

# Santa Cruz County Human Services Department

## General Assistance (GA) Landlord Statement

Complete the top section before giving the form to your landlord. This is a required form to receive GA if you have a shelter expense, receive free rent, or work in exchange for rent.

**Client's Name:** \_\_\_\_\_

**Client's Address:** \_\_\_\_\_  
Street City Zip Code

**Acknowledgement:** I understand that my rent will be paid by check in my name and my landlord's name except as determined by the Human Services Department. I understand I am responsible for signing the rent check and turning it over to my landlord.

**I hereby authorize the release** of any and all information regarding my housing situation to the Human Services Department. I declare under penalty of perjury that the information below is true and accurate.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Landlord must complete sections 1-6 of this form.** The landlord is the person from whom the GA client directly rents housing. The landlord might be the owner or manager of the rental unit, a renter of a unit with whom the client shares rent, or to whom the client pays rent.

### 1) Landlord Statement:

I am the (circle one): Owner / Manager / Renter of unit

GA client moved in on (date): \_\_\_\_\_ Rent Due Date: \_\_\_\_\_

Date last rent paid: \_\_\_\_\_ ( ) GA client receives free rent ( ) GA client works in exchange for rent

Landlord's Name: \_\_\_\_\_ Landlord's Phone: ( ) \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Street City Zip Code

Landlord's relationship to GA client: \_\_\_\_\_

Do you share income, resources, and expenses with the GA? **Yes /No**

### 2) Rental Situation

( ) the GA client lives alone in a house, apartment or room

( ) the GA client shares a house, apartment, room with others (list below)

Name/Relationship: \_\_\_\_\_ Does the GA client share income, resources, and expenses with this person? **Yes /No**

Name/Relationship: \_\_\_\_\_ Does the GA client share income, resources, and expenses with this person? **Yes /No**

Name/Relationship: \_\_\_\_\_ Does the GA client share income, resources, and expenses with this person? **Yes /No**

### 3) Who Contributes to the Rent Payment

( ) the GA client pays the total rent him/herself

( ) the GA client pays rent to another renter or shares rent payment with:

Name/Relationship: \_\_\_\_\_ Does the GA client share income, resources, and expenses with this person? **Yes /No**

( ) the GA client is on Housing Authority, HUD, or other housing assistance program that helps pay part or total of the rent. If yes, provide formal agreement from Housing Authority, HUD or other housing assistance program.

### 4) How Much Rent is Paid by the GA Client – Do not add or deduct any housing assistance amount.

\$ \_\_\_\_\_ per [ ] day [ ] week [ ] month

### 5) Utilities

GA client receives the following utilities included in the rent: ( ) Gas ( ) Electricity ( ) Water ( ) Garbage

**6) Landlord Acknowledgment:** I understand that rent payments will be paid by check in the GA client and landlord's name. I acknowledge that the check will be sent directly to the GA client except as determined by the Human Services Department. I declare under penalty of perjury that the above information is true and accurate.

**Landlord's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(to appear on check) Date