

Client First Name	Middle Initial	Client Last Name
Social Security Number (Leave blank if no valid SS number for client)		Date of Birth (mm/dd/yyyy)
Street Address		Appt/Lot/Suite
City	State	Zip
	Illinois	

By signing this affidavit, I certify that the residence listed above is my primary residence. I understand that this form must be signed and dated by a third party who cannot be a member of my household or someone who would benefit from my receipt of services.

Client Signature (age 12 and older)

Date

By signing this form, the third party below is making a legal attestation that the address above is the current residence of the client listed on this form.

Printed Name of Third Party (case manager, shelter staff, etc.)

Signature of Third Party (case manager, shelter staff, etc.)

Date