

# Best Single Source Plus ESG-CARES [CV] Program

## SELF DECLARATIONS of Homelessness, Identity, Income and Exemption

Applicant Name: \_\_\_\_\_ Number of Adults in Household: \_\_\_\_\_

Complete one form for **each** adult in the household, *if applicable*. Check only the self-declarations below that apply.

### STAFF AND CLIENT CERTIFICATION

**Self-Declaration of Homelessness** (*check if applicable*): I certify I (and my household) am/are currently experiencing homelessness, or are survivors of domestic violence fleeing from abuse. I understand that third-party verification is preferred method of certifying an individual or household is experiencing homelessness. I understand that homeless status **MUST** be documented by a signed self-declaration or homeless eligibility form if third party verification cannot be obtained. I understand self-declaration and/or a homeless eligibility form **is always required**, even when we have attempted to but cannot obtain third party verification. I understand that this exempts me from meeting residency and income requirements. If outside of Austin/Travis County, I must meet the program guidelines which include a direct connection to the Austin/Travis County area such as employment, family, or medical care within the service area.

**Required:** Description or documentation of attempt made for third-party verification:

\_\_\_\_\_  
\_\_\_\_\_

**Self-Declaration of Identity** (*check if applicable*): I certify I do not have verification of identity (ID). I understand that ID options on file checklist are the preferred method of certifying identity. I understand self-declaration is only permitted when we have attempted to but cannot obtain government issued /BSS Plus approved ID.

**Required:** Description or documentation of attempt made for third-party verification:

\_\_\_\_\_  
\_\_\_\_\_

**Self-Declaration of Income** (*check if applicable*):

I certify, under penalty of perjury, that I do not have any income from any source at this time.

I certify, under penalty of perjury, that I currently receive the following undocumented income:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Gross Monthly Income Received: \_\_\_\_\_

**Required:** Description or documentation of attempt made for third-party verification of income:

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I certify that this information is correct to the best of my knowledge and I understand that any misrepresentation of any of this information may be grounds for program termination.

Client Signature (required): \_\_\_\_\_ Date \_\_\_\_\_

Case Manager Signature (required): \_\_\_\_\_ Date \_\_\_\_\_