



County of Orange  
SOCIAL SERVICES AGENCY

Administrative Services  
Quality Control

P.O. Box 5687  
Orange, CA 92863-9939  
(714) 541-7827

**HOUSING STATEMENT**

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_

**INSTRUCTIONS:** If you (the recipient) pay someone (landlord) for rent or share the rent with another person, please ask that person to complete this form. You (the recipient) also must sign the form.

1. \_\_\_\_\_ paid/shared the housing expense which was billed in the following months:

MONTH	_____	_____	_____
For Rent:	\$ _____	\$ _____	\$ _____
For Utilities:	\$ _____	\$ _____	\$ _____

2. Does the rent include utilities including gas, electric for heating and cooling?  Yes  No

3. Do/Does \_\_\_\_\_ purchase and prepare his/her/their food separately from you?

Purchase food Separately?  Yes  No

Prepare food Separately?  Yes  No

\_\_\_\_\_  
Address (Street) (City) (Zip Code)

\_\_\_\_\_  
Signature of Person with whom the Telephone Date  
Recipient lives (Landlord)

\_\_\_\_\_  
Signature of Recipient Telephone Date