

GENERAL ASSISTANCE HOMELESS CLIENT SELF DECLARATION

I, (Name): _____ **Date of Birth** _____

SS# _____

Phone number (____) _____ **CASE#** _____

DECLARE UNDER PENALTY OF PERJURY THAT:

I am currently homeless since (Date): _____

I will become homeless on (Date): _____

IF STAYING AT A FRIEND OR RELATIVE’S HOUSE TEMPORARILY, PLEASE COMPLETE:

I am temporarily staying at the house/apartment of (Name of person): _____

My relation to this person is friendship family member

other relationship: _____

Address where you are currently staying:

I can receive mail at this address Yes No

This is the address where I receive mail:

I am paying for housing \$ _____ per month week day

other: _____

I am paying for utilities \$ _____ per month week day

other: _____

I have been staying at this place since (Date): _____

I can continue staying at this place indefinitely

I can continue staying at this place until (Date): _____ but after that date I will need to move

out because: _____

IF NOT STAYING AT A FRIEND OR RELATIVE’S HOUSE TEMPORARILY, PLEASE COMPLETE:

I am staying at a Shelter.

Address: _____

I am staying at a Rehabilitation Center.

Address: _____

I am staying at Other place.

Address: _____

I am living outdoors or in a place not suited for sleeping.

Where? _____

YOU MAY BE ABLE TO STAY AT A COUNTY SHELTER. PLEASE COMPLETE THE FOLLOWING:

I DO NOT WANT to stay at a County Shelter, because:

I WANT to stay at a County Shelter. Please, refer me to a shelter

IMPORTANT INFORMATION. PLEASE READ IT, AS IT MAY AFFECT YOUR ELIGIBILITY TO GA, OR YOUR HOUSING ALLOWANCE:

1. I may decline a referral to a homeless shelter for a good cause, which may include having a physical or mental disability, owning a pet and/or service animal, owning and using my vehicle for temporary housing or for safety reasons, or other valid reason.
2. If I want a shelter bed and there are no beds available today, I must contact my GA Worker every 30 days. If a bed is available, and if I don't have a good cause to decline it, I will be referred to the shelter. If a bed is not available, or I have good cause to refuse an available shelter bed, I will receive my housing allowance for the following 30 days.
3. If I am staying temporarily at the place of a friend or relative and I have to pay to stay there (for a bed or electricity, for example), I must go to the EHSD office every 30 days to provide verification of my housing costs so I can receive my housing allowance for the following 30 days.
4. If I am staying at the place of someone for more than 90 continuous days, I will no longer be considered homeless.
5. If I am staying outdoors or a place not designed as a place to sleep, I must go to the EHSD office every 30 days to provide verification of my housing costs so I can receive my housing allowance for the following 30 days.
6. If I do not have an address where GA can send me my GA correspondence, I must go to the EHSD office once per week to pick-up my GA mail. If I do not do that, I may miss important GA appointments or information regarding my eligibility to GA or the amount of my GA grant.
7. When I am no longer homeless and I have a permanent address, or if my temporary address or my mailing address changes, I must report this information to my GA Worker within five (5) calendar days of that change, and I must also report it on the GA Mid-Quarter Change Report form (GA QR 3 form). When I report this change in person, by mail or by phone I will ask my GA Worker to give me the GA QR 3 form or send it to me.
8. I understand that I cannot use the EHSD office address to receive mail from anyone outside EHSD.

APPLICANT/RECIPIENT SIGNATURE

DATE

APPLICANT/RECIPIENT SIGNATURE (Spouse signature)

DATE

PRINT WORKER NAME

WORKER PHONE NUMBER

COUNTY USE ONLY

Shelter bed available today Shelter bed not available today Client referred to the Shelter

Client refused to go to the Shelter Good cause found for refusing a Shelter Bed Yes No

Other:

