



### Living Arrangements

Date: \_\_\_\_\_

Case No.: \_\_\_\_\_

Case Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_

Worker No.: \_\_\_\_\_

Phone No.: ( ) - \_\_\_\_\_

Return this form by: \_\_\_\_\_

1. Address: \_\_\_\_\_ Phone No.: ( ) - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Complete for everyone who is living at the above address.

Name	SSN	Age	Relationship	Type of Income	Buys, Cooks and Eats with you			
	- -				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	- -				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	- -				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	- -				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	- -				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

(Space for more persons on back of form)

3. How much is the total rent or mortgage/taxes/insurance? \$ \_\_\_\_\_

4. How much is \_\_\_\_\_ expected to pay? \$ \_\_\_\_\_  
(Client)

5. Circle the utilities paid by you:

Electricity    Gas    Water    Sewer    Disposal    Phone    Pager    Cell Phone

6. How much is \_\_\_\_\_ expected to pay? \$ \_\_\_\_\_  
(Client)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed by primary renter, owner or roommate)

**Note:** General Relief Budgets require actual housing and utility verification in order to pro-rate client's share. Failure to provide affects the amount of the grant. Rent receipts must have payer's name, address, amount paid for what period and be signed and dated by landlord. Mortgage must have name, address and amount, etc. This verification must be concurrent (within 60 days).