

EXPANDED STATEMENT OF FACTS FOR GENERAL ASSISTANCE

PLEASE ANSWER ALL QUESTIONS- DO NOT ENTER N/A

Case Name	Case Number
Is someone helping you with this form because you <u>do not</u> read or write English? <input type="checkbox"/> Y <input type="checkbox"/> N	Preferred Language: Translator needed? <input type="checkbox"/> Y <input type="checkbox"/> N

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security Number	
Current Street Address	Apt. No.	City	State	Zip Code
Telephone No () -	Birthplace	Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

ADDRESS HISTORY – List current address first, noting all addresses for the past 3 years.

Number and Street	City	State	Month and year moved in	Month and year moved out

1 **Marital Status:** Married Divorced Separated Never Married Domestic Partner Pregnant? Y N **Due date** _____

Spouse's Name	Spouse lives with me <input type="checkbox"/> Y <input type="checkbox"/> N	Spouse receives Welfare or Social Security <input type="checkbox"/> Y <input type="checkbox"/> N
Spouse's Address		Spouse's Social Security Number

MARRIAGE HISTORY

Name of spouse	Date of marriage	Place (State/County)	Date of separation	Final divorce	Date of death

HOUSING

2 I live alone Y N If NO, what is the total number of people living with me: _____

Below: List the names of the people who live with me, and their relationship to me:

Name	Relationship (Mother, friend, etc.)	Name	Relationship (Mother, friend, etc.)

The kind of housing I have is:

- apartment hotel/motel rent a room house trailer faith based housing sober living house
 board and care treatment facility homeless homeless shelter other

Assistance with Utility and Housing Payments:

- I have free housing I rent or pay someone for housing I own or I am buying a home
 I get help to pay my rent **FROM:** HUD Section 8 Friend other _____
 I pay my utilities separately I get help to pay my utilities My utility reimbursement is \$ ____/ month

ITEM	Total Amount	Amount You Pay	Who You Pay
Rent/House Payment	\$	\$	NAME;
Are your utilities included in your rent? <input type="checkbox"/> Y <input type="checkbox"/> N	How much is included?		\$
Do you pay utilities Separately? <input type="checkbox"/> Y <input type="checkbox"/> N			
Which Utilities are paid : <input type="checkbox"/> PG&E: \$ <input type="checkbox"/> Water: \$ <input type="checkbox"/> Telephone: \$ <input type="checkbox"/> Garbage: \$ <input type="checkbox"/>			

Other:			
Name of person that helps pay housing or utility bill: Name: Street address APT:			
3	I am on Probation I am on Parole	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Parole/Probation Agent name Phone number
4	I am a Veteran	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, receiving Veteran's benefits, amount: \$
	Branch of service	Veteran's number	Service from: month year to: month year
5	I moved to this County within the last 30 days from another County or State	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, County and State COUNTY USE ONLY
	I live in Contra Costa County and plan to stay here	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, what are your plans? <input type="checkbox"/> CW 5
	I am a United States citizen	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> GA receive in another County _____
	If NO, I am in the United States legally and I can give proof or get proof	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Last date aid was received from another county: _____
	I (or my spouse) have received GA in another county	<input type="checkbox"/> Y <input type="checkbox"/> N	Which County? <input type="checkbox"/> Return To Residence Date received: <input type="checkbox"/> Diversion
6	List your relatives BOTH living and not living with you (regardless of age)		
	Relationship	Name	Address Phone
	Spouse (if not in home)		
	Applicant's Father		
	Applicant's Mother		
	Children		
	Children		
	Children		

INCOME AND PROPERTY

7	I (or my spouse) have a car, truck, van, motorcycle or other vehicle <input type="checkbox"/> Y <input type="checkbox"/> N	1. Year, Make, Model	county use only <input type="checkbox"/> DMV Registration on file <input type="checkbox"/> Less than \$4,500 – Excluded <input type="checkbox"/> More than \$4,500– Not excluded																
	I (or my spouse) have a checking, savings, credit union account, stocks, bonds, or other accounts in the US or in another country	<input type="checkbox"/> Y If yes, amount: \$ <input type="checkbox"/> N	<table border="1"> <tr> <th></th> <th># 1</th> <th># 2</th> <th># 3</th> </tr> <tr> <td>Value</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Less encumbrances</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Net value</td> <td></td> <td></td> <td></td> </tr> </table>		# 1	# 2	# 3	Value				Less encumbrances				Net value			
	# 1	# 2	# 3																
Value																			
Less encumbrances																			
Net value																			
	I (or my spouse) have a life insurance, burial policy, pension or retirement account (s) or are a beneficiary of a trust in the US or in another country	<input type="checkbox"/> Y If yes, amount: \$ <input type="checkbox"/> N																	
	I (or my spouse) have available cash on hand	<input type="checkbox"/> Y If yes, amount: \$ <input type="checkbox"/> N	COUNTY USE ONLY <input type="checkbox"/> Bank Statements <input type="checkbox"/> Insurance Policy																
	I (or my spouse) have a house, trailer, mobile home, houseboat, boat, land, an apt. building or other building in the US or in another country	<input type="checkbox"/> Y If yes, kind: <input type="checkbox"/> N Assessed value:																	
	I (or my spouse) own other property in the US or in another country	<input type="checkbox"/> Y If yes, kind: <input type="checkbox"/> N Assessed value:																	
	I gave away money, sold property, land or buildings in the past two years in the US in another country	<input type="checkbox"/> Y If yes, value: <input type="checkbox"/> N																	

8	I (or my spouse) received a lump sum of money in the last 12 months from any source, such as a school loan, tax refund, back pay, inheritance, or trust in the US or in another country	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, amount: \$ Date received:	<input type="checkbox"/> Over Property	
9	I (or my spouse) received or expect to receive money this month from a friend, relative or other person?	<input type="checkbox"/> Y <input type="checkbox"/> N	If you receive this money from a relative or friend: Person's name Person's address Relationship to you Amount \$		
	Are you currently receiving money from a friend, relative or other person?	<input type="checkbox"/> Y <input type="checkbox"/> N			
10	How have I supported myself in the last 12 months?			<u>OTHER INCOME:</u>	
I (or my spouse) received or expect to receive one of the types of income listed below: <input type="checkbox"/> Y <input type="checkbox"/> N					
TYPE OF INCOME		Name & Address of Person Receiving Income:	How Much Received monthly/yearly		Date Start/Stop
SSI/SSA/SSP/ SSDI			\$		/ /
Unemployment Insurance (UIB)			\$		/ /
State Disability Insurance (SDI)			\$		/ /
Workers Compensation			\$		/ /
CalWORKs other public assistance			\$		/ /
Loans/ Scholarship			\$		/ /
Retirement/ Pension			\$		/ /
Tax Refunds			\$		/ /
Veteran Benefits			\$		/ /
Disability Insurance			\$		/ /
Other/Trust Fund/Annuities			\$	/ /	
EDUCATION AND EMPLOYMENT					
11	I have worked in the last 2 years <input type="checkbox"/> Y <input type="checkbox"/> N	I am self-employed <input type="checkbox"/> Y <input type="checkbox"/> N			<u>COUNTY USE ONLY</u> <input type="checkbox"/> GA 341 <input type="checkbox"/> Referred to East Bay Works <input type="checkbox"/> In School, College, or Training Full Time <input type="checkbox"/> GA FS 10
	I quit a job or was fired within the last six months <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, when: reason:			
	I am able to work : <i>Applicant</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Spouse</i> <input type="checkbox"/> Y <input type="checkbox"/> N	<i>Applicant</i> If no, give the reason (sick, disabled, other): <i>Spouse.</i> If no, give the reason (sick, disabled, other):			
	If yes, I am willing to go to a training program, and look for a job <i>Applicant</i> <input type="checkbox"/> Y <input type="checkbox"/> N or <i>Spouse</i> <input type="checkbox"/> Y <input type="checkbox"/> N				
	I have a job <input type="checkbox"/> Y <input type="checkbox"/> N If yes, hours per month	Amount per month \$	Employer's Name Employer's Address		
	If needed for a job, do you have: Working tools? <input type="checkbox"/> Y <input type="checkbox"/> N Special clothing? <input type="checkbox"/> Y <input type="checkbox"/> N Required license? <input type="checkbox"/> Y <input type="checkbox"/> N				
	Do you belong to a Union? <input type="checkbox"/> Y <input type="checkbox"/> N Are your Union Dues current? <input type="checkbox"/> Y <input type="checkbox"/> N	If no, how much do you owe? \$			
	12	Are you attending or have you attended, College, a job training, trade or business school? <input type="checkbox"/> Y <input type="checkbox"/> N	Name of School:	Completed course? <input type="checkbox"/> Y <input type="checkbox"/> N	
Highest school grade completed: Do you have a G.E.D.? <input type="checkbox"/> Y <input type="checkbox"/> N		#Years Attended:	Name of Course:		
		Date(year) last attended school/College:			

13	Do you have a valid Driver's License? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, Drivers License Number : State?	If no, Explain		
14	Employment History		<u>COUNTY USE ONLY</u> <input type="checkbox"/> 201 B <input type="checkbox"/> CW 3 B	
Employer / Company (most recent)		Job title		
Address				
Rate of pay \$	Length of employment	Date left		Reason for leaving
Duties (include tools and equipment used)				
Employer / Company		Job title		
Address				
Rate of pay \$	Length of employment	Date left		Reason for leaving
Duties (include tools and equipment used)				
Employer / Company		Job title		
Address				
Rate of pay \$	Length of employment	Date left		Reason for leaving
Duties (include tools and equipment used)				

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION I HAVE GIVEN ON MY GENERAL ASSISTANCE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

YOUR SIGNATURE OR MARK _____ **DATE** _____

SIGNATURE OF INTERPRETER, OR PERSON COMPLETING FORM FOR APPLICANT OR WITNESS TO MARK _____ **DATE** _____

COUNTY USE ONLY

IN ADDITION TO THE STATEMENT OF FACTS, THE FOLLOWING FORMS HAVE BEEN COMPLETED (IF APPLICABLE): NON-EMPLOYABLE GA-35 EMPLOYABLE GA-34 OTHER _____
 COMMENTS:

WORKER SIGNATURE _____ PCN _____ DATE _____