



**FORT BEND COUNTY SOCIAL SERVICES DIVISION**  
**REQUIRED DOCUMENTATION INSTRUCTIONS**



- 1. You have an appointment to see a case manager**
  - a. Prepare and gather your documents, get the list of items in the packet together
  - b. If you have questions note them, a specialist will call you within a week before your appointment to collect your documents and answer document questions
- 2. Click on your appointment outlook email, the documents you need to fill out are attached, they are also going to be on our website shortly as well.**
  - a. Click on the documents
  - b. Print or electronically fill out the forms attached and save them.
- 3. A Social Services Specialist will call you to collect your documents**
  - a. They will call to verify that your basic primary/secondary required documents are filled out
  - b. They will give you instructions on how to submit the documents via email, in person, or fax.
  - c. They will confirm your appointment with your case manager
  - d. Basic primary and secondary documents must be complete and submitted to the specialist assigned to you, otherwise your case manager appointment can be rescheduled or canceled.
  - e. If a document or question does not apply, please do not leave blank, write in N/A or 0
- 4. Submit your documents prior to your appointment (within 3 days or less of being called by the specialist)**
- 5. Be available on your appointment date and time for the case manager to call/webex/meet in person to be assessed to identify what you qualify for financial assistance.**
- 6. Note submission of your complete packet/documents does not guarantee funding/services but is required in order to be assessed for services by a case manager.**

**Rosenberg Office**

4520 Reading Rd., Suite A-900  
Rosenberg, TX 77471  
Phone: 281-238-3502 Fax: 281-342-0557

**Missouri City Office**

307 Texas Parkway, Suite 235  
Missouri City, TX 77459  
Phone: 281-403-8050 Fax: 281-342-0557



## Fort Bend County Social Services Division Basic Required Documentation For Assistance



### **PROOF OF IDENTITY & COUNTY RESIDENCY (Required for All)**

Driver's License, State of Texas I.D., Passport, or Residency Card **for all in the household** 18 years old or older

### **PROOF OF INCOME AND/OR BENEFITS (Required for All)**

Proof of income and/or benefits **for all in the household** 18 years old or older, for the past 30 days from the date of your appointment. Acceptable documents for income/wages include:

- Paycheck stubs (1 stub if paid monthly; 2 stubs if paid biweekly; 4 stubs if paid weekly)
- Recent and Not Expired Award Letters for SSI, Social Security Benefits, Disability Benefits, Child Support, TANF, WIC, SNAP, Food Stamps, Unemployment Benefits
- Letter from employer, Retirement stubs/letter, VA Pension, etc.
- If paid via a card or app (a transaction or deposit history of that card for the past 30 days to show the deposit(s)/income.)
- If Self-Employed, a self-employment declaration form.

### **PROOF OF UNEMPLOYMENT (Required for All)**

- If anyone in the household is 18 years of age or older and in school, bring proof of school registration.
- Self-Declaration of Unemployment Form (Unemployed clients must register with the Texas Workforce)
- If client is under a medical doctor's care, is disabled, and/or unable to work for medical reasons, a doctor's note/letter that includes a medical summary of degree of impairment of function that prevents employment, and for what period of time, must be provided and signed by the clients doctor.

### **PROOF OF EXPENSES (Required for All)**

- Bank Transaction History Report (Bank Account Activity) for the last 30days to show household expenses (like rent/mortgage, electricity, water, gas, car insurance, home/apartment insurance, loans, credit card bills, internet, phone, car payments, food, gas, medical bills paid, car repairs, etc.) which will be used to exhaust your income against your expenses within the past 30 days from your appointment.

### **CONSENTS (Required for All)**

- HMIS Client Consent Form
- ACAM Client Consent Form
- FBCCIS Client Consent Form



## Fort Bend County Social Services Division Basic Required Documentation For Assistance



### **Additional Secondary Documents Required Based on Financial Assistance Needed Below**

#### **Rental Assistance (Required if asking for Rental Assistance)**

- Current Signed Lease Agreement in Clients Name
- Social Services Rent/Mortgage Form
- W-9 (if landlord is not already registered with Social Services)
- If eligible for HUD funding additional documents like Social Security Card and Taxes may be required.

#### **Mortgage Assistance (Required if asking for Mortgage Assistance)**

- Current Mortgage Statement
- Social Services Rent/Mortgage Form
- W-9 (if landlord is not already registered with Social Services)
- If eligible for HUD funding additional documents like Social Security Card and Taxes may be required.

#### **Utility Assistance (Required if asking for Utility Assistance)**

- Current & 2 Previous/Past Due Bills (complete bill with account usage history including the front/back of bill is required as usage activity must be viewable) and in the client's name
- Utility Authorization Form
- If eligible for HUD funding additional documents like Social Security Card and Taxes may be required.

#### **Medication Assistance (Required if asking for Medication Assistance)**

- Original prescription from doctor/hospital or prescription bottles with refills available in the client's name

#### **Food Voucher Assistance: (Required if asking for Food Assistance)**

- Bring in SNAP Award/Denial Letter or SNAP Card (if receiving or have applied for SNAP)

#### **Emergency Shelter & Rapid Rehousing (Required if asking for Emergency Shelter/RRP)**

- Self-Declaration of Housing Status Form
- Verification of Support/Shelter Form
- If eligible for HUD funding additional documents like Social Security Card and Taxes may be required.

Note: Submission of all and complete documents, although required, does not guarantee funding. Client still needs to be evaluated by the case manager for eligibility for financial support



FORT BEND COUNTY  
SOCIAL SERVICES DIVISION



Please complete this packet in full. If a document within the packet does not apply to you, please put N/A or 0 on the document. (Anything that is blank will be assumed as incomplete)

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Who (organization & person's name) referred you to Fort Bend County Social Services?

Referred by: \_\_\_\_\_

Is this your first time requesting financial assistance?  Yes  No  I don't remember

Please list the names and date of births of all those living in your household, not including you:

| Name(s) of Family Members within the household: | Date of Birth: |
|---|----------------|
|   |                |
|   |                |
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Have you or your family been affected by Covid-19?  Yes  No  I don't know

If so, how have you or your family been affected by Covid-19? \_\_\_\_\_

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

Are you a U.S. Veteran?  Yes  No

Are you or have you ever been a survivor of crime?  Yes  No

For the Department of Housing and Urban Development (HUD) funding eligibility only: Does any adult (18+) in the household have a social security card or U.S. residency?  Yes  No  I don't know

**DISCLAIMER: Submission of completed documents does not guarantee services or funds but is required to be assessed for financial assistance by the case manager.**

**FOR OFFICE USE ONLY: CDBG/ESG FUNDING:** WAS THE PROPERTY BUILT BEFORE 1978?  Yes  No

ARE FCAD PROPERTY TAXES PAID TO THE CITY OF (MO CITY, HOUSTON, WESTON LAKES, PEARLAND?)  Yes  No

HAS CLIENT RECEIVED CDBG OR TRA ASSISTANCE IN THE PAST 3 YEARS?  Yes  No

IF YES LAST DATE RECEIVED? \_\_\_\_\_ FOR HOW MANY MONTHS? \_\_\_\_\_



# Certification Of Financial Hardship due to COVID-19

*To be completed at the request of an agency*

*Intended for households without proof of financial hardship via unemployment application, letter of termination/furlough, etc.*

**Applicant Address:** \_\_\_\_\_

**Applicant Name or Unique Identifier:** \_\_\_\_\_

**Agency Name:** Fort Bend County Social Services

I hereby certify that my household has been directly impacted by loss of income due to the COVID-19 public health emergency. At least one member of my household has experienced the following (select all that apply):

- Termination from employment as a result of COVID
- Reduction in wages or hours as a result of COVID
- Loss of self-employment income or business income as a result of COVID
- Loss of income due to one or more of the following:
  - Unexpected COVID-related medical expenses;
  - COVID-19 diagnosis or need to self-quarantine due to potential exposure to COVID-19;
  - Inability to work or need to self-quarantine due to greater risk of harm to a member of household if COVID-19 is contracted;
  - Care required for a family member due to a diagnosis of COVID-19 or a need to self-quarantine;
  - Care required for a family member due to school, childcare or elder care closure during the pandemic.
- Other: \_\_\_\_\_

I understand that the information above may require verification and I agree to provide documents verifying this information if requested. I hereby certify under penalty of perjury that the foregoing is true and correct. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading, or inaccurate information may result in disqualification as an applicant and which may be grounds for termination of assistance that resulted from this certification.

\_\_\_\_\_  
Signature of a Household Member

\_\_\_\_\_  
Date

# HMIS Client Consent

Use of a Homeless Management Information System (HMIS) is required by the US Department of Housing and Urban Development (HUD) for agencies that receive certain types of HUD funding. Other funding sources may also require program participation in HMIS. This system is not electronically connected to HUD and is only used by authorized agencies. All persons accessing HMIS have received confidentiality training and have signed agreements to protect clients' personal information and limit its use appropriately. The HMIS Privacy Policy is available upon request and is posted at the Coalition for the Homeless's website ([www.homelesshouston.org/HMIS](http://www.homelesshouston.org/HMIS)). Any additional data sharing agreements, providing details on how the member agency handles client information beyond the baseline HMIS Privacy Policy, are available at the agency service sites.

I give permission to the agency listed below to collect and enter information into HMIS about me and my household, which may include demographics, picture, health information, and services that I receive from participating agencies. I understand that the HMIS is shared with and used by authorized agencies in my community for the purposes of:

- Assessing clients' needs in order to provide better assistance and to improve their current or future situations
- Improving the quality of care and service for people in need.
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
- Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- I have the right to review my HMIS record with an authorized user.
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- If I do not sign this form, it will not change whether or not I can receive services from the agency listed below and any other participating agencies. However, I would need to contact each such agency directly to apply for assistance and for a determination of eligibility.
- This authorization shall remain in effect from the date of my signature below.
- That I may revoke this authorization at any time by notifying the agency listed below in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.

Today's Date: \_\_\_\_\_

Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client ID: \_\_\_\_\_

Client Name: \_\_\_\_\_



**FBCCIS Client Consent and Release  
Authorization to Disclose Client Information**

The Fort Bend County Collaborative Information System (FBCCIS) was created to implement a data collection and sharing system amongst participating agencies and organizations to improve the efficiency and effectiveness of service delivery to its clients. This system is only used by authorized partner agencies. All persons accessing the FBCCIS have received confidentiality training and have signed agreements to protect clients’ personal information and limit its use appropriately. The FBCCIS Privacy Policies and Procedures is available upon request. Any additional data sharing agreements, providing details on how authorized partner organizations handle client information beyond the baseline FBCCIS Privacy Policy, are available at the individual partner agency websites.

By signing this Agreement, I give permission to the agency or organization listed below to collect and enter information into CaseWorthy about me and my household, which may include demographics, pictures, health information, and services that I receive from participating agencies and organizations. I understand that the FBCCIS is shared with and used by authorized partner agencies and organizations in my community for the purposes of:

- Assessing clients’ needs in order to provide better assistance and to improve their current or future situations
- Improving the quality of care and services for people in need
- Tracking the effectiveness of community efforts to meet the needs of people who have received assistance
- Reporting data on an aggregate level that does not identify specific people or their personal information

I understand that:

- I have the right to review my FBCCIS record with an authorized user.
- All partners that use FBCCIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.
- Signing this release form does not guarantee that I will receive the requested services from the organization listed below and any other participating organizations. However, I would need to contact each such organization directly to apply for assistance and for a determination of eligibility.
- I understand that this authorization shall remain in effect from the date of my signature below.
- I understand that I may revoke this authorization at any time by notifying the agency or organization listed below in writing. I also understand that the written revocation must be signed and dated later than the date on this authorization. The revocations will not affect any actions taken before the receipt of the written revocation.
- I understand that I have the right as a client to decline to share my information.

My signature below authorizes the organization or agency listed below to release my identity, health conditions when necessary, and my need for services and support to necessary individuals or agencies. Further, if I am unable to participate in a determination of those services, which would be of benefit to me, or my permission is needed in the future to authorize additional services for this program, my signature below authorizes the named individual to sign for assistance for me in my absence after receiving my verbal permission. Finally, if I am unable to make decisions, the person listed below is hereby authorized to represent me.

**Fort Bend County Social Services**

\_\_\_\_\_  
Participating Agency

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Individual (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



**FORT BEND COUNTY SOCIAL SERVICES DIVISION  
EXPENSES REPORT**



**Applicant Name:** \_\_\_\_\_ **Client ID:** \_\_\_\_\_

| <b>CATEGORY</b>                       | <b>MONTHLY ACTUAL AMOUNT</b> |
|---------------------------------------|------------------------------|
| <b><u>INCOME:</u></b>                 |                              |
| Wages and Bonuses                     |                              |
| Miscellaneous Income                  |                              |
| <b>Income Total</b>                   |                              |
| <b><u>EXPENSES:</u></b>               |                              |
| <b>HOME:</b>                          |                              |
| Mortgage or Rent                      |                              |
| Homeowners/Renters Insurance          |                              |
| Property Taxes                        |                              |
| Home Repairs/Maintenance/HOA Dues     |                              |
| <b>UTILITIES:</b>                     |                              |
| Electricity                           |                              |
| Water and Sewer                       |                              |
| Natural Gas or Oil                    |                              |
| Telephone (Land Line, Cell)           |                              |
| <b>FOOD:</b>                          |                              |
| Groceries                             |                              |
| Eating Out, Lunches, Snacks           |                              |
| <b>FAMILY OBLIGATIONS:</b>            |                              |
| Child Support                         |                              |
| Alimony                               |                              |
| Day Care, Babysitting                 |                              |
| <b>HEALTH AND MEDICAL:</b>            |                              |
| Insurance (medical, dental, vision)   |                              |
| Unreimbursed Medical Expenses, Copays |                              |



|  |  |
|--|--|
| Fitness (Yoga, Gym)  |  |
| <b>TRANSPORTATION:</b>   |  |
| Car Payments   |  |
| Gasoline/Oil   |  |
| Auto Repairs/Maintenance/Fees                                      |  |
| Auto Insurance   |  |
| Other Transportation (tolls, bus, subway, taxis)                   |  |
| <b>DEBT PAYMENTS:</b>  |  |
| Credit Cards   |  |
| Student Loans  |  |
| Other Loans  |  |
| <b>ENTERTAINMENT/RECREATION:</b>                                   |  |
| Cable TV/Videos/Movies   |  |
| <b>PETS:</b>   |  |
| Food   |  |
| Grooming, Boarding, Vet  |  |
| <b>CLOTHING:</b>   |  |
| <b>MISCELLANEOUS:</b>  |  |
| Toiletries, Household Products                                     |  |
| Grooming (Hair, Make-up, Other)                                    |  |
| Miscellaneous Expense  |  |
| <b>Total Expenses</b>  |  |
| <b>Surplus or Shortage (Spendable income minus total expenses)</b> |  |

**\*\*\*\* Please attach your bank transaction history and/or bills paid with receipts for the past 30 days. (required) \*\*\*\***

I certify that the information above and any other information I have provided in applying for assistance through the Fort Bend County Social Services Division is true, accurate and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FORT BEND COUNTY SOCIAL SERVICES DIVISION  
SELF-DECLARATION OF UNEMPLOYMENT STATUS**



Applicant Name: \_\_\_\_\_

- Household without dependent children (complete one form for each adult in household)
  - Household with dependent children (complete one form per household)
- Number of persons in the household: \_\_\_\_\_

**This is to certify that the above-named individual or household is currently unemployed, based on the following and other indicated information and the signed declaration by the applicant.**

**Check only one:**

- I am currently unemployed, and I am **not** receiving Unemployment Insurance Benefits.
- I am currently unemployed, but I applied and **was denied or exhausted** Unemployment Insurance Benefits
- I am currently unemployed and have applied for Unemployment Insurance Benefits (currently pending decision and/or appeal.)
- I am currently unemployed, and I am receiving \$\_\_\_\_\_ per week in Unemployment Insurance Benefits until \_\_\_\_\_ (date of expiration of benefits)

**Answer All Below:**

I am actively looking for work in \_\_\_\_\_ (types of work) fields or industry?

I have pending \_\_\_\_\_ (number) interviews. I have applied for \_\_\_\_\_ (number) jobs.

I am open to working and/or learning a new trade or skill like/in \_\_\_\_\_.

**I certify that the information above and any other information I have provided in applying for Assistance through the Fort Bend County Department of Social Services is true, accurate and complete.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Certification**

I understand that third-party verification is the preferred method of certifying unemployment for an individual who is applying for Assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt made for third-party verification:*

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

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

## Client's Statement of Self-Employment Income Declaración de ingresos del negocio propio del cliente



1. **Name of Person Having Self-Employment Income**  
Nombre de la persona que tiene ingresos de negocio propio

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2. **Give the number of months covered by this income statement.**   
Dé el número de meses que cubre esta declaración de ingresos. ....

3. **Describe what you did to earn this money:**  
Describe lo que hizo para ganarse este dinero: \_\_\_\_\_

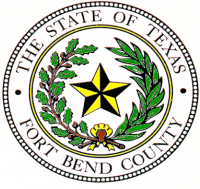
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4. **List your business income and expenses (IMPORTANT: Attach receipts, invoices, or other verifying papers).**  
Añote los ingresos y gastos de su negocio (IMPORTANTE: adjunte recibos, facturas u otros comprobantes).

| DATE<br>FECHA   | EXPENSES/GASTOS | AMOUNT<br>CANTIDAD | DATE<br>FECHA   | INCOME/INGRESOS | AMOUNT<br>CANTIDAD |
|---|-----------------|--------------------|---|-----------------|--------------------|
|   |                 | \$                 |   |                 | \$                 |
|   |                 |                    |   |                 |                    |
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|   |                 |                    |   |                 |                    |
|   |                 |                    |   |                 |                    |
| <b>TOTAL SELF-EMPLOYMENT EXPENSES</b><br>TOTAL DE GASTOS DEL NEGOCIO PROPIO |                 | \$                 | <b>TOTAL SELF-EMPLOYMENT INCOME</b><br>TOTAL DE INGRESOS DEL NEGOCIO PROPIO |                 | \$                 |
|   |                 | }                  | <b>ENTER HERE AND SUBTRACT</b><br>AÑOTE EL TOTAL DE GASTOS Y RESTE          |                 | -                  |
|   |                 |                    | <b>NET SELF-EMPLOYMENT INCOME</b><br>INGRESOS NETOS DEL NEGOCIO PROPIO      |                 | \$                 |

The above information is true, correct, and complete to the best of my knowledge. I understand that giving false information to Fort Bend County Department of Social Services could result in my being disqualified for fraud.  
Según mi leal saber y entender, toda esta información es cierta, correcta y completa. Comprendo que si doy información falsa a Fort Bend County Departamento De Servicios Sociales puedo ser descalificado por fraude.

|   |            |                 |            |
|---|------------|-----------------|------------|
| Signature of anyone helping you prepare this form<br>Firma de la persona que le ayudó a llenar la forma | Date/Fecha | Signature/Firma | Date/Fecha |
|---|------------|-----------------|------------|



HEALTH & HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
FORT BEND COUNTY, TEXAS

**Utility Authorization Form**

**Authorization for Online Access of Account Information with TXU**

I, the undersigned TXU Energy customer (“Customer”), hereby authorize The TXU Energy Assistance Agency (“Agency”), to obtain online access to my TXU Energy Account information for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance (“Account Information”) to be used for the sole purpose of determining my eligibility for participation in or benefits with the Agency. Account Information may include obtaining a copy of billing statement if necessary, in order to provide services.

I understand that the Account Information obtained by the Agency may contain personal or personally identifying information, and that the Agency (and not TXU) is solely responsible for the confidentiality and security of the information obtained on my behalf.

**Authorization for Online Access of Account Information with Reliant Energy, Inc.**

I, the undersigned Reliant Energy customer (“Customer”), hereby authorize The Energy Assistance Agency (“Agency”), to obtain online access to my Reliant Energy account information for the purpose of obtaining my 12-Month Billing history, 12-month payment history, an account balance (“Account Information”) to be used for the sole purpose of determining my eligibility for participation in or benefits with the Agency.

I understand that the account Information obtained by the Agency may contain personal or personally identifying information, and that the Agency (and not Reliant Energy) is solely responsible for the confidentiality and security of the information obtained on my behalf.

**Authorization to obtain Account Information with Green Mountain Energy**

I, the undersigned Green Mountain Energy customer (“Customer”), hereby authorize The Energy Assistance Agency (“Agency”), to request and receive account information from Green Mountain Energy for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance (“Account Information”) to be used for the sole purpose of determining my eligibility for participation in or benefits with the Agency.

I understand that the Account Information obtained by the Agency may contain personal or personally identifying information, and that the Agency (Green Mountain Energy) is solely responsible for the confidentiality and security of the information obtained on my behalf.

**Authorization to obtain Account Information with clients Utility Company/Agency (For Non-Green Mountain, Non-Reliant or Non-TXU clients.)**

I, the undersigned Energy customer (“Customer”), hereby authorize my utility company (“Agency”) noted below under “Energy Company”, to request and receive account information for the purpose of obtaining my 12-month billing history, 12-month payment history, and account balance (“Account Information”) to be used for the sole purpose of determining my eligibility for participation in or benefits with the Agency.

I understand that the Account Information obtained by the Agency may contain personal or personally identifying information, and that the Agency is solely responsible for the confidentiality and security of the information obtained on my behalf.

\_\_\_\_\_  
Customer Name (Print)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Service Address: \_\_\_\_\_

Energy Assistance Agency: Fort Bend County Social Services Client Energy Company: \_\_\_\_\_



**FORT BEND COUNTY SOCIAL SERVICES DIVISION  
SELF-DECLARATION OF HOUSING STATUS**



Applicant Name: \_\_\_\_\_

- Household without dependent children (complete one form for each adult in the household)
  - Household with dependent children (complete one form for household)
- Number of persons in the household: \_\_\_\_\_

**This is to certify that the above-named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.**

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**Check only one:**

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or campground).
- I [and my children] am/are the survivor (s) of domestic violence or crime and am/are fleeing from abuse.
- I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next \_\_\_\_\_ days.

**I certify that the information above and any other information I have provided in applying for Emergency Assistance through the Fort Bend County Social Services is true, accurate and complete.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Staff Certification**

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for Emergency Assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt made for third-party verification:*

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Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Client ID: \_\_\_\_\_



# FORT BEND COUNTY DEPARTMENT OF SOCIAL SERVICES RENT/MORTGAGE DOCUMENTATION FORM

**Section A -Client Info Verification to be completed by Client Only:**

Date (MM/DD/YYYY): \_\_\_\_\_

Client Name: \_\_\_\_\_ Client ID # \_\_\_\_\_

Client Address: \_\_\_\_\_

# in the Household \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Bathrooms \_\_\_\_\_ Year Built \_\_\_\_\_

**Section B -Verification to be completed by Fort Bend County Social Services Case Manager Only:**

**Type of Assistance:**

**Rent (check one)**

**Mortgage (check one)**

- Past due rent
- Current month's rent
- First month's rent

- Past due mortgage
- Current month's mortgage

effective/move in date: \_\_\_\_\_

The monthly rent/mortgage payment is \$ \_\_\_\_\_

The total owed (including the amount above) is \$ \_\_\_\_\_

The one-month amount being paid by this agency is \$ \_\_\_\_\_

The amount being paid is for the month of (month/ year) \_\_\_\_\_

The one-month amount being paid is/was due on (month/day/year): \_\_\_\_\_

The one-month amount being paid is past due in its entirety at the time of payment:  Ye  N

Case Manager Signature: \_\_\_\_\_ Date \_\_\_\_\_

Case Manager Printed Name: \_\_\_\_\_

**Section C - Verification to be completed by Landlord/Mortgage Holder Only:**

This is to confirm that rent/mortgage for \_\_\_\_\_  
(name of individual or family)

for the property at \_\_\_\_\_  
(complete address, street number and name, city, state, zip code)

with a monthly rent amount of \_\_\_\_\_ (rent only: include no deposits, late fees, or other charges) or with a mortgage with a monthly payment of \$ \_\_\_\_\_ (principal and interest only; no escrow payments or other fees) is/was due on \_\_\_\_\_ (MM/DD/YYYY). The total amount currently is owed is \$ \_\_\_\_\_.

The individual/family now has rent/mortgage due/past due for the month of \_\_\_\_\_ MM/YYYY.

Landlord/Mortgage Holder Name: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Landlord Address \_\_\_\_\_  
(street, city, state to send payment)

Landlord/Mortgage Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: Payment will guarantee above named client residency for 30 days!**



HEALTH & HUMAN SERVICES  
SOCIAL SERVICES DIVISION  
FORT BEND COUNTY, TEXAS



**VERIFICATION OF SUPPORT/SHELTER FORM**

Name of person(s)/agency providing support: \_\_\_\_\_

Supporting person(s)/agency address: \_\_\_\_\_

Supporting person(s) Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Support provided to (client name): \_\_\_\_\_

Clients phone #: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you provided shelter for this client? \_\_\_\_\_

Will you continue to provide shelter and or support for this client? \_\_\_\_\_

If yes for how long and in what capacity: \_\_\_\_\_

If no when will the shelter or support stop and why: \_\_\_\_\_

What is your relationship to and/or how do you know this client? \_\_\_\_\_

What and how have you provided additional support to this client?

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

ADDITIONAL COMMENTS: (If more space is needed please write on the back of this form or attach a letter)

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

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of person(s)/Agency Providing Support:

\_\_\_\_\_  
Date: