

**RI Consolidated Homeless Fund**

**SELF-DECLARATION OF HOUSING STATUS**

Client Name: \_\_\_\_\_

Household without dependent children (complete one form for each adult in the household)

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 or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.**

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**Check only one:**

**Category 1: Literally Homeless**

I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

I [and my children] am/are currently homeless and living in an publically or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by federal, state, and location government programs).

I [and my children] am/are exiting an institution where I/we have resided for 90 days or less AND lived in an emergency shelter or place not meant for human habitation immediately before entering that institution.

**Category 2: Imminent Risk of Homelessness**

I [and my children] will lose my/our primary residence within 14 days, I/we have not found a subsequent residence, and I/we have no resources or support networks needed to obtain other permanent housing.

**Category 3: Homeless under other Federal Statutes**

We are a family (with a child/children under the age of 18) or I am an unaccompanied youth under 25 years of age and am/are defined as homeless under another federal statute, have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to today's date, have experienced persistent instability as measured by two moves or more during the preceding 60 days, and can be expected to continue in such status for an extended period of time due to special needs or barriers.

**Category 4: Fleeing/Attempting to Flee Domestic Violence**

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

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

CHF Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CHF Staff Certification**

I understand that third-party verification is the preferred method of certifying homelessness. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt made for third-party verification:* \_\_\_\_\_

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CHF Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_