Madison/Dane County CoC
SELF-CERTIFICATION OF HOMELESSNESS

Applicant Name: ______________________________ Date: _______________________

Case Worker Name: ______________________________

Please have applicant initial which category they fall under:

• I am living in a place not meant for human habitation **OR** in an emergency shelter ______ initial
• Written statement that I am fleeing **OR** attempting to flee domestic violence **AND** no subsequent residence has been identified **AND** I lack the financial resources to support and obtain permanent housing. ______ initial
• I exited a public institution in which I resided for fewer than 90 days and was homeless prior to entering the institution. ______ initial

**OPTIONAL** (Use if applicant is Chronically Homeless)
• I have been continuously homeless for the past TWELVE (12) CONSECUTIVE MONTHS ______ initial
  **OR**
• I have had FOUR (4) occasions of homelessness in the last THREE (3) years, which total at least 12 months ______ initial

**Applicant Statement** of location and period of homelessness:

I self-certify that I…

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

By signing below, I certify that the information presented in this certificate is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing services.

Applicant Signature: ______________________________ Date: ________________

Case Worker Signature: ______________________________ Date: ________________

**WARNING:** Misrepresentation of facts in order to wrongfully obtain program funds is a serious offense that can result in criminal charges. This includes fraudulent requests for funds, representing yourself to be someone you are not, cashing fraudulently obtained checks, etc. Perpetrators of fraud will be prohibited from accessing funds in the future and may be forced to repay the funds as well as face legal action.
INSTRUCTIONS: This form must be utilized whenever self-certification is utilized for verification. The case worker must document the applicant’s current living situation and all efforts to collect third-party verification below. Depending on the number of episodes of homelessness, you may need additional pages, attach accordingly.

Name of Third-Party:
________________________________________________________________________

Title of Third-Party:
________________________________________________________________________

Organization of Third-Party Contacted: _______________________________________

Date of Initial Contact: ___________ # of Attempts: _______ Date(s) of Attempts: ___________

Method of Contact(s): □ In Person □ e-mail □ Telephone □ Other __________________________

Applicant’s current living situation:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe attempts to obtain third-party verification and why they were unsuccessful below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Case Worker Name (Printed): ___________________________ Date: _____________________

Case Worker Signature: ___________________________ Date: _____________________