

Emergency Solutions Grant Program (ESG)
SELF-DECLARATION OF HOUSING STATUS FOR HOMELESS ASSISTANCE

This form must be completed for each applicant requesting ESG assistance

ESG Applicant Name: _____

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 household)
➤ Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the following and other indicated information and the signed declaration by the applicant. (See page 3 for recordkeeping requirements)

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

CATEGORY 2

I am an individual or family at imminent risk of losing my primary nighttime residence homelessness 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

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 am 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 as follows:

CATEGORY 4

- I am an individual or family that is:
- Fleeing , or attempting to flee, domestic violence;
 - Have no other residence; and
 - Lack the resources or support networks to obtain other permanent housing

I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____

For official use only:

ESG Staff Certification

I understand that third-party verification must be provided and is the preferred method of certifying homeless status for an individual or family who is applying for ESG assistance. I understand self declaration of housing status is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification as reflected in page 3 of this form:

ESG Staff Signature: _____ Date: _____

RECORDKEEPING REQUIREMENTS

RECORDKEEPING REQUIREMENTS	CATEGORY 1	Literally Homeless	<ul style="list-style-type: none"> • Written observation by the outreach worker; <u>or</u> • Written referral by another housing or service provider; <u>or</u> • Certification by individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter; • For individuals exiting an institution-one of the forms of evidence above; and: <ul style="list-style-type: none"> ○ <i>Discharge paperwork <u>or</u> written/oral referral, <u>or</u></i> ○ <i>Written record of intake worker's due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution</i>
	CATEGORY 2	Imminent Risk of Homelessness	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave <u>or</u> • For individual and families leaving a motel-evidence that they lack the financial resources to stay; <u>or</u> • A documented and verified oral statement; and <ul style="list-style-type: none"> ○ <i>Certification that no subsequent residence has been identified; <u>and</u></i> ○ <i>Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing</i>
	CATEGORY 3	Homeless under other Federal statutes	<p>Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u></p> <p>Certification of no Permanent Housing in last 60 days; <u>and</u></p> <p>Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u></p> <p>Documentation of special needs <u>or</u> 2 or more barriers</p>
	CATEGORY 4	Fleeing/ Attempting to Flee Domestic Violence	<p><i>For victim service providers:</i></p> <ul style="list-style-type: none"> ○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have not subsequent residence; and they lack resources. Statement must be documented by a self-certification or certification by the intake worker. <p><i>For non-victim service providers:</i></p> <ul style="list-style-type: none"> ○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u> ○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u> ○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.