



# Residency Verification Affidavit

This form must be completed if the applicant is homeless or does not have proof of residency

## Section 1: Applicant Information

Applicant Name (First, M.I., Last): \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Client ID Number: \_\_\_\_\_

## Section 2: Enrollment Worker (EW), Provider, or Agency Client Residency Attestation

Please check appropriate box below:

I certify that I provide housing support to the applicant. My relationship to the person named below is:

\_\_\_\_\_ I certify that the agency I represent provides shelter to the applicant. Use EW/Provider Address below.

I am a homeless services provider\* and I certify that the applicant is homeless.

I am the applicant's program enrollment worker and I attest that, to the best of my knowledge and belief, the applicant is homeless and does not receive any homeless support services. Use EW/Provider Address below.

I am the applicant's program enrollment worker and I attest to the fact that, to the best of my knowledge and belief, the applicant resides in California but does not have residency proof or support information that falls within CDPH guidelines.

Client's Verified Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address verification will be in effect for one year from the date of this form, unless an end date is noted here:

\_\_\_\_\_

## Section 3: Verification

### Enrollment Worker/ Provider/ Agency Representative complete this section:

By signing this form, I \_\_\_\_\_, hereby certify that the above information is factual and accurate.

Signature (EW/Provider/Agency): \_\_\_\_\_ Date: \_\_\_\_\_

Address of (EW/Provider/Agency): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Enrollment Workers Only: Please read the statement below and place your initials in the box below.

I understand that knowingly providing inaccurate information or deliberately omitting information on this form may result in the termination or suspension of my enrollment worker privileges.

### Applicant complete this section:

By signing this form, I hereby certify that I reside in the state of California, and that the above information is factual, accurate, complete, and I agree to immediately notify CDPH of any changes in my residency. I understand that failure to provide accurate information or deliberately omitting information may result in suspension or termination of services and I may be held financially responsible for any covered services obtained.

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

\*A homeless services provider may include: (1) A governmental or nonprofit agency receiving federal, state, or county or municipal funding to provide services to a "homeless person" or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization; (2) A human services provider or public social services provider funded by the State of California to provide homeless children or youth services, health services, mental or behavioral health services, substance use disorder services, or public assistance or employment services; (3) A law enforcement officer designated as a liaison to the homeless population by a local police department or sheriff's department within the state.