



HOUSING for HOMELESS

“Providing a Doorway to a Brighter Future for Over 25 Years”

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www.housingforhomeless.org

SELF-DECLARATION OF HOMELESSNESS

IN WITNESS WHEREOF on this date of _____, 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)
- Or Is exiting an institution where (s)he has resided for 90days 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:

- Residence will be lost within 14 days of the date of application for homeless assistance
- 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

Referral Agencies

- None
- Self
- Emergency or transitional shelter
- Welfare hotel
- Outreach worker
- Church staff
- Police
- Psychiatric hospital
- Mental health out-patient clinic
- Alcohol and/or other drug program
- Other Social Service staff

Applicant Signature

Date

Housing for Homeless Staff

Date