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

RE:

Applicant's Name (print)

The completion of this form is required when third-party source documentation is not provided or HUD'S preferred method of verifying homeless is not followed. Potential reasons for not providing third-party verification include: safety of the individual(s), no third party sources identified, inability to contact third party, etc. Efforts reflecting attempts to follow HUD's preferred order include phone calls, emails, letters, faxes, etc. When documenting the efforts and outcomes for phone calls attempts, descriptions must include the name and title of the individual, contact number, date and time. Copies of efforts to obtain third-party documentation through email correspondence, certified letters, faxes, etc. should be attached to this document.

Describe the reason(s) you were unable to acquire the third-party verification and include dates homeless in months and years e.g. Jan 2026)

Describe efforts to follow HUD's preferred method of verification and the outcome:

Document(s) attached: ☐ YES ☐ NO

If yes, specify:

I certify this information to be true and complete.

Staff Name and Title	Signature	Date

Staff Phone/Email

last updated April 2026