



# 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...

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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.



**Madison/Dane County CoC**  
**DOCUMENTATION OF DUE DILLIGENCE**

Applicant Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**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: \_\_\_\_\_