

**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:	EMAIL ADDRESS:	PHONE #:	FAX #:

**CLIENT/HOUSEHOLD INFORMATION (PLEASE PRINT)  
 ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN MUST BE LISTED (USE ADDITIONAL PAGES IF NEEDED)**

1. CLIENT LEGAL NAME	Last	First	SSN #/Taxpayer ID:	DOB:	AGE:
2. CLIENT LEGAL NAME	Last	First	SSN #/Taxpayer ID:	DOB:	AGE:
3. CLIENT LEGAL NAME	Last	First	SSN #/Taxpayer ID:	DOB:	AGE:
4. CLIENT LEGAL NAME	Last	First	SSN #/Taxpayer ID:	DOB:	AGE:

**RENTAL/MORTGAGE INFORMATION**

PROPERTY ADDRESS:	APT. #:	CITY:	ZIP CODE:
ASSISTANCE AMOUNT:	LANDLORD/MORTGAGE COMPANY:	LANDLORD/MORTGAGE COMPANY ADDRESS:	

**EFSP RENTAL/MORTGAGE ASSISTANCE CLIENT CERTIFICATION/RELEASE OF INFORMATION  
 (ALL ADULTS IN HOUSEHOLD MUST INITIAL & SIGN)**

\_\_\_\_\_ I certify that my household is presently experiencing an economic emergency and is need of EFSP rental/mortgage assistance.

\_\_\_\_\_ I certify that the information I have provided is true and correct.

\_\_\_\_\_ 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.

\_\_\_\_\_ I consent to the release of pertinent information to the EFSP Local Board, EFSP Staff, and other Local Recipient Organizations.

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.

<input checked="" type="checkbox"/>	_____	<i>CLIENT SIGNATURE</i>	_____	<i>DATE</i>
<input checked="" type="checkbox"/>	_____	<i>CLIENT SIGNATURE</i>	_____	<i>DATE</i>
<input checked="" type="checkbox"/>	_____	<i>CLIENT SIGNATURE</i>	_____	<i>DATE</i>

**APPROVAL SECTION TO BE COMPLETED DPSS**

APPROVED \_\_\_\_\_ DPSS APPROVAL SIGNATURE (1) \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DPSS APPROVAL SIGNATURE (2) \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

DENIED Assisted on: \_\_\_\_\_

INCOMPLETE Reason: \_\_\_\_\_

**RECORD MODIFICATION REQUEST**

Delete Record Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Modify Record Reason: \_\_\_\_\_ Amount: \_\_\_\_\_

COMMENTS: