

## Self-Declaration of Residency

Form B

*Must be completed by adult household members who do not have or cannot obtain third-party proof of current residency.*

Client Name and/or ID Number: \_\_\_\_\_

Housing Case Manager Name: \_\_\_\_\_

I, \_\_\_\_\_, am applying for housing assistance services. I understand that Program regulations require collection of current residency documentation for all household members 18 years of age and older (my household must reside in the provider's Service Delivery Area and documentation must be current as of the eligibility certification or recertification date). I understand that this form is used to declare residency for eligibility determination.

I certify I have a fixed address, but **cannot obtain** third-party proof.

Please explain why you cannot obtain residency documentation:

Physical address:

Mailing address (if different):

..... **OR** .....

I certify I do **not** have a fixed address and I am homeless. I cannot provide documentation of current residency.

Physical address/location I stayed last night:

Mailing address (if different):

**CATEGORY 1**

I lack a fixed, regular, and adequate nighttime residence:

- My primary nighttime residence is a public or private place not meant for human habitation; or
- I am living in a temporary shelter (including congregate shelters, transitional housing, and hotels or motels); or
- I am exiting an institution where I have resided for 90 days or less and resided in a place not meant for human habitation or temporary shelter immediately before entering that institution.

**CATEGORY 2**

**CATEGORY 3**

I am an unaccompanied youth under 25 years of age and do not otherwise qualify as homeless, but:

- I am defined as homeless under other federal laws; and
- I have not had permanent housing during the 60 days prior to the date of this self-declaration; and
- I have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
- I expect to continue in such status for an extended period of time due to special needs or barriers.

**CATEGORY 4**

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I will imminently lose my primary nighttime residence:

- I will lose my residence within 14 days of the date of this self-declaration; and
- I have not identified a subsequent residence; and
- I lack the resources or support networks to obtain permanent housing.

I am fleeing domestic violence:

- I am fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and
- I have no other residence; and
- I lack the resources or support networks to obtain other permanent housing.

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**I understand that third-party verification is the preferred method of confirming current residency. I understand self-declaration is only permitted when I do not have a fixed address or have attempted but cannot obtain third-party proof of current residency. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Program and may be grounds for termination of assistance. It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act. I agree to report any changes in residency to my housing case manager immediately.**

Household Member Signature: \_\_\_\_\_

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