

**San Francisco County**  
**Subsidy Program Self-Declaration of**  
**Homelessness** (02/15/2017)

“Homelessness” means a person or family that lacks a fixed, regular, and adequate night-time residence, for example: sharing the housing of other persons, living in motels, hotels, shelters, awaiting foster care placement, living in vehicles, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings. *(Title 5, §18087(h))*

This form is to **ONLY** be used when basis of eligibility is homelessness (as described above) **AND** the family is unable to provide *(Title 5, §18090(a))* a written referral from an emergency shelter, or other legal, medical or social service agency.

Documentation of Homelessness shall include a written declaration that the family is homeless and a statement describing the family’s current living situation. *(Title 5, §18090(b))*

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I attest and declare under penalty of perjury and the laws of California that the above information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>STAFF USE ONLY</b>		
<i>If applicable</i> , staff will include a brief statement attesting to the reasonableness of the claims above. <hr/>		
Staff name: _____	Staff Signature: _____	Date: _____