

<p>Instructions for: Form C2: Self-Certification of Homeless History</p>	 <p>DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING</p>
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Description: Form C2 documents allows the Client to self-certify episodes of homelessness that they have experienced.

Applicability: Form C2 may be filled out and attached to Form B or C to verify any episode of homelessness for any program:

1	Continuum of Care
2	General Fund/LOSP
3	HUD 202/Section 8 PBV
4	MHSA-FSP
5	HSH Fund (formerly Care Not Cash)
6	LIHTC - CTCAC

General Instructions: Third-party verification continues to be the preferred method for documentation of homeless history and homeless status. However, in the event that third-party verification cannot be obtained; this form may be used for the Client to self-certify episodes of homelessness that they have experienced.

Form C2 should be completed and signed by Staff and the Client. See additional instructions, below.

For Continuum of Care (CoC) ONLY:

Beginning October 26, 2020, all Continuum of Care (CoC) PSH will be operating under HUD’s DedicatedPLUS program designation, which has new requirements for documenting homeless history. Recipients are required to document eligibility of all program participants served at the time of program enrollment. Third-party verification continues to be the preferred method for documentation of homeless history and homeless status ([HUD FAQ 3298](#)), however please note:

In circumstances where obtaining third-party verification would impede eligible households from enrolling in a project or extend the time they would remain literally homeless, certification from the housing navigator and the Client can be used. Housing navigators must document the steps taken to obtain third-party verification in this situation.

Section	Topic	Instructions
Section 1. Episodes of Homelessness	For Staff Use Only: <i>Episode of Homelessness</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Insert the time period during which the Client experienced homelessness</i>
	For Staff Use Only: <i>Location Where Applicant Was Living</i> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Note: for Clients fleeing domestic violence, please consult with your supervisor.</p> </div>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Check only one box:</i> <ul style="list-style-type: none"> <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Exiting TH or Institution 90 days or less <input type="checkbox"/> Fleeing DV <p>Notes: TH = transitional housing DV = domestic violence</p> <p><i>Refer to definitions in glossary.</i></p>
	For Staff Use Only: <i>Description of Intake Conversation with Applicant and Reason You Believe They Were Living in a Homeless Situation</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Insert your notes from your conversation with the Client to substantiate why you believe the Client was experiencing an episode of homelessness.</i>
Section 2. Certifications	For Staff Use Only: <i>Staff Supplement to Certification</i>	Access Point/Coordinated Entry/Housing Navigation staff: <i>Briefly describe the steps taken to obtain third-party documentation.</i>
	For Staff Use Only: <i>Staff Certification</i>	<i>Sign and date the form and include your title and the name of your organization.</i>
	Head of Household Certification	STOP – do not sign or date this section until instructed to do so by Access Point/Coordinated Entry/Housing Navigation staff.