



Seminole County Community Assistance
Homeless Affidavit

Applicant Name: _____ Date: _____

Co-Applicant Name: _____ Date: _____

Please check the statement that applies to your household below:

- Household without dependent children
Household with dependent children

Number of persons in the household: _____

Please check the statement that applies to your household below:

- I am currently homeless and living on the street...
I and my spouse/other am/are currently homeless...
I and my spouse/other (and my child(ren)) are currently homeless...
I (and my child(ren)) am/are the victim(s) of domestic violence...
I am currently being court evicted from my housing...
I and my spouse/other and family are currently homeless temporarily...
I and my spouse/other am/are currently being court evicted from our housing...
I (and my child(ren)) am/are currently being court evicted from our housing...
I and my spouse/other (and my child(ren)) are currently living at... Shelter...

I certify that the information above and any other information I have provided in applying for financial assistance in the Seminole County Community Assistance Office is true, accurate and complete. I further give authorization for Seminole County Community Assistance Office staff to contact all necessary parties to verify the above information.

Applicant Signature

Date

Co - Applicant Signature

Date