

HOME-ARP VOQP Self-Certification



Applicant Name: _____

Date Completed: _____

Please initial which applies:

_____ (*initial*) I am currently homeless

_____ (*initial*) I am currently at-risk of homelessness

_____ (*initial*) I am currently fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking

_____ (*initial*) I currently qualify as “other populations” under the qualifying population 4 of HOME-ARP Supportive Services

Instruction

Applicant’s statement of current living situation:

I self-certify that I...

By signing below, I certify that the information presented in this certificate is true to the best of my knowledge. I understand that false or misleading information may result in termination of services.

Applicant signature: _____ Date: _____

Staff signature: _____ Date: _____