

## Self-Declaration of Housing Status

Applicant's Name: \_\_\_\_\_

1. Family Type (Check one):  Adults Only  Adult(s) with Children Household Size: \_\_\_\_\_

2. Do you have other resources that can prevent you from being homeless?  
(cash on hand, another safe residence)  Yes  No

3. Do you have support that can prevent you from being homeless?  
(e.g., family, friends, faith community or other)  Yes  No

4. Are you fleeing or attempting to flee Domestic Violence/Abuse?  Yes  No

5. Do you feel unsafe at your current location?  Yes  No

6. If yes, may we contact \_\_\_\_\_ about your situation?  Yes  No

7. Where did you stay last night (be specific):

\_\_\_\_\_

How long at this location? \_\_\_\_\_

8. Check all that apply to your situation last night:	
<input type="checkbox"/> Emergency Shelter	
<input type="checkbox"/> Place not meant for habitation (cars, parks, abandoned buildings, camps, streets)	
<input type="checkbox"/> Renting a house /apartment (check all that apply)	
<input type="checkbox"/> facing eviction – <b>Date you were told to leave by:</b> _____	<input type="checkbox"/> moved 2 or more times in past 60 days
<input type="checkbox"/> in subsidized housing or have subsidy (VRS, FUP, Sect 8, S+C)	<input type="checkbox"/> unsafe situation
<input type="checkbox"/> overcrowded (more than 1.5 people/room)	
<input type="checkbox"/> Staying with friends or family <u>because of economic hardship</u> (check all that apply)	
<input type="checkbox"/> facing eviction – <b>DATE (if known):</b> _____	<input type="checkbox"/> moved 2 or more times in past 60 days
<input type="checkbox"/> overcrowded (more than 1.5 people/room) <span style="float: right;"><input type="checkbox"/> unsafe situation</span>	
<input type="checkbox"/> Hospital, Residential Treatment, Correctional Facility or other institution	
<input type="checkbox"/> Stayed less than 90 days	<input type="checkbox"/> Just prior, was in shelter or place not meant for living
<input type="checkbox"/> Motel/hotel	
<input type="checkbox"/> Paid by someone else: _____	<input type="checkbox"/> Paid by self, not able to continue
<input type="checkbox"/> <b>None of the above</b> (not eligible for services, but we can refer you to some other possible options)	
<input type="checkbox"/> In a home owned by the individual/family <span style="float: right;"><i>Can we refer you to the homeownership center?</i></span>	

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: \_\_\_\_\_

Staff Certification (Check one):

**I made reasonable attempts to contact a third-party to verify housing status but could not obtain verification. Attempts:** \_\_\_\_\_

**I was able to verify housing status with a third-party. Notes (or attachments):**

Staff Name: \_\_\_\_\_

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

**Other notes about the situation:** \_\_\_\_\_