

**EXHIBIT E
HEAP SELF-CERTIFICATION OF HOMELESS STATUS**

Instructions: This form MUST be completed by the applicant/participant. A self-certification must be provided for each adult member in the household. If the applicant/participant requires assistance (e.g., unable to write, does not speak/write English, etc.), HEAP Contract staff must ensure the certification is in the words of the applicant/participant and is written in first person (e.g., I am homeless). Certifications written in third person (e.g., He is homeless) will not be accepted.

Include approximate date the applicant/participant became homeless, where the applicant/participant is currently sleeping, and the events leading up to homelessness. Vague certification such as "I am homeless" will not be permitted.

_____ Date

Head of Household/Other Adult (last, first)

_____ Email Address

Telephone Number

- I am:**
- Head of Household**
- Other Adult Household Member**

Self-Certification (select ONE of the following and describe below):

- Lack of sufficient resources and/or support networks and no subsequent residence has been identified
- Fleeing domestic violence
- Living on street or in shelter
- Exiting for institution
- Other (please describe)

_____ Date

HEAP Applicant/Participant Signature