Documentation of Homelessness Affidavit

Name:			Date:		
Iousehold without dependen	t children	below:			
mber of persons in the house	ehold:	_			
n currently homeless and living ground or in the woods	ving on the street (i.eUnsheltered in the a	a car, park, rea of			starting
as living unsheltered starting and State	ng	ended _		in tl	ne City of
us station, airport, camp gro my spouse/other (and my cl	und or in the woods in nild(ren) are currently	the area of homeless a	nd living on	the street	(i.e. a car,
ly being court evicted from	n my housing at the	address of		_	
nd my spouse/other am/are	currently being court	evicted fro	m our housi	_	
	•			_	
	as living unsheltered starting and State as living unsheltered starting and State d my spouse/other am/are cut us station, airport, camp ground or in the woods as station, airport, camp ground building, bus state and my spouse/other (and my child (ren) am/are the light being court evicted from and must lead my spouse/other am/are cut and my spouse/other am/are cut and my spouse/other am/are the light being court evicted from and must lead my spouse/other am/are cut and my spouse/other am/a	dousehold without dependent children dousehold with dependent children dousehold with dependent children dousehold with dependent children dousehold with dependent children dousehold: Columber of persons in the household:	ck the statement that applies to your household below: tousehold without dependent children	ck the statement that applies to your household below: lousehold without dependent children lousehold with dependent children lousehold with dependent children mber of persons in the household:	ck the statement that applies to your household below: fousehold without dependent children

	I	and	my	spouse/other	(and	my	child(ren)		currently ave been livir	living	at or the
past			da	ys/months.			Shere	and ii	ave been nvn	ig there to	1 tile
	•	hat the owledge		ation above and	any oth	ner info	rmation I hav	ve prov	ided to be tr	ue to the	best
	Applicant Signature						Date				
Case Manager Signature					Date						
Printed Name of Case Manager							Agency	Name		-	