

**APPENDIX P.
SELF-DECLARATION OF HOUSING STATUS FOR HOMELESS ASSISTANCE**

Applicant Name: _____

Check one:

- I am a household without dependent children (complete one form for each adult in the household)
- I am a household with dependent children. Number of persons in the household: _____

This is to certify that the above-named individual or household is currently homeless based on the following:

CATEGORY 1

Check only one: I am an individual or family who lacks a fixed, regular, and adequate nighttime residence as follows:

- My primary nighttime residence is a public or private place not meant for human habitation;
- I [and my children] are living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Additional Information:

I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete.

Applicant Signature: _____ Date: _____

For official use only:

Local CARES Housing Support Agency - Staff Certification

I understand that third-party verification is the preferred method of documenting homeless status for an individual or family who is applying for assistance. I understand self-declaration of housing status is allowed when third-party documentation is not readily available.

Justification for reliance on Self-Certification Documentation:

Staff Signature: _____ Date: _____