

Self-Certification Form Documenting Homelessness

Purpose

This form may be used when a person who may qualify as chronically homeless is unable to obtain thirdparty verification of their homeless status for every month required by the regulation. This form should be kept and maintained in the participant's file.

Self-Certification for Current Month(s)

I certify that I am currently homeless and am staying at (describe location and why it is not a suitable place for humans to live):

I first stayed in this location on:

Self-Certification for Past Month(s) I certify that I was homeless from (date)

For any of the places described above, are there any other people from agencies, law enforcement, health care, or similar helping professions that knew you were staying there?

Staff Notes:

I declare this information is true and accurate to the best of my recollection:

Signature	Date
Printed Name	
Staff Witness:	
Signature	Date

Printed Name