



## SELF-CERTIFICATION OF HOMELESS STATUS For Emergency Solutions Grants

**Note:** Self-Certification should be used as last report if third party documentation is not obtainable.

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**This section is to be completed by the applicant/participant**

Applicant Name: \_\_\_\_\_

**Check only one:**

I am a household **without** dependent children (complete one form for each adult in the household)

I am a 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.**

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### 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 public 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 the institution.

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### CATEGORY 2

I am an individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:

- My residence will be lost within 14 days of the date of this notice; and
  - No subsequent residence has been identified; and
  - I (and my children) lack the resources or support networks needed to obtain permanent housing.
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### CATEGORY 3

I am an unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:

- I am defined as homeless under another federal statute; and



- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance; and
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined below:

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**CATEGORY 4**

- I am an individual or family that:
- Is fleeing, or is attempting to flee domestic violence, sexual assault, stalking, or human trafficking;
  - Experienced attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior;
  - Experienced verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior;
  - Have no other residence; and
  - Lack the resources or support networks to obtain other permanent housing.

**AT RISK OF HOMELESSNESS**

- I am an individual or family:
- With an annual income below 30% AMI; and
  - Who lacks the resources or support networks needed to obtain other permanent housing; and
  - Meets at least one of the other criteria set forth in the definition of At Risk of Homelessness (24 CFR 576.2)

**Client 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)

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff Certification:** I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual/household who is applying for ESG assistance. I understand self-certification is only permitted when I have attempted to but cannot obtain third party verification. Documentation of attempt(s) made for third-party verification for street outreach, rapid rehousing, and homelessness prevention (not required for emergency shelter) are noted below:



Date	Type of Attempt (oral, written, email, etc.)	Agency, person, entity contacted	Outcome

Intake Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_