



Homelessness Self-Certification Statement

Applicant:

I certify that I, _____ (Applicant’s Name) have been homeless during the following period of time:

Between: _____ and _____
Month/Day/Year Month/Day/Year

In this time period I lived/live at: _____.

Between: _____ and _____
Month/Day/Year Month/Day/Year

In this time period I lived/live at: _____.

What else would you like to share about your homeless status during the period of time referenced above (optional)?

I certify that the above information is correct.

Signature of Applicant: _____ Date of Signature: _____

Homeless Provider (optional)

I certify that applicant information is correct.

Signature of Case Manager/Staff: _____ Date of Signature: _____

Organization/Title: _____

OCHA

OCHA Representative (Print): _____

Signature of OCHA Representative: _____ Date of Signature: _____

Mailing Address
P.O. Box 8181
Hillsborough, NC 27278

Main Office
300 W. Tryon Street
Hillsborough, NC 27278

Satellite Office
2501 Homestead Road
Chapel Hill, NC 27516

