



SELF-DECLARATION OF HOMELESSNESS

U.S. Department of Housing and Urban Development (HUD) definition of homelessness [found in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003)].

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.



IN WITNESS WHEREOF on this date of _____, 2017, I, _____,

herein referred to as ("Applicant"), certify that my family, of which I am Head of Household, is presently

(check one):

- Literally Homeless** - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - Has a primary nighttime residence that is a public or private place not meant for human habitation
 - Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
 - Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

- Imminent Risk of Homelessness** – Individual or family who will imminently lose their primary residence, provide that:
 - Resident will be lost within the next 30 days
 - No subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing

- Homelessness under other Federal statutes** – Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - Are defined as homeless under the other listed federal statutes
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application
 - Have experienced persistent instability as measured by two moves or more during in 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

- Fleeing/Attempting to Flee DV** - Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence
 - Has no other residence; and lacks the resources or support networks to obtain other permanent housing



Documentation Supporting Homelessness

- None
- Three Day Eviction Notice
- Letter from landlord/homeowner
- Other: _____

Additional Information

Print Applicant's Name

Social Security #

I certify that the above information is true and accurate.

Applicant's Signature

Date

Notary Public

STATE OF FLORIDA, COUNTY OF BREVARD

The foregoing information was acknowledged before me the _____ day of _____, 20____, by _____, who produced _____ as identification.

Signature of Notary Public

Date of Expiration