Applicant Name (Head of Household): __________________________ Date of Birth: __________
Household Size: ______ Number of Adults: ______ Number of Minors: ______

SECTION I: TO BE COMPLETED BY THE APPLICANT

☐ HUD Category 1: Literally Homeless (If checking Category 1, check only one box below and complete fields below.)
   ☐ Place Not Meant for Human Habitation A public or private place not meant for, or ordinarily used as a regular sleeping accommodation for human beings, including a street, sidewalk, car, park, abandoned building, bus station, airport, or camp ground.
   ☐ Emergency Shelter A supervised publicly or privately-owned emergency shelter designated to provide temporary living accommodations.
   ☐ Hotel or Motel paid for by Charitable Organization or Federal, State, and Local Government Program
   ☐ Exiting an Institutional Care facility (i.e. jail, substance abuse treatment facility, mental health treatment facility, hospital, or other similar facility); stay must be less than 90 days AND had previously resided in a shelter or in a place not meant for human habitation before entering the institution.
   ☐ Safe Haven supportive housing serving hard-to-reach homeless persons with severe mental illness, usually coming from the streets.
   ☐ Transitional Housing a project that is designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living. Each program must determine if the location, time, and circumstances meet the eligibility criteria for their program.

<table>
<thead>
<tr>
<th>Location/ Facility</th>
<th>Address of Location/ Facility</th>
<th>Time Period Being Verified</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Start Date</td>
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</tbody>
</table>

Before coming to this location/facility, the applicant resided at/on/in __________________________

☐ HUD Category 4: Fleeing Domestic Violence (If checking Category 4, check applicable boxes and complete the fields below.)
   ☐ I am fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, stalking or other dangerous or life-threatening conditions that relate to violence against myself or a family member; and
   ☐ I have no other residence; and
   ☐ I lack the resources or support networks to obtain permanent housing

Do not upload DV Homeless Status Forms onto HMIS unless the participant has authorized it.

<table>
<thead>
<tr>
<th>Time Period Being Verified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Date</td>
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</table>

Total Days __________________________
### APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information above and any other information I have provided in applying for homeless assistance is true, accurate and complete.

**Applicant Printed Name:** __________________________  **Applicant’s Signature:** __________________________  **Date:** ______

### AGENCY/STAFF CERTIFICATION

I understand that 3rd Party verification is the preferred method of certifying homelessness 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.

**Staff Name:** __________________________  **Staff Title:** __________________________

**Staff Email:** __________________________  **Staff Signature:** __________________________

**Agency Name:** __________________________________________________________________________________________

**Agency Address:** __________________________________________________________________________________________

**Service Planning Area:**  ☐  1  ☐  2  ☐  3  ☐  4  ☐  5  ☐  6  ☐  7  ☐  8  **Date Completed:** __________________________

**Organizational Stamp/Card:**