

Self-Declaration of At-Risk of Homeless Status

When a written observation by an outreach worker or written referral by housing or service provider is not available, an applicant may submit this signed statement verifying his or her situation.

Applicant Information

Applicant Name: _____ Number of persons in household: _____

SECTION 1: AT-RISK STATUS (Check One)

Category 1: Individuals and Families

I certify that I currently meet HUD's Category 1 definition of at-risk of homelessness meaning that I lack sufficient resources or support networks necessary to prevent homelessness and meet one (1) of the below listed risk factors (indicate risk factor below)

Risk Factors (check one)

Must meet one (1) of the following risk factors and lack sufficient resources or support networks to prevent homelessness

- Risk 1: Persistent Housing Instability:** I have moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance
- Risk 2: Living in the home of another person:** I am living in the home of another because of economic hardship
- Risk 3: Housing Loss Within 21 Days:** I have been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance
- Risk 4: Living in Hotel or Motel:** I live in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals
- Risk 5: Living in Severely Over-Crowded Housing** as Defined by the US Census Bureau: I live in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room
- Risk 6: Exiting Institution:** I am exiting a publicly funded institution or system of care (such as a healthcare facility, mental health facility, foster care or other youth facility, or correction program)
- Risk 7: Living in Housing Otherwise Associated with Instability:** I live in housing that has characteristics associated with instability and an increased risk of homelessness as identified in Pasadena's approved Con Plan

Category 2: Unaccompanied Children and Youth

I am a child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

Category 3: Families with Children and Youth

I am a child or youth (or parent/guardian living with a child or youth) that does not qualify as homeless under the federal definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Act meaning that (check one):

- I am sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement
- I have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings
- I am living in a car, park, abandoned building, substandard housing, bus or train station, airport, camping ground or similar setting

SECTION 2: LACK OF RESOURCES AND SUPPORT NETWORK

I lack sufficient resources and support networks to retain housing without Homelessness Prevention assistance

SECTION 3: APPLICANT CERTIFICATION

I certify that the above information is correct Applicant Signature: _____ Date: _____

SECTION 4: STAFF CERTIFICATION

I understand that 3rd party verification is the preferred method of certifying homelessness for an individual or family who is applying for assistance and self-declaration is only permitted when I have attempted but cannot obtain such verification.

Documentation of attempts made for third-party verification:

I certify that the above information is correct. Staff Signature: _____ Date: _____