communityshelterboard
Until everyone has a place to call home

STATUS DECLARATION FOR RENTAL ASSISTANCE

Head of Household Name: _____ Date: _____

Client HMIS ID: _____

Address: _____

Phone: _____ Email: _____

List all members of your household currently living in your unit.

Name	Age	Relationship to Head of Household
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all applicable current sources of income for your household. *Please attach documentation for all income and asset sources.*

EMPLOYMENT_____ UNEMPLOYMENT_____ SOCIAL SECURITY_____ SSI/SSDI_____ PENSION_____

VA_____WORKERS COMP_____ TANF_____CHILD SUPPORT____ ALIMONY_____

OTHER (EXPLAIN) _____

NO INCOME AT THIS TIME_____

If any household member is employed, when did the employment start? _____

Do you have:

Retirement, pension, or trust funds available?	Yes ____ No ____
Stocks, bonds, treasury bills, certificates of deposit, or money market funds?	Yes ____ No ____
Equity in a rental property or "Whole Life" Life Insurance?	Yes ____ No ____

Child Care Expenses

Is the household paying out of pocket for child care for children under the age of 12 so an adult household member can work, seek employment, or go to school? Yes ___ No ____

If yes, what is the monthly cost of the child care? $_____ *Please attach documentation.*

Disability Care Expenses
Is the household paying out of pocket for attendant care (provided by someone who is not a member of the household) and/or any apparatus for any disabled household member that enables that person or any other household member to work? Yes ___ No ____

If yes, what is the monthly cost of the disability care? $_____ *Please attach documentation.*

Elder Care Expenses
Is the household paying out of pocket for medical expenses and/or assistance (provided by someone who is not a member of the household) for any elderly household member over the age of 62? Yes ___ No ____

If yes, what is the estimated monthly cost of the medical expenses and/or assistance? $_____
Please attach documentation.

EMERGENCY CONTACT:

Name _____

Relationship _____ Phone # _____

Address _____

City/State/Zip _____

GENERAL QUESTIONS:

What is your current rent portion you pay monthly? $_____

What utilities do you currently pay? _____

I CERTIFY BY MY SIGNATURE BELOW THAT ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY CHANGES IN INCOME AND HOUSEHOLD SIZE LASTING MORE THAN 30 DAYS MUST BE REPORTED TO COMMUNITY SHELTER BOARD OR MY CASE MANAGER IMMEDIATELY.

I CERTIFY I HAVE RECEIVED HUD'S VAWA NOTICE, FORM HUD-5380, AND TRANSFER REQUEST, FORM HUD-5383, AT ENROLLMENT TO THE PROGRAM AND/OR WITHIN A RECERTIFICATION PACKET.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Significant Other Date

_____ _____
Signature of Other Adult Household Member Date

_____ _____
Signature of Other Adult Household Member Date

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ZERO INCOME STATEMENT

I _____, understand that the information provided on this form will be used to determine income eligibility and cost of housing. I have read the clarification for what is considered income* and hereby certify that I am currently receiving no income from any source.

I certify that this statement is true to the best of my knowledge and understand that providing false, misleading or incorrect information may result in ineligibility for the Rental Assistance Program.

_____ _____
Client Signature Date

*Income: Wages from job, self-employment, Social Security, Social Security Income (SSI), Pension/Veteran's Administration (Military Pay), TANF/Ohio Works First (Public Assistance), Unemployment Benefits, Workers Compensation, Educational Financial Assistance (Financial Aid), Court Ordered Child Support Payments Received, Informal Child Support Payments Received and Alimony.

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Client HMIS ID: _____

IF YOU ARE NOT A $0 INCOME CLIENT, PLEASE INCLUDE PROOF OF INCOME WHEN YOU RETURN THE PACKET

Use your voice and your experience to help others, *and become stronger yourself.*

CITIZENS ADVISORY COUNCIL

communityshelterboard

The Citizen's Advisory Council is a group of people who have experienced the same challenges you may be facing. They give guidance and feedback to Community Shelter Board based on their personal experiences. This advocacy group helps CSB improve homeless service programs across Columbus and Franklin County.

The Citizens Advisory Council represents all those who can't, or don't, or won't speak for themselves.
WE speak for them.
WE represent them.

Your experience can help improve programs across the homeless system:

- Street outreach
- Shelter
- Case management
- Supportive housing

The group meets on the 2nd Monday of each month at the Main Branch of the Columbus Metropolitan Library

96 S. Grant Ave., Columbus 43215

Refreshments are provided.

Learn More :

Natalie Zimmerman
nzimmerman@csb.org
614-715-2541

Community Shelter Board is funded by the U.S. Department of Housing and Urban Development, the City of Columbus, the Franklin County Board of Commissioners, the State of Ohio, United Way of Central Ohio, Nationwide Foundation, American Electric Power Foundation, The Columbus Foundation, and many other public and private investors.