

[Insert Logo]

Verification of Homelessness: Self-Certification

Household Information

Head of Household Name			
Head of Household Date of Birth		HMIS ID	

Living Situation Information

Choose the category that best describes your living situation.

Category 1

I am an individual or head of a household who lacks a fixed, regular, and adequate nighttime residence.

Choose the one following options that describes your living situation:

- My primary nighttime residence is a public or private place not meant for human habitation (i.e., car, garage, park, abandoned building, storage unit, etc.)
- I am living in a publicly or privately operated shelter designated to provide temporary living arrangements
- I am living in a hotel or motel paid for by a charitable organization or by a federal, state, and local government program
- I am living in publicly or privately operated transitional housing designated to provide temporary living arrangements and immediately before entering this transition housing, I resided in (*choose one*):
 - i. An emergency shelter or place not meant for human habitation
 - ii. An institution where I resided for 90 days or less and before living there, I was living in an emergency shelter or place not meant for human habitation
- I am exiting an institution where I lived for 90 days or less and immediately before entering/living there, I was living in an emergency shelter or place not meant for human habitation

Category 4

- I am an individual or head of a household that is:
- Is experiencing trauma or a lack of safety related to, or fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized; and
 - Has no other safe residence; and
 - Lacks the resources to obtain other safe permanent housing.

[Insert Logo]

Briefly describe the place where you are currently living

Approximate dates in this living situation

List all months with years that the individual or household were in this living situation.

Provide any additional information regarding your living situation

Signature

To the best of my knowledge and ability, I affirm that the information provided in this document is true and complete. I understand that if I provide information that I know is false, my participation in the Back@Home-BoS Program may be denied or terminated.

Household Signature	
Date of Certification	/ /