SELF CERTICICATION OF HOMELESS/DOMESTIC VIOLENCE/AT RISK

Applicant Name and HMIS ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**This is to certify that the above named individual or household is currently homeless based on the information below, and signature indicating current living situation.**

##### **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, have not identified a subsequent residence, and lack the resources or support networks, e.g., family, friends, faith‐ based, or other social networks, needed to obtain housing where my/our safety would not be jeopardized.

I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next 14 days.

##### **I certify that I have insufficient financial resources and support networks; *e.g.,* family, friends, faith‐based or other social networks, immediately available to obtain housing or to attain housing stability without ESG assistance. I certify that the information above and any other information I have provided in applying for NHAP/ESG assistance is true, accurate and complete.**

Applicant Signature: Date:

##### Staff Certification \*

I understand that third‐party verification is the preferred method of certifying homelessness or risk for 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 attempts made for third‐party verification:*

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

\*Homeless Recording Keeping Requirements 24 CFR 578 <https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf>