HESP Citizenship Declaration

Homelessness Prevention Recipients

**Required for all household members 18+ who are receiving direct Homelessness Prevention financial assistance.*

Client Information:

Household Member Full Legal Name:

_____

Head of Household (Y/N)? ☐ Yes ☐ No

If no- indicate relationship to head of household:

_____

Instructions:

This form must be completed by all household members 18 years of age or older who are receiving direct assistance under Homelessness Prevention. Please complete the certification below, then sign and date the attestation.

Citizenship Declaration:

This citizenship declaration is to certify that the above-named participant is:

☐ A citizen or national of the United States.

☐ A noncitizen or a naturalized citizen with eligible immigration status.

☐ Not contending eligible immigration status, and is not eligible for Homelessness Prevention
financial assistance under the Housing Emergency Solutions Program.

I certify, under penalty of perjury, that the information above and any other information I have provided regarding citizenship status is true and accurate.

Client Signature: _____ Date: _____

Authorized Staff Signature: _____

Authorized Staff Printed Name: _____