

Self Declaration and Intake Worker Observation Form

Applicant Name: _____

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)

Number of persons in the household: _____

Approximate Date Homelessness Started: _____

Self Certification:

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

Signature of Applicant: _____

Date: _____

Intake Worker Due Diligence to find 3rd Party Verification:

Intake Worker Observation of Homeless Status:

Staff Signature: _____

Date: _____