



**City of Santa Ana CARES for Tenants Program  
Self-Certification of At-Risk of Homelessness**

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Applicant Full Name: \_\_\_\_\_

**Family Type**

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Individual                       Family                      # of people in household: \_\_\_\_\_

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**Self-Certification of “At-Risk of Homelessness”**

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*I am at risk of experiencing homelessness or housing instability and have at least one of the following circumstances:*

- I have a past-due utility or rent notice
- I have received an eviction notice
- I live in unsafe or unhealthy living conditions
- I (and my household) lack the resources or support networks needed to obtain housing if my current housing is lost and I will become homeless
- I am doubling or tripling up with other households in my current living situation
- I have an accumulation of rent arrears that can be documented by a rent ledger from my landlord

**Additional Details:**

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**Applicant Certification**

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This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. By providing my electronic signature below, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my denial of assistance, and that I may be subject to prosecution under the law. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date.

Full Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_