

Documentation of Homelessness Affidavit

Applicant Name: _____ **Date:** _____

Please check the statement that applies to your household below:

- Household without dependent children
- Household with dependent children

Number of persons in the household: _____

Please check the statement that applies to your household below:

I am currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, camp ground or in the woods in the area of _____). My homelessness began on this date _____.

I was living unsheltered starting _____ ended _____ in the City of _____ and State of _____. Reason for living unsheltered

I (and my child(ren) am/are the victim(s) of domestic violence and am/are fleeing from abuse.

I am currently being court evicted from my housing at the address of _____ and must leave this residence with the next _____ days.

I and my spouse/other am/are currently being court evicted from our housing at the address of _____ and must leave this residence within the next _____ days.

I (and my child(ren) am/are currently being court evicted from our housing at the address of _____ and must leave this residence within the next _____ days.

I and my spouse/other (and my child(ren) are currently living at _____ Shelter and have been living there for the past _____ days/months.

I certify that the information above and any other information I have provided to be true to the best of my knowledge.

Applicant Signature

Date

Case Manager Signature

Date

Printed Name of Case Manager

Agency Name