Consolidated Homeless Grant

Self-Declaration Form

When unable to obtain third party written or oral verification, complete this form to document housing status or income.

Homelessness

Income (need source of income, income amount, and frequency of income)

No Income

|  |  |
| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |
| Client Narrative |  |
| Client Signature |  |