

Emergency Solutions Grant Program (ESG)

SELF-DECLARATION OF HOUSING STATUS FOR HOMELESS PREVENTION 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 at risk of homelessness based on the following and other indicated information and the signed declaration by the applicant. (See page 3 for recordkeeping requirements)

I am an individual or family who is at risk of homelessness and meets all of the following (must check all boxes in order to qualify for assistance):

- My annual gross household income is below 30 percent of Area Median Income for the area, as determined by HUD; and
- I do not have sufficient resources or support networks (e.g. family, friends, faith-based or other social networks) immediately available to prevent me from moving into an emergency shelter or a place not meant for human habitation; and
- I meet one of the following conditions:
- I/we have moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - I/we are living in the home of another because of economic hardship;
 - I/we have been notified in writing that my right to occupy current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - I/we live in a hotel or motel and the costs of the hotel or motel stay is not paid by a charitable organization or by Federal, State or local government programs for low-income individuals;
 - I/we live in a single-room occupancy or efficiency apartment unit in which there resides more than 2 persons or lives in a larger housing unit in which there resides more than 1.5 person per room, as defined by the U.S. Census Bureau;
 - I am exiting a publically funded institution, or system of care (such as a healthcare facility, a mental health facility, foster care or other youth facility, or correction program or institution);
 - I am a child or youth that qualifies as homeless under section 387(3) of the Runaway and Homeless Youth Act, section 637(11) of the Head Start Act, section 41403(6) of the Violence Against Women's Act of 1994, section 330(h)(A) of the Public Health Service Act, section 3(m) of the Food and Nutrition Act of 2008, or section 17(b)(15) of the Child Nutrition Act of 1966; or
 - I am a child or youth who qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and is living with a parent or guardian.

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 at-risk of homelessness for an individual 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.