



HSH Permanent Housing Application

Form C2: Self-Certification of Homeless History [to be completed by Client/Staff]

Client's Name(s): _____

Access Point: _____

Section 1. Episodes of Homelessness			
Episode of Homelessness:		Location Where Client Was Living:	Description of Intake Conversation with Client and Reason You Believe They Were Living in a Homeless Situation:
From: (month/year)	To: (month/year)		
		<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	
		<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	
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Section 2. Certifications

Staff Supplement to Certification - to be completed by Staff.

I understand that third-party verification is the preferred method of certifying homelessness for an individual or household who is applying for assistance. I understand my declaration at intake is only permitted when I have attempted to but cannot obtain third-party verification, when obtaining third-party verification would impede program enrollment for an eligible households or extent their time homeless, or else when the client(s) is/are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions.

Describe steps taken to obtain third-party verification:

Staff (Printed Name)	Staff (Signature)	Date
Title	Organization	

Client Certification: To the best of my knowledge and ability, all of the information provided in this document is true and complete.

Printed name of Client (Head of Household/Primary Applicant)	Signature of Client (Head of Household/Primary Applicant)	Date