Chronically Homeless Self- Certification Length of Time Homeless and Locations of Homelessness

Instructions: This self-statement certification may be used when a homeless person applying to a program serving chronically homeless persons lacks connections with service providers to complete a third party verification of a history of chronic homelessness. This self-statement should be maintained in the client's file.

I certify that I was homeless (that is, sleeping on the streets or in a place not meant for human habitation) OR staying in a homeless emergency shelter during the following time period:

Between	(month/year) and	(month/year) I lived at	(place)
Between	(month/year) and	(month/year) I lived at	(place)
Between	(month/year) and	(month/year) I lived at	(place)
Between	(month/year) and	(month/year) I lived at	(place)
Between	(month/year) and	(month/year) I lived at	(place)
Between	(month/year) and	(month/year) I lived at	(place)
Between	(month/year) and	(month/year) I lived at	(place)
Between	(month/year) and	(month/year) I lived at	(place)
I certify that the	above information is correct.		
Client Signature:		Date:	
I reviewed the a	bove statement with the client.		
Staff Signature:		Date:	
Agency:			