



Emergency Solutions Grant Program
 Receipt of Assistance

By signing this form, I state that I am aware that it is unlawful to receive Emergency Solutions Grant (ESG) services or assistance for more than twenty-four (24) months in any three (3) year period. I do hereby certify that:

- Neither I, nor any member of my household, either individually or as part of another household have received Emergency Solutions Grant services or assistance within the three (3) years prior to this application.
- I, or someone in my household, received ESG services or assistance within the three (3) years prior to this application.
 - I have received ESG services or assistance within the three (3) years prior to this application.

Type of services or assistance received: _____
 Length of time services or assistance was received: _____
 Location of services or assistance received: _____

- A member of my household received ESG services or assistance within the three (3) years prior to this application.

Name of person(s) that received services or assistance: _____
 Type of services or assistance received: _____
 Length of time services or assistance was received: _____
 Location of services or assistance received: _____

Signature of Applicant		Date of Application
Address	City	State

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources