



Sonoma County Community Development Commission

Emergency Solutions Grant (ESG) Program
Self-Certification of Homelessness

DATE (e.g. 1/08/2020)

Form with fields for date: / /

HEAD OF HOUSEHOLD

First Name

Last Name

Form with fields for First Name and Last Name

OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)

Table with 2 columns and 3 rows for other household members

Section 1

Category 1: Literally Homeless

I certify I am currently living in a (Check only one):

Public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

Describe location: _____

Emergency Shelter

Name of Organization or Facility: _____

Hotel or motel paid for with emergency shelter voucher

Name of Organization providing voucher: _____

Recently exited an institution where I resided for 90 days or less and prior to admission had been living in an emergency shelter or place not meant for human habitation.

Facility type:

- Hospital or other residential non-psychiatric medical facility*
Long-term care facility or nursing home*
Jail or prison*
Residential project or halfway house with no homeless criteria*
Psychiatric hospital or other psychiatric facility*
Substance abuse treatment facility or detox center*
Other (describe): _____

Name of Facility: _____

Date Entered: _____ Date Exited: _____ Total # Days: _____

Place residing prior to entry: _____



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Section 2
Category 4: Fleeing/Attempting to Flee Domestic Violence

I certify that:

I am fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that occurred in my primary nighttime residence or has made me afraid to return to my primary nighttime residence, I have no other resources, and I lack the resources or support networks (family, friends, faith-based or other social networks) to obtain permanent housing.

Applicant Certification

I certify that the above information is true and correct.

Applicant Name _____

Applicant Signature _____ Date _____

Staff Certification

I understand that Third party verification is the preferred method of certifying eligibility for an individual or family who is applying for assistance and self-declaration is only permitted when I have attempted but cannot obtain such verification and as the Intake Worker cannot verify homelessness.

Documentation of attempts made for third-party verification (include who was contacted, dates of attempts and method of contact – phone, email, etc.):

I certify that the above information is true and correct.

Staff Name _____

Staff Signature _____ Date _____



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Programs: Emergency Solutions Grant and Sonoma County Community Development Commission funded programs

Homeless service projects each have specific eligibility criteria that participants must meet in order to obtain services through that project. HUD provides the preferred order for documentation of homelessness or at-risk of homelessness, as well as standards for ensuring that records maintained by program staff sufficiently demonstrate compliance with the recordkeeping requirements.

Homeless services projects funded by the SCCDC will obtain verification of homelessness or at-risk of homelessness, during the initial intake evaluation for each participant. The verification of homelessness or at-risk of homelessness must follow HUD's preferred order of documentation of Third Party verification first, Intake Worker observation second and self-certification by the program participant third. All documentation of homelessness or at-risk of homelessness must be kept in the participant file.

This form is to be used if Third Party verification and Intake Worker Observations cannot be obtained to verify an applicant's eligibility status. The "Self-Certification of Homelessness" document should be used if the applicant's situation meet the criteria under paragraph (1) or paragraph (4) of the "homeless" definition per 24 CFR 576.2. Providers may use their own documentation of eligibility but must ensure it meets the requirements of 24 CFR 576.500.

Paragraph (1) of 24 CFR 576.2:

An individual or family:

1. With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
3. Who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Paragraph (4) of 24 CFR 576.2:

Any individual or family who:

1. Is fleeing, or is attempting to flee; domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against
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the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and

2. Has no other residence; and
3. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing

Procedure for Completing the Self-Certification of Homelessness

Applicant will:

1. Enter the date the form is being completed,
2. Applicant name, and
3. The names of any additional household members.

If applicant qualifies under Section 1

1. Applicant will mark the box next to the location that best describes where they are currently residing.
 - a. Only one location should be checked as to where applicant is staying.
2. Applicant will complete any additional information requested as to where they are staying.
3. Applicant will sign their name and the date to certify the information they have entered is true and correct.
4. Staff member will complete the due diligence documentation. Due diligence documentation should include the following:
 - a. Description of efforts to contact and obtain third-party documentation, including dates, times, and supporting documentation
 - b. Description of outcome, including obstacles encountered
5. Staff member will sign and date to certify the information they have entered is true and correct.

If applicant qualifies under Section 2

1. Applicant will mark the box if their current situation meets all criteria listed.
 2. If the applicant is applying for Rapid Re-Housing assistance due to fleeing or attempting to flee domestic violence, they must meet criteria under paragraph (4) of the "homeless" definition **and** live in an emergency shelter or other place described in paragraph (1) of the "homeless" definition. Therefore, **both** Sections 1 and 2 of the Self-Certification form need to be completed by the applicant.
 3. Applicant will sign their name and the date to certify the information they have entered is true and correct.
 4. Staff member will complete the due diligence documentation. Due diligence documentation should include the following:
 - a. Description of efforts to contact and obtain third-party documentation, including dates, times, and supporting documentation.
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- b. Description of outcome, including obstacles encountered.
5. Staff member will sign and date to certify the information they have entered is true and correct.

Additional guidance for documenting homeless status:

1. Intake workers are responsible for obtaining the evidence of homeless status, not applicant/participant.
2. For applicants Fleeing Domestic Violence
 - a. Non-Victim Service Providers
 - i. If the individual or family is fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence, then acceptable evidence includes an oral statement and completion of the Self-Certification by the individual or head of household seeking assistance that they are fleeing that situation, that no subsequent residence has been identified and that they lack the resources or support networks, *e.g.*, family, friends, faith-based or other social networks, needed to obtain other housing.
 - ii. Where the health and safety of the individual or family is not jeopardized the oral statement must be verified through third party verification. If the health and safety of the individual or family would be jeopardized, intake worker must document reason for this. Intake worker should only document the minimum information needed to show proof of eligibility.
 - iii. An intake worker should NOT contact anyone for documentation that the applicant feels would jeopardize his or her safety.
 - b. Victim Service Providers
 - i. If the individual or family is receiving shelter or services provided by a victim service provider, the oral statement must be documented by either a Self-Certification by the individual or head of household; or a certification by the intake worker. The certification must include that the individual or head of household seeking assistance are fleeing that situation, and that no subsequent residence has been identified and that they lack the resources or support networks, *e.g.*, family, friends, faith-based or other social networks, needed to obtain other housing.