

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP) Rental/Mortgage Clearance Form

Note: Fill in this form completely. Incomplete forms will be returned. Fax form to: (951) 358-7755.

LRO INFORMATION			
LRO NAME:		LRO NUMBER:	SUBMISSION DATE:
LRO CONTACT:		PHONE #:	FAX #:
CLIENT/HOUSEHOLD INFORMATION (PLEASE PRINT)			
1. CLIENT NAME	Last	First	SSN #/Taxpayer ID: DOB:
2. CLIENT NAME	Last	First	SSN #/Taxpayer ID: DOB:
3. CLIENT NAME	Last	First	SSN #/Taxpayer ID: DOB:
4. CLIENT NAME	Last	First	SSN #/Taxpayer ID: DOB:
RENTAL/MORTGAGE INFORMATION			
PROPERTY ADDRESS:		CITY:	ZIP CODE:
ASSISTANCE AMOUNT:	LANDLORD/MORTGAGE COMPANY:		
EFSP RENTAL/MORTGAGE ASSISTANCE CLIENT CERTIFICATION/RELEASE OF INFORMATION (CLIENT INITIALS REQUIRED)			
<p>I certify that my household is presently experiencing an economic emergency and is need of EFSP rental/mortgage assistance.</p> <p>_____ INITIAL</p> <p>I certify that the information I have provided is true and correct.</p> <p>_____ INITIAL</p> <p>I certify that I have not received EFSP rental/mortgage assistance in the past twelve months and fully understand that EFSP rental/mortgage assistance in Riverside County is available only once every twelve months.</p> <p>_____ INITIAL</p> <p>I consent to the release of pertinent information to the EFSP Local Board, EFSP Staff, and other Local Recipient Organizations.</p> <p>_____ INITIAL</p>			
<p>Any use of EFSP funds contrary to the law and guidelines governing the EFSP Program will be reported to the EFSP National Board and/or the DHS/Office of the Inspector General for further action.</p> <p>X _____</p> <p style="text-align: center;"><i>CLIENT SIGNATURE</i> <i>DATE</i></p>			

APPROVAL SECTION TO BE COMPLETED DPSS			
<input type="checkbox"/> APPROVED	_____	_____	_____
	DPSS APPROVAL SIGNATURE (1)	PRINT NAME	DATE
	_____	_____	_____
	DPSS APPROVAL SIGNATURE (2)	PRINT NAME	DATE
<input type="checkbox"/> DENIED	Assisted on: _____		
<input type="checkbox"/> INCOMPLETE	Please resubmit: _____		

RECORD MODIFICATION REQUEST			
<input type="checkbox"/> Delete Record	Requested by: _____	Date: _____	
<input type="checkbox"/> Modify Record	Reason: _____	Amount: _____	