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 |  |