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| **Chronically Homeless Self- Certification Length of Time Homeless and Locations of Homelessness** |

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| Instructions: This self-statement certification may be used when a homeless person applying to a program serving chronically homeless persons lacks connections with service providers to complete a third party verification of a history of chronic homelessness. This self-statement should be maintained in the client’s file. |

I certify that I was homeless (that is, sleeping on the streets or in a place not meant for human habitation) OR staying in a homeless emergency shelter during the following time period:

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

Between \_\_\_\_\_\_\_\_\_\_\_\_(month/year) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month/year) I lived at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (place)

What else would you like to share about your history?

I certify that the above information is correct.

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

I reviewed the above statement with the client.

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

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_