# GENERAL ASSISTANCE VERIFICATION OF HOUSING COSTS

Client's Name       Phone Number       Case Number         GA Worker Name       Phone Number       Today's Date         SECTION 1. Client Statement.       I       Inave used my housing allowance for the month of	STATEMENT UNDE	R PENALTY OF PERJ	URY
SECTION 1. Client Statement.         I have used my housing allowance for the month of	Client's Name	Phone Number	Case Number
I have used my housing allowance for the month of	GA Worker Name	Phone Number	Today's Date
For the following purposes	SECTION 1. Client Statement.		
I have purchased the following items with my housing allowance:          ITEM       PRICE         I understand that my housing allowance may not be issued without verification of housing expens         My next appointment for housing allowance is         Client Signature       Date         SECTION 2. DECLARATION UNDER PENALTY OF PERJURY.         I have used my housing allowance for the month of and that I am residing the following address:         Image: Section 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (	I have used my housing allowance for the month of	of	
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BY:Name and Title	Subscribed and sworn to me thisDay of	, (year)	
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## RESOURCES

### > Individuals 21 or under:

Contra Costa County Youth Continuum of Services (CCYCS) (Services for Runaway and Homeless Youth)	1-800-610-9400	Interim Housing
Calli House Homeless Shelter (Youth 14 to 21, Co-Ed)	845 # B. Brookside Drive Richmond, CA 94801	Interim Housing

## ► Adult Shelters:

Brookside shelter	800-799-6599	Permanent
847 C Brookside Drive	925-313-7700	Supportive
Richmond, CA. 94801	Contra Costa County	Housing
Central County Shelter		Permanent
1350 Arnold Industrial Way, Ste. #C	925-313-7700	Supportive
Concord, CA. 94520	Contra Costa County	Housing
Richmond Rescue Mission	200 Macdonald Avenue	Participation in
(Men, women and children)	Richmond, CA. 94801	religious services
	(510) 215-4860	may be required.

### ➢ If you need additional housing resources, you may also call 211 or go to www.211.org