LONGBEACH

Homelessness Self Certification Statement

Instructions: This form may be used when an individual applying to a program lacks connections with service providers to complete a third-party verification of homelessness. A separate self-certification form must be used for each period of homelessness for which Third Party or HMIS verification isn't available. Housing Navigators must document all attempts to obtain third party verification for each self-certification made (see below).

Client Section:

I certify that I_____(Client's Name) have been homeless during the following period:

Between:_____ and _____.
Month/Day/Year Month/Day/Year

In this time, I lived/live at_____.

What else would you like to share about your homeless status during the period referenced above (optional)? 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 an emergency shelter. I have problems with my memory from that time due to an illness."*

_____

_____

I certify that the above information is correct.

Signature of Client:_____Date of Signature: _____

Staff Section: *DO NOT SKIP THIS STEP*

Please document all attempts to obtain 3rd party verification for the period of homelessness documented above.

1) _____

2) _____

3) _____

I reviewed the above statement with the client, and certify that the attempts to obtain 3rd party verification are accurate.

Name of Staff (Print): _____

Staff Member Organization and Title:_____Staff Phone Number: _____

Signature of Staff:_____Date of Signature:_____