - Have no other residence; and
  - Lack the resources or support networks to obtain other permanent housing.

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

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*For official use only:*

#### Staff Certification

I understand that third-party verification is the preferred method of documenting homeless status for an individual or family who is applying for assistance. I understand self-declaration of housing status is allowed when third-party documentation is not readily available.

*Justification for reliance on Self-Certification Documentation:*

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

