

Chronic Homelessness Self-Certification

For the purpose of establishing Chronic Homelessness Status, and applicant may provide a Self-Statement to certify up to three months of homeless time and any breaks of homelessness at least 7 nights or more. Use this form to note the dates associated with each. This Self-Statement form will appear in the applicant’s file.

Applicant Name: _____ **Date:** _____

Contact Information: _____ **Date of Birth:** _____

I certify that I was experiencing homelessness (staying in a place not meant for human habitation such as living on the streets, in a car, at a park, or on public transportation) OR living in a homeless emergency shelter OR in a Safe Haven OR in an institutional setting for less than 90 days during the following period(s) of time:

# of Months	Actual Time Period Documented		Homeless Situation
	Start Date	End Date	

I certify that during the dates listed below, I was housed for at least 7 nights OR in an institution setting for at least 90 days during the following period(s) of time:

(“In housing” includes renting an apartment couch surfing, staying with friends or family, hotel stays, hospital stays, and any other time spent living in a place meant for human habitation for more than 7 consecutive nights.)

# of days/months	Actual Time Period Documented		Housed/Institutional Setting
	Start Date	End Date	

What else would you like to share about your history? For example, “I cannot remember the name of the place where I was living during the fall of 2014 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness.”

I certify that the information is correct.

Applicant Name (print)

Date

Applicant Signature

Intake Worker Documentation of Due Diligence

I have attached documentation of my attempts to collect additional third party homeless verification. If third-party documentation was requested orally, please use the space below to describe the context of the conversation in the space provided below.

Not Applicable. The applicant has only certified breaks in their homelessness history.

Additional information on client's living situation and/or due diligence to collect additional third-party verification:

I certify that I reviewed the above statement with the client.

Staff Witness (Print Name) Agency Title

Staff Signature Date