## King County Consolidated Homeless Grant

## Self-Certification

***Use this form only when unable to obtain third party written or third party oral verification. Client file must thoroughly document attempts to obtain third-party documentation and why third party documentation was not obtained. (except when used to document fleeing domestic violence).***

Homelessness  Length of Time Homeless *(required for chronic homelessness)*

Income (need source of income, income amount, and frequency of income)  No Income

|  |  |
| --- | --- |
| Client Name |  |
| HMIS Client Identifier |  |
| Date |  |
| Client Narrative |  |
| Client Signature |  |
| Caseworker Name and Signature |  |