



Memories Start Here

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Apartment Search Verification

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Number of Bedroom: \_\_\_\_\_

Heated or Unheated

Rent Amount: \_\_\_\_\_ weekly or monthly

Landlord Name and Number \_\_\_\_\_

Application: Accepted or Denied If Denied, Why?

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

Date \_\_\_\_\_ Time \_\_\_\_\_

Address of Unit: \_\_\_\_\_

Number of Bedroom: \_\_\_\_\_

Heated or Unheated

Rent Amount: \_\_\_\_\_ weekly or monthly

Landlord Name and Number \_\_\_\_\_

Application: Accepted or Denied If Denied, Why?

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Date \_\_\_\_\_ Time \_\_\_\_\_  
Address of Unit: \_\_\_\_\_  
Number of Bedroom: \_\_\_\_\_  
Heated or Unheated \_\_\_\_\_  
Rent Amount: \_\_\_\_\_ weekly or monthly  
Landlord Name and Number \_\_\_\_\_  
Application: Accepted or Denied If Denied, Why?  
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I hereby swear and affirm that the information I provided on this form is true, correct, and complete, and that I have not knowingly withheld any information. I understand that the GA Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance. Any person who knowingly or willfully makes any written or oral false statement of a material fact to the administrator for the purpose of causing himself/herself to be granted assistance may be ineligible for assistance up to 120 days and may be prosecuted for committing a class D crime. I understand that failure to complete this apartment search could result in me being ineligible for the General Assistance program.

Signature \_\_\_\_\_ Date \_\_\_\_\_