

Homeless Self-Certification

RE: _____ SSN XXX-XX- _____
Applicant's Name (print) (last four digits)

Federal regulations permit the use of these housing funds for individuals or families who are literally homeless, have not identified a subsequent residence and lack the resources and support networks needed to obtain permanent housing. A certification from the individual or head of household seeking assistance is required. Verification of these circumstances may be required.

THIS SECTION TO BE COMPLETED BY APPLICANT OR HEAD OF HOUSEHOLD

1. My current living situation is (select one and describe):

- car _____
- park _____
- abandoned building _____
- bus or train station _____
- airport _____
- camping ground _____
- shelter _____
- institution
Name _____
Address _____
Living arrangement prior to admission into institution _____

other _____

I last slept in this place _____. I have slept in this place since _____.

2. Select all that apply (N/A for the street or emergency shelter):

- I/We lack the support networks (family, friends, faith-based or social networks, etc.) needed to obtain permanent housing.
- I/We lack the financial resources needed to obtain permanent housing.

Please identify income and assets of the household. Include the source of income as well as amount. Include the type of asset and amount. *These items may need to be verified.*

I/We am unable to identify a subsequent residence and without assistance will be homeless.

I certify that the above selected statements are true and complete.

Name (print clearly) Signature Date

Received by:

Staff Name and Title Signature Date

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per Section 1001 of Title 18 of the United States Code.

