



The Community Partnership
For The Prevention
of Homelessness

SHELTER PLUS CARE NO INCOME STATEMENT

THIS DOCUMENT MUST BE COMPLETED BY CONSUMERS/CANDIDATES WHO ARE NOT RECIPIENTS OF ANY INCOME, BENEFITS OR ASSISTANCE FROM THE FEDERAL, STATE OR LOCAL GOVERNMENT AND/OR OUTSIDE AGENCY(S). IF THE CONSUMER IS UNEMPLOYED, PLEASE ATTACH SUPPORTING DOCUMENTATION. IF THE CONSUMER IS INELIGIBLE FOR UNEMPLOYMENT COMPENSATION, PLEASE ATTACH A STATEMENT FROM THE DC DEPARTMENT OF EMPLOYMENT SERVICES. IF THE CONSUMER IS INELIGIBLE FOR FINANCIAL ENTITLEMENT BENEFITS FROM ANY AGENCY, PLEASE ATTACH SUPPORTING DOCUMENTATION FROM EACH APPLICABLE AGENCY.

I, _____ verify that I am unemployed and not
(Candidate's Name)

receiving any income, benefits or assistance from any federal, state or local agency and/or outside agency.

I understand that false statement(s) or information are punishable under Federal and State Laws, and are grounds for denial and/or termination from The Community Partnership's Shelter Plus Care Permanent Housing Program.

If accepted into Shelter Plus Care, I will work with my designated Case Management Advocate to identify those income resource(s) to which I may be entitled or for which I may be eligible under any federal or local agency(s) within the District of Columbia.

Candidate's Name (Please Print)

Case Management Advocate's Name (Please Print)

Candidate's Signature

Case Management Advocate's Signature

Date

Date