

CHRONIC HOMELESSNESS SELF DECLARATION

Third-party verification of chronic homelessness is always preferred, however, this document of Self-Statement may be used when a homeless person/household applying for ESG assistance lacks the connections with service providers necessary to complete a Third Party Verification of chronic homelessness.

ESG Applicant Name: _____

- Household without dependent children (complete one form for each adult in household)
 Household with dependent children (complete one form for each adult in household)
 Number of persons in the household: _____

Applicant or head of household has the following disability based on the condition(s): (check all that apply)

- A diagnosable substance abuse disorder
 A serious mental illness
 A developmental disability
 A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

AND

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter

AND

Has been homeless as described above:

- Continuously for at least 12 months **or**
 On at least 4 separate occasions in the last 3 years, where the combined occasions equal at least 12 months and each break in homelessness lasted at least 7 nights
 Living in an institutional care facility for fewer than 90 days and met all of the criteria above (including 12 total months of literal homelessness) before entering that facility

**Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.*

I certify that I was homeless (sleeping in a place not meant for human habitation such as living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

Time Period (Beginning)	Time Period (End)	Number of Days	Location of Stay
Total days			

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 2012 but I believe that it was a homeless emergency shelter. I have problems with my memory from that time due to an illness."*

I certify that the above information is correct.

ESG Applicant Signature: _____ Date: _____

ESG Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for ESG assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempts made for third-party verification:

ESG Staff Signature: _____ Date: _____