

Client Resources Affidavit

Head of Household: _____

Date: _____

Please review the following statements and initial all statements that apply to your household. **Do not** initial statements that are **not** applicable to your household; your responses may affect your eligibility. Knowingly providing false information that results in distribution of assistance you are not eligible to receive may result in criminal prosecution.

_____ 1. My household does not have financial resources, whether our own or borrowed from friends and family, to stay in our current housing.

_____ 2. I have not been able to find any housing we will be able to move into after losing our current housing.

_____ 3. We cannot stay with any friends or family in the area, even temporarily.

_____ 4. **If we do not receive assistance, we will lose our current housing.**

_____ 5. **If we lose our current housing, we will become literally homeless, i.e. we will be sleeping on the street, in our car, or in another place not intended for human habitation.**

Client Affidavit

By completing this form I attest that my household lacks the financial resources to immediately move into other housing, and that my household will not be able to stay (even temporarily) with friends or family. I certify that, if not provided with assistance, my household will become literally homeless, i/e/ will be sleeping on the street, in our, or in another place not intended for human habitation. I understand that I am signing this statement under penalty of criminal prosecution if I knowingly give false information which results in assistance I am not eligible to receive.

Client Signature: _____

Date: _____

**UNDER \$5000 ASSET CERTIFICATION OR SWORN STATEMENT OF NET
HOUSEHOLD ASSETS**

(NOTE: If assets exceed \$5000, interest/dividend from assets must be verified)

PROGRAM: _____

Applicant's Full Name

Applicant's Full Name

I/We do hereby swear under penalty of perjury that each of the following statements are true:

I/We have reviewed the definition of Net Household Assets attached to this statement. I/We understand that Net Household Assets includes, but is not limited to, any monies in banks, credit union accounts, real estate, stocks or bonds, retirement funds, certificates of deposit, personal property such as collections, gems, jewelry or antiques used for investment.

Please complete below:

My/our Net Household Assets do not exceed \$5000.

The income I/We receive from these assets is: \$ _____

Applicant's Signature

Date

Applicant's Signature

Date