

Homeless Housing Operations and Services Self-Declaration/Attestation Form

income.	party written or verbal verification, complete this form to document housing status or
	arrative include details of what type of place they were staying the night before. If fleeing narrative "fleeing violence."
written documentation	Client must attest to chronic homelessness. *In addition, the case manager must provide of the living situation and duration/frequency, and the steps taken to obtain the standard hronic homelessness. This additional documentation must be in the client file.
	e include details on source of income, income amount, and frequency of income. <i>In addition,</i> ument attempts to obtain written and verbal verification. This additional documentation
☐ No Income – Indicate in the narrative "no income."	
Client Name	
HMIS Client Identifier	
Date	
Homelessness/Income/No Income	
Narrative	
Client Signature	
Chronic Homelessness* (see	additional documentation required from case manager above)
Client Attestation	
	have experienced being homeless for the last 12 months in which I lived in
I,, have experienced being homeless for the last 12 months in which I lived in a place not meant for human habitation or in an emergency shelter, or on at least four separate occasions in the last	
	s for a total of at least 12 months.
Client Signature	
Case Manager Signature	