



Certification of Homelessness

Category 4: Fleeing or Attempting to Flee Domestic Violence*

*This form can be used by clients to self-certify domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous/life-threatening conditions that relate to violence against the individual or family member that took place within my primary residence or has make them afraid to return

Client Name (Head of Household): _____

Date of Birth: _____

To be completed by the client

Instructions: Please initial next the following statements that apply to your current living situation.

_____ I am fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous/life-threatening conditions that relate to violence against me or a family member that took place within my primary residence or has make me afraid to return

_____ I have no other place to live

_____ I do not have the financial resources and support networks to obtain other permanent housing

Client Signature: _____

Date: _____

Agency/Staff Certification (Non-victim service providers only)

Do not upload this form into HMIS unless the participant has authorized it.

I certify to the best of my knowledge and belief, that the above-stated information is true.

Staff Signature: _____

Date: _____

Name: _____

Title: _____

Agency Name: _____