



Homelessness Self Certification Statement

Instructions: This form may be used when an individual applying to a program lacks connections with service providers to complete a third party verification of homelessness. A separate self certification form must be used for each period of homelessness for which Third Party or HMIS verification isn't available. Housing Navigators must document all attempts to obtain third party verification for each self certification made (see below).

Client Section:

I certify that I _____ (Client's Name) have been homeless during the following period of time:

Between: _____ and _____
Month/Day/Year Month/Day/Year

In this time period I lived/live at _____.

What else would you like to share about your homeless status during the period of time referenced above (optional)? 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 an emergency shelter. I have problems with my memory from that time due to an illness."

I certify that the above information is correct.

Signature of Client: _____ Date of Signature: _____

Staff Section: **DO NOT SKIP THIS STEP**

Please document all attempts to obtain 3rd party verification for the period of homelessness documented above.

- 1) _____
- 2) _____
- 3) _____

I reviewed the above statement with the client, and certify that the attempts to obtain 3rd party verification are accurate.

Name of Staff (Print): _____

Staff Member Organization and Title: _____ Staff Phone Number: _____

Signature of Staff: _____ Date of Signature: _____