

Consolidated Homeless Grant Self-Declaration 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) and if exiting a system of care narrative must also include information on homelessness prior to system of care entry.

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

- At Risk of Homelessness – Refer to *Verification of Household Eligibility and Income Recertification Form* for information that needs to be included in narrative based on housing situation.
- 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	
Narrative	
Client Signature	

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

<i>Client Attestation</i>	
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	



Spokane County

WASHINGTON

July 2022

Case Manager Signature

Case Manager Signature	
------------------------	--