

## EMERGENCY SOLUTIONS GRANT (ESG) Self-Certification

Participant Information				
Participant Name:			HN	IIS #:
Address:	City:		State:	Zip Code:
Phone #:		Email:		
<b>Instructions:</b> This form is to be completed by applicants or program participants when they are unable to provide MSHDA required verifications or other documents, and self-certification is the only way the agency can verify information related to ESG program eligibility. Check any/all applicable boxes below that apply to your current situation and provide as much information as you can related to the verification. This form must be retained in the participant file.				
Self-Certification				
☐ Lack of sufficient financial resources and/or support networks and no subsequent residence has been identified				
☐ Fleeing domestic violence	☐ Living on the	street or in shelter	☐ Exiting fro	m institution
Other (please describe):				
Please provide as much information as you can related to the verification:				
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Participant Certification  I certify, under penalty of perjury, that the information I have provided on this form is true, accurate, and complete, to the				
best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at-risk of homelessness, income or other information hereby provided.				
Participant Signature:	tt Signature: Date:			te:
Agency/Staff Certification				
I certify that I understand that third-party verification is the preferred method of certifying homelessness for an individual or family who is applying for ESG assistance and that self-certification is only permitted when I have attempted to but cannot obtain such verification. I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.				
Staff Signature:			Da	te:
Staff Name:				

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.