



**Chronic Homelessness Self-Certification**

For the purpose of establishing Chronic Homelessness Status, and applicant may provide a Self-Statement to certify up to three months of homeless time and any breaks of homelessness at least 7 nights or more. Use this form to note the dates associated with each. This Self-Statement form will appear in the applicant's file.

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

Contact Information: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I certify that I was experiencing homelessness (staying in a place not meant for human habitation such as living on the streets, in a car, at a park, or on public transportation) OR living in a homeless emergency shelter OR in a Safe Haven OR in an institutional setting for less than 90 days during the following period(s) of time:

# of Months	Actual Time Period Documented		Homeless Situation
	Start Date	End Date	

I certify that during the dates listed below, I was housed for at least 7 nights OR in an institution setting for at least 90 days during the following period(s) of time:

("In housing" includes renting an apartment, couch surfing, staying with friends or family, hotel stays (not paid by an organization), hospital stays, and any other time spent living in a place meant for human habitation for more than 7 consecutive nights.)

# of days/months	Actual Time Period Documented		Housed/Institutional Setting
	Start Date	End Date	

What else would you like to share about your history? For example, "I cannot remember the name of the place where I was living during the fall of 2014, but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness."

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