Homeless Self-Certification FORM 102

RE: _____

Applicant's Name (print)

Federal regulations permit the use of these housing funds for individuals or families who are literally homeless, have not identified a subsequent residence and lack the resources and support networks needed to obtain permanent housing. A certification from the individual or head of household seeking assistance is required. Verification of these circumstances may be required.

THIS SECTION TO BE COMPLETED BY APPLICANT OR HEAD OF HOUSEHOLD

1) My current living situation is (describe and include dates in months and years e.g. Jan 2026)

☐ _____

2) Select all that apply

☐ I/We lack the support networks (family/friends, faith-based or social networks etc…) need to obtain permanent housing

☐ I/We lack the financial resources needed to obtain permanent housing

Please identify income and assets of the household. Include the source of income as well as the amount, type of asset and amount. These items may need to be verified.

_____

☐ I/We am unable to identify a subsequent residence and without assistance will be homeless

I certify that the above selected statements are true and complete.

Name (print clearly)	Signature	Date

Received by:

Staff Name (print clearly)	Signature	Date

last updated April 2026