



## Housing Emergency Solutions Program Receipt of Assistance

By signing this form, I state that I am aware that it is unlawful to receive Housing Emergency Solutions Program (HESP) 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 Housing Emergency Solutions Program services or assistance within the three (3) years prior to this application.
- ☐ I, or someone in my household, received HESP services or assistance within the three(3) years prior to this application.
- ☐ I have received HESP 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 HESP 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