



SELF-DECLARATION OF HOUSING STATUS

Instructions: This form is to be completed by applicants or program participants when they are unable to provide required verifications or other documents and self-certification is the only way the agency is able to verify information related to the ESG/CDBG program eligibility. There must be documentation attached to this form showing all efforts were made to obtain the necessary information.

This Section is to be completed by the applicant/participant

Date: _____ Program Name: _____ CDBG ESG-HMIS # _____

Applicant Name: _____

Address: _____

Telephone Number: _____ E- mail Address: _____

Household 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: _____

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

I (and my children) am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport or camp ground).

Exited an institution, causing homelessness

I (and my children) am/are the victim(s) of domestic violence and am/are fleeing from abuse.

I (and my children) am/are being evicted from the housing we are presently staying in and must leave this housing within the next _____ days.

Other, Please describe

Certification: I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided.

****Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant Signature: _____ **Date:** _____

Intake Staff Signature: _____ **Date:** _____