

STATEMENT OF FACTS - HOMELESS ASSISTANCE

Important Information

- If you have no place to stay or have received a pay rent or quit notice from your landlord, you may be able to get Homeless Assistance payments limited to once every 12 months, unless your homelessness is due to an exception. To get Homeless Assistance, you cannot have more than \$100 in resources and you must either be eligible for CalWORKs or appear to be eligible for CalWORKs.
- Exceptions to the 12 month limit are homelessness due to: domestic violence, physical or mental illness, or uninhabitability of the home. These exceptions are also limited to once every 12 months. Homelessness that is directly caused by a State or Federal declared natural disaster is also an exception.
- If you received a pay rent or quit notice you may be able to get Homeless Assistance payments for up to two months of back rent.
- If you have no place to stay, you must be looking for permanent housing to get Homeless Assistance for Temporary Shelter (TS). If you find someplace to live, you may get money for permanent housing.
- You may get TS payments for up to 16 days in a row. The first day starts when you get the first TS payment. If you stay anywhere for free, or somewhere other than a shelter or business which rents rooms, you can't get a TS payment, but the days count as part of the 16 days.
- To get TS payments you must rent from a person or place that is in the business of renting property.
- At the end of the 16 days, TS will stop. You will not be eligible to receive TS again for another 12 months, unless you have an exception, even if you have not used up all the TS benefits.
- You will be asked to prove that your payments were spent on shelter. If you can't, future payments will go to a shelter, landlord or others for you.

Instructions: Print all answers in ink. If you need help, ask your worker.

1. Name of Caretaker Relative (first, middle, last)					COUNTY USE ONLY																								
Message Phone A Social Security Number B Date of Birth Mo. ____ Day ____ Yr. ____					DATE RECEIVED																								
2. What is your current or last address? Number, Street City State Zip					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">C</td> <td style="width: 15%;">CO</td> <td style="width: 10%;">Aid Code</td> <td style="width: 45%;">Case Number</td> <td style="width: 10%;">AU</td> </tr> <tr> <td style="text-align: center;">D</td> <td colspan="4">Case Name (Last, First)</td> </tr> <tr> <td style="text-align: center;">E</td> <td colspan="4">Date HA Authorized Mo. ____ Day ____ Yr. ____</td> </tr> <tr> <td style="text-align: center;">F</td> <td colspan="4">Type of HA (check)</td> </tr> </table>					C	CO	Aid Code	Case Number	AU	D	Case Name (Last, First)				E	Date HA Authorized Mo. ____ Day ____ Yr. ____				F	Type of HA (check)			
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F	Type of HA (check)																												
3. Do you get Cash Aid? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," in which county:					<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> TV <input type="checkbox"/> PV <input type="checkbox"/> TM <input type="checkbox"/> PM <input type="checkbox"/> TU <input type="checkbox"/> PU <input type="checkbox"/> TD <input type="checkbox"/> PD Start Date: ____ Start Date: ____																								
4. Did you get Homeless Assistance from any county at any time? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," complete: Which county: When:					Disposition: <input type="checkbox"/> Shelter arranged prior to TS <input type="checkbox"/> Vendor payment issued <input type="checkbox"/> HA denied																								
5. Does anyone in your home get income from a job or training program or any other source? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", list all income and who gets it below:					Worker:																								
6. List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.					Total resource value:																								
7. If you get Homeless Assistance, you may have the payment made out to you or given directly to a shelter, landlord or other for you. Check (✓) below to tell us how you want the payment made: <input type="checkbox"/> To Yourself <input type="checkbox"/> To a Landlord <input type="checkbox"/> To a Shelter <input type="checkbox"/> Other (explain):					Worker:																								
If you do not have a permanent home, fill out questions 8 through 12. If you are asking for back rent, skip to questions 13 through 17.					Total resource value:																								
8. Explain where you are staying now.					Worker:																								
9. How long have you been there?					Total resource value:																								
10. Do you pay for staying there? If "YES," how much?					Worker:																								
11. Explain why you have no place to live.					Total resource value:																								
12. Are you seeking permanent housing? Explain: <input type="checkbox"/> YES <input type="checkbox"/> NO					Worker:																								

13. What day did you get a pay rent or quit notice?

14. How many months of back rent do you owe?

15. How much is your monthly rent?

16. Why didn't you pay your rent?

17. Why is your Landlord evicting you?

CERTIFICATION

I understand that:

- Homeless Assistance Temporary Shelter (TS) and Permanent Housing (PH) payments are limited to once every 12 months, unless I have a verified exception.
- There is a limit on how much Homeless Assistance I can get.
- I am required to give my Social Security Number, which will be used to check identity and verify that I am not getting aid in more than one case, one county, or one state.

I understand that I must **provide proof** that:

- I am homeless; or I have received a notice to pay rent or quit.
- I am homeless due to an exception, if I have already gotten homeless assistance.
- I used the TS payment for housing, and that if I cannot, I must have my homeless assistance payments made out or given to a shelter, landlord or to others for me.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts - Homeless Assistance is true and correct.

SIGNATURE OF CARETAKER RELATIVE

DATE
