Housing Search Form

Applicant's First and Last Name	Applicant ID (if applicable)
Applicant's Address	Date of Birth
I,o to locate alternative housing in order to address efforts, are documented below:	declare that I have made reasonable efforts s my critical need for housing. These
Type of Contact (Tel/Visit/Etc.):	
Contact Person/ Address /Telephone Number	:
Bedrooms:	
Rent:	
Reason Unavailable:	
Type of Contact (Tel/Visit/Etc.):	
Contact Person/ Address /Telephone Number	:
Bedrooms:	
Rent:	
Reason Unavailable:	



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I understand that any false stater	nent or misrepresentation may result in the denial o)Ť
emergency case status. Signed u	nder the pains and penalties of perjury.	
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Signature:	Date:	

