SELF-STATEMENT OF CHRONIC HOMELESSNESS

Third party verification of chronic homelessness is always preferred\*, however; this document of Self-Statement may be used when a person/household applying for assistance lacks ability to provide Third Party Verification of chronic homelessness. Documentation must be attached to verify status.

Applicant Name and HMIS ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual without dependent children (complete one form for each adult in the household) Household with dependent children (complete one form for each adult in the household) Number of persons in the household:

Applicant or head of household has the following disability check all that apply:

* A diagnosable substance abuse disorder of long duration that limits ability to live on own
* A mental health problem
* A developmental disability
* A chronic health problem
* A physical disability

**AND**

Has been literally homeless:

* For at least 12 months **or**
* On at least four separate occasions in the last 3 years with combined total of 12 months (*break between episodes ≥7 consecutive nights*) **or**
* Continuously unsheltered **or**
* Living in a shelter for the past 12 months **or**
* This is the 4th separate occurrence of this living situation in the past 3 years
* Living in institutional care facility <90 where they were chronic homeless at entry

I certify that I was homeless (sleeping in a place not meant for human habitation or living in a homeless shelter during the following periods of time:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | End Date | Number of Days | Location of Stay |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total Days** |  |  |

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

**Staff Certification:**

I understand that third-party verification is the preferred method. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempts made for third-party verification:*

Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Homeless Recording Keeping Requirements 24 CFR 578 <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>