# Homeless Status – Self-Certification

**Applicant Name:**

**If you are Homeless, Check only one category:**

I am Literally homeless: lacking a fixed, regular, and adequate nighttime residence, meaning:

**Choose one:**

I have a primary nighttime residence that is a public or private place not meant for human habitation (car, park, abandoned building, bus/train station, airport, campground); **OR**

I am living in a publicly or privately operated shelter designated to providing temporary living arrangements (including congregate shelters, and hotels/motels paid for by charitable organizations, federal, state and local government programs – NOT transitional housing); **OR**

I am exiting an institution where I have temporarily resided for less than 90 days **and** I lived in a shelter/place not meant for human habitation prior to living in the institution.

I am at Imminent risk of homelessness: will imminently lose my primary nighttime residence:

* My residence will be lost within 21 days of the date of application for homeless assistance by court order or the equivalent under applicable state law (formal eviction notice); **AND**
* I have not identified a subsequent residence; **AND**
* I lack the resources or support networks needed to obtain other permanent housing

I am an Unaccompanied Youth **with Child/ren** Who Qualify as Homeless under other Federal statutes: Unaccompanied Youth under 25 years of age, with Child/ren who does not otherwise qualify as homeless under this definition, but who:

* Is defined as homeless under “other federal statutes”; **AND**
* Has not leased, owned, or rented a permanent housing space for at least 60 days prior to application for assistance; **AND**
* Has had at least two moves within the past 60 days; **AND**
* Has a chronic disability; **AND**
* Hasat least two barriers to employment

I am Fleeing, or attempting to flee, domestic violence: I am: (see DV Verification below)

* Fleeing, or attempting to flee, domestic violence; **AND**
* I have no other residence; **AND**
* I lack the resources or support networks to obtain other permanent housing

**FOR EHA, ERA, and HSP Assistance ONLY:**

I am unstably housed:

* I do not otherwise qualify as homeless as described in any definition above; **AND**
* I have been notified that I must vacate my current residence; **AND**
* I lack the resources or support networks to obtain other permanent housing

**For ESG Assistance ONLY: If you are At-Risk of Homelessness, Check only one condition:**

I have an annual income below 30% of area median income; **AND** I do not have sufficient resources or support networks immediately available to prevent me from moving to an emergency shelter or another place defined in Category 1 of the “homeless definition”; **AND** I meet one of the following conditions:

Have moved because of economic reasons (2) two or more times during the 60 days immediately preceding the application for assistance; **OR**

Am living in the home of another because of economic hardship on a short-term/temporary basis – Date that this housing will end: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; **OR**

I have been notified that my right to occupy my current housing will be terminated within 21 days after the date of application for assistance; **OR**

I live in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; **OR**

I live in a Single Room Occupancy or efficiency apartment unit in which there resides more than (2) two persons or in a larger housing unit in which there resides more than one and a half (1½) persons per room; **OR**

I am exiting a publicly funded institution or system of care

**I hereby certify, under penalty of perjury, that I have not knowingly made, used, or caused to be made or used, a false record or statement material to a false or fraudulent claim and certify** **that this information, to determine my household eligibility for assistance, is true, accurate and complete and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness at risk of homelessness.**

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

**DOMESTIC VIOLENCE VERIFICATION**

If the aforementioned individual/family has chosen the option that they are fleeing or attempting to flee domestic violence, I have observed and verify that the individual/family is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous and life-threatening situation that relate to violence.

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**