

CLIENT SELF CERTIFICATION OF HOMELESSNESS

I _____ certify that as of today's date _____ I am homeless, living as described in my statement below, before receiving services.

My **MANDATORY** written statement regarding my homelessness:

_____ In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).

_____ In an emergency shelter.

_____ In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelter.

_____ In any of the above places but I am spending a short time (up to 30 consecutive days) in a hospital or other institution.

_____ I am being evicted within a week from a private dwelling unit and no subsequent residence has been identified, and I lack the resources and support networks needed to obtain housing.

_____ I am being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which I have been a resident for more than 30 consecutive days and no subsequent residence has been identified, and I lack the resources and support networks needed to obtain housing.

_____ I am fleeing a domestic violence-housing situation and no subsequent residence has been identified, and I lack the resources and support networks needed to obtain housing.

Client Signature

DOB

SS#

Date

Contact Number