

Print Client Name: _____

ServicePoint #: _____

Self-Certification of Homeless by HUD:*Please have client initial box for most appropriate category*

CL living in Places Not Meant for Human Habitation OR in a Shelter. (**Cat. 1 Par. 3**)
(please attach current shelter records if CL is staying in our shelter, shelter records must be either day sleep or emergency night shelter)

Written Statement that CL is Fleeing **OR** Attempting to Flee Domestic Violence **AND** No Subsequent Residence has Been Identified **AND** CL Lacks Financial Resources & to Support to Obtain Permanent Housing. (**Cat. 4**)
Also document oral statement below

Residence will be Lost Within 14 days **AND** No Subsequent Residence has Been Identified **AND** CL Lacks Financial Resources & Support to Obtain Permanent Housing. (**Cat. 2**)

CL exited a Public Institution
**Also needs Proof of Due Diligence form **

I self-certify that I _____

Self-Certification of Chronically Homeless:

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless person as:

(1) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and**
 (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i).

[Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility]; **or**

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; **or**

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

YES **NO** **DON'T KNOW**

* Each episode(s) of homelessness have been documented on the Eligibility Form

By signing below I certify that the information presented in this certification is true and correct to the best of my knowledge.

Client Signature _____

Date _____

Staff / Witness Printed Name _____

Staff / Witness Signature _____