

Seminole County Community Assistance Homeless Affidavit

Applicant Name:	Date:
Co-Applicant Name:	Date:
Please check the statement that applies to your househ Household without dependent children	old below:
Household with dependent children	
Number of persons in the household:	
 Please check the statement that applies to your househ □ I am currently homelesss and living on the street (i. airport, camp ground or in the woods in the area of □ I and my spouse/other am/are currently homeless and building, bus station, airport, camp ground or in the wood □ I and my spouse/other (and my child(ren) are current park, abandoned building, bus station, airport, camp 	e. a car, park, abandoned building, bus station, I living on the street (i.e. a car, park, abandoned ls in the area of tly homeless and living on the street (i.e. a car,
☐ I (and my child(ren) am/are the victim(s) of domestic v ☐ I am currently being court evicted from my housing at	the address of
and must leave this residence I and my spouse/other and family are currently hor	•
$\hfill\square$ I and my spouse/other am/are currently being cou	
the nextdays. I (and my child(ren) am/are currently being court 	t evicted from our housing at the address of and must leave this residence within
the nextdays.	
□ I and my spouse/other (and my child(ren) are currently Shelter and have been living the	here for the past days/months.
I certify that the information above and any other info financial assistance in the Seminole County Communi complete. I further give authorization for Seminole C	ormation I have provided in applying for ty Assistance Office is true, accurate and

complete. I further give authorization for Seminole County contact all necessary parties to verify the above information.

Applicant Signature

Date

Co – Applicant Signature