

**PHILADELPHIA CONTINUUM OF CARE
SELF-CERTIFICATION OF HOMELESS STATUS**

This self-certification form can be used to document homeless history or breaks in homelessness. **Documentation showing due diligence of obtaining third-party verifications** by staff and the outcomes or obstacles **must be provided**. Except in limited circumstances, no more than 3 months of homelessness should be documented with self-certification. There are no limits to the number of breaks that can be documented.

A. Applicant Information				
Applicant Name:	Date of Birth: / /		Last 4 SSN Digits:	
B. Self-Declaration of Literally Homeless Status				
I declare that I am currently living in (<u>check one only</u>):				
<input type="checkbox"/> A place not meant for human habitation (e.g. on the streets, abandoned building, airport, etc.)	<input type="checkbox"/> An institution where I have resided for less than 90 days <u>and</u> resided in an emergency shelter, safe haven, or place not meant for human habitation before entering that institution. Institutions include prisons, substance abuse or mental health facility, hospitals or other similar facilities.			
<input type="checkbox"/> Emergency Shelter				
<input type="checkbox"/> Safe Haven				
C. Housing History				
I certify that I have stayed in the following places:				
No.	Start (MM/YY)	End (MM/YY)	Location of Stay	Location Type (Check one only for each location)
1				<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Not Homeless / Break
2				<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Not Homeless / Break
3				<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Not Homeless / Break
4				<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Not Homeless / Break
5				<input type="checkbox"/> Place not meant for human habitation <input type="checkbox"/> Safe Haven <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Not Homeless / Break
Any other relevant information about housing history:				

D. Applicant Certification				
I hereby certify that the above information is correct.				
Applicant Signature: _____			Date: ____ / ____ / ____	

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E. Staff Efforts to Obtain Written Third Party Verification	
I made the following attempts to obtain written third party verification(attach additional sheets if necessary): _____ _____ _____	
F. Staff Certification	
I understand securing written third party verification is the preferred method of certifying homelessness status and self-declaration is only permitted when I have attempted but am unable obtain such verification.	
Printed Name:	Date: / /
Title:	Signature:
Agency:	Email: