

STATUS DECLARATION FOR RENTAL ASSISTANCE

Head of Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client CSP ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all members of your household currently living in your unit.**

Name Age Relationship to Head of Household

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Check all applicable current sources of income for your household.** *Please attach documentation for all income and asset sources.*

EMPLOYMENT\_\_\_\_\_ UNEMPLOYMENT\_\_\_\_\_ SOCIAL SECURITY\_\_\_\_\_ SSI/SSDI\_\_\_\_\_ PENSION\_\_\_\_\_

VA\_\_\_\_\_WORKERS COMP\_\_\_\_\_ TANF\_\_\_\_\_CHILD SUPPORT\_\_\_\_ ALIMONY\_\_\_\_\_

OTHER (EXPLAIN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If any household member is employed, when did the employment start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have:**

Retirement, pension, or trust funds available? Yes \_\_\_\_ No \_\_\_\_

Stocks, bonds, treasury bills, certificates of deposit, or money market funds? Yes \_\_\_\_ No \_\_\_\_

Equity in a rental property or “Whole Life” Life Insurance? Yes \_\_\_\_ No \_\_\_\_

**Child Care Expenses**

Is the household paying out of pocket for child care for children under the age of 12 so an adult household member can work, seek employment, or go to school? Yes \_\_\_ No \_\_\_\_

If yes, what is the monthly cost of the child care? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please attach documentation.*

**Disability Care Expenses**

Is the household paying out of pocket for attendant care (provided by someone who is not a member of the household) and/or any apparatus for any disabled household member that enables that person or any other household member to work? Yes \_\_\_ No \_\_\_\_

If yes, what is the monthly cost of the disability care? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please attach documentation.*

**Elder Care Expenses**

Is the household paying out of pocket for medical expenses and/or assistance (provided by someone who is not a member of the household) for any elderly household member over the age of 62? Yes \_\_\_ No \_\_\_\_

If yes, what is the estimated monthly cost of the medical expenses and/or assistance? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Please attach documentation.*

**EMERGENCY CONTACT:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I CERTIFY BY MY SIGNATURE BELOW THAT ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY CHANGES IN INCOME AND HOUSEHOLD SIZE LASTING MORE THAN 30 DAYS MUST BE REPORTED TO COMMUNITY SHELTER BOARD OR MY CASE MANAGER IMMEDIATELY.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Household Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Significant Other Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Other Adult Household Member Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Other Adult Household Member Date