**HVRP Self-Attestation Form**

**Applicant Name:** [Type here] **Date:** 1/20/2021

**Current Housing Situation (check one):**

[ ]  **I live on the streets or a place not meant for human habitation (no home or shelter):** This may include a car, park, abandoned building, bus/train station, airport, or campground.

[ ]  **I live in a temporary shelter:** This includes publicly operated shelters, hotels paid for by government or nonprofit organizations, and transitional housing.

[ ]  **I will imminently lose my housing; I have an eviction pending**: I have a court order that says I must leave within 14 days. I do not have the resources or support network to obtain other permanent housing.

[ ]  **I live with a family member friend; I will imminently lose my housing:** the owner/renter of that housing will not allow me to stay for more than 14 days and I have no subsequent residence identified. I do not have the resources or support network to obtain other permanent housing.

[ ]  **I am at risk of homelessness in the next 60 days:** Based on the factors below (check all that apply), I am at risk of losing my housing within the next 60 days. I have no subsequent housing identified and do not have the resources or support network to obtain other permanent housing.

[ ]  I have an eviction pending that says I must leave within the next 60 days

[ ]  I live with a family member/friend and the owner/renter of that housing will not allow me to stary for more than 60 days

[ ]  Past due rent and/or utilities

[ ]  Loss of employment

[ ]  Change in family dynamic such as separation, divorce, or death of partner

Description of housing risk: Click or tap here to enter text.

[ ]  **I have no housing concerns.**

**Duplicative HVRP program involvement:**

[ ]  **I am currently enrolled as a participant in services through one of the following:**
Click or tap here to enter text.

[ ]  **I am NOT currently enrolled as a participant in services through one of the following:**
Click or tap here to enter text.

[ ]  **I am UNSURE if I am enrolled in another HVRP service**

### Signature:

