**Self-Certification of Homelessness**

I certify that I was homeless (that is sleeping in a place not meant for human habitation such as living on the streets) **OR** living in a homeless emergency shelter during the following period(s) of time:

*Example: From 01/01/15 to 08/01/15 I lived at Lifeline Shelter, Cleveland*

From to I lived at

From to I lived at

From to I lived at

From to I lived at

From to I lived at

**Notes or comments (optional):**

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| --- |
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|  |
|  |

**I certify that the above information is correct.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (printed)

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Signature Date

**I reviewed the above statement with the client.**

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(Signature of Staff Witness) (Organization) (Date)