

# ESG SELF-CERTIFICATION OF HOMELESS STATUS

**Note: Self-Certification should be used as last resort if third party documentation is not obtainable.**

Check one:

- I am a household **without** dependent children (complete one form for each adult in the household)
- I am a household **with** dependent children (complete one form for the household)

Number of persons in the household: \_\_\_\_\_

**This is to certify that the above-named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.**

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## CATEGORY 1

**Check only one: I am an individual or family who lacks a fixed, regular, and adequate nighttime residence as follows:**

- My Primary nighttime residence is a public or private place not meant for human habitation;
- I [and my children] are living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs);
- I am exiting an institution where I have resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

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## CATEGORY 2

**I am an individual or family at imminent risk of losing my primary nighttime residence and have all of the following circumstances:**

- My residence will be lost within 14 days of the date of this notice; and
- No subsequent residence has been identified; and
- I (and my children) lack the resources or support networks needed to obtain permanent housing

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## CATEGORY 3

**I am an unaccompanied youth under 25 years of age, or a family with children and youth, who do not otherwise qualify as homeless, but meet all of the following circumstances:**

- I am defined as homeless under another federal statute;
- I have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to this application for assistance;
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and I expect to continue in such status for an extended period of time due to special needs or barriers defined follows:

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**CATEGORY 4**

- I am an individual or family that is:
- Fleeing, or attempting to flee due to domestic violence;
  - Have no other residence; and
  - Lack the resources or support networks to obtain other permanent housing
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**I certify that the information above I have provided in applying for ESG assistance is true, accurate and complete.**

**ESG Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For official use only:

**Staff Certification**

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

Documentation of attempt(s) made for third-party verification:

Date	Type of Attempt (oral, written, email etc.)

**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_