

# 90-100 APPENDIX A. FORM 11-44H HHSA

County of San Diego  
Health and Human Services Agency

CASE NAME \_\_\_\_\_

CASE # \_\_\_\_\_

WORKER # \_\_\_\_\_

## AFFIDAVIT OF HOMELESS LIVING SITUATION (To be completed by applicant)

I, \_\_\_\_\_ swear and affirm that I have been living without a permanent address. I have been staying in/at:

(Check all that apply)

Homeless Shelter/Mission

Vehicle (Whose vehicle)

Park

Beach

Trailer/R.V. (Whose R.V.?)

Friend's house/apartment

Relative's house or apartment

Boat (Whose Boat?)

Garage

Motel/Hotel

Other (Please describe)

Do you pay any money at all for living in the place you checked? If so, how much? \_\_\_\_\_

Please give the street address of the building where you live. If the building does not have an exact address, give the closest cross street(s) and describe the building.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are not living in a building, exactly where are you staying? Tell as much as you can about where you live. Include cross streets or landmarks as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where have you been eating? If you have trouble explaining where you eat or receive your meals, list your last 5 meals and places where you received this food.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the information I have given on this form is true, correct, and complete.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

11-44H (3/06) GR Affidavit of Homeless Living Situation