



HOUSING QUESTIONNAIRE

This document is intended to address the requirements mandated within the McKinney-Vento Assistance Act, USCA 42 Section 11302(a). Your answers will help determine documents necessary to enroll your child.

Date: _____ Delegate: _____

Applicant Name (First, M.I., Last): _____

Date of Birth: _____

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Parent/Guardian Name (if applicable): _____

Contact Telephone Number: _____

If the applicant is a *student*, please identify the following:

The *student* live(s) with: 1 parent 1 parent & another adult an adult that is not the parent/guardian
 2 parents a relative alone with no adults

Applicant's Living Situation (*Check all that may apply*):

<input type="checkbox"/> In a shelter _____ (name of shelter)
<input type="checkbox"/> In a motel or hotel _____ (name of motel/hotel)
<input type="checkbox"/> In a transitional housing program _____ (name of program)
<input type="checkbox"/> In a car, trailer or campsite, temporarily, due to inadequate housing
<input type="checkbox"/> In a rented trailer/motor home on private property
<input type="checkbox"/> In a Single Room Occupancy (SRO) building – a multiple tenant building consisting of individual rooms with shared restrooms and/or kitchens
<input type="checkbox"/> In a rented garage due to loss of housing
<input type="checkbox"/> In another family's house or apartment, temporarily, due to loss of housing, stemming from financial problems (e.g. loss of job, eviction, or natural disaster)
<input type="checkbox"/> With an adult that is not the parent/legal guardian, temporarily, due to loss of housing
<input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings (please explain) _____
<input type="checkbox"/> Living alone, without any adult (unaccompanied youth)

None of the above apply – NO FURTHER INFORMATION REQUIRED AT THIS TIME.

Notes:

-----**AFFIDAVIT**-----

By signing this form, I declare under penalty of the laws in the State of California that the foregoing is true and correct.

Signature of Parent/Guardian or Client: _____ Date: _____