## CHG Self-Declaration OF HOUSING STATUS OR NO INCOME Form

Complete this form to document housing status or income, when applicable.

Homelessness – In the narrative include information about household’s primary nighttime residence, where they sleep the majority of the time.

If fleeing violence, indicate in the narrative “fleeing violence.” No additional information is required.

Chronic Homelessness – Client must attest to chronic homelessness. \**In addition, the case manager must provide written documentation of the living situation and duration/frequency, and the steps taken to obtain the standard evidence allowable for chronic homelessness*. *This additional documentation must be in the client file.*

Income – In the narrative include details on source of income, income amount, and frequency of income. *In addition, case manager must document attempts to obtain written and verbal verification. This additional documentation must be in the client file.*

No Income – Indicate in the narrative “no income.”

|  |  |
| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |

**Homelessness/Income/No Income**

|  |  |
| --- | --- |
| Narrative |  |
| Client Signature |  |

**Chronic Homelessness\*** *(see additional documentation required from case manager above)*

|  |  |
| --- | --- |
| *Client Attestation* | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have experienced being homeless for the last 12 months in which I lived in a place not meant for human habitation or in an emergency shelter, or on at least four separate occasions in the last three years, I was homeless for a total of at least 12 months. | |
| Client Signature |  |
| Case Manager Signature |  |