

GA HOUSING ASSISTANCE NOTICE AND CLAIM FORM [FOR CURRENT RECIPIENTS]

**If you got GA benefits in Santa Clara County from March 1, 2011 to present
AND**

**You were paying rent
AND**

**The County did not pay your full benefits because your landlord did not fill out papers the County asked for
THEN**

The County may owe you money under a new Settlement.

If you think you might qualify, you must turn in this Claim Form **by August 26, 2013**. You may get a back payment of \$190 times the number of months since March 2011 that you did not get your full benefits. For example, if you paid rent from March through December 2011 (10 months), but your landlord did not turn in a form the County wanted, and the County therefore did not give you your GA housing benefit, then you could get \$1900 (\$190 X 10 months). This money will not keep you from continuing to get other aid from the County.

To get this money, you must turn in this form to the GA office **by August 26 2013**. The GA office is at 1919 Senter Road, San Jose, CA 95112. You can mail the form to the GA office or bring it in person. **REMEMBER, THE DEADLINE IS August 26, 2013. LATE FORMS CANNOT BE CONSIDERED.** If you are not sure if you will qualify, you can still turn in this form. If you need help with this form, you can call the Vendor Payment Claim Unit at the GA Office, at 408-758-3198.

If you qualify for this settlement payment, the County will pay the money to your EBT card (if you have one) or mail payment to your current address.

Your Name: _____ Phone # if any: _____
 (First) (Middle) (Last)

Your Address: _____ Email if any: _____
 (Street) (City) (State) (Zip)

Your Birth Date: ____/____/____ Your GA Case Number: _____

Move-In/Move-Out Information

Monthly Period that You Paid Rent But Did Not Receive the GA Housing Allowance		Landlord's Name, If You Know It	Address Where You Lived, if You Know It			
Move-in Date (MM/DD/YY)	Move-Out Date (MM/DD/YY)		Street	City	State	Zip Code

I certify under penalty of perjury under the laws of the State of California that all the information in this entire form is truthful, and that I have provided as complete information as I am able to provide at this time. This declaration is signed on (date) _____ in (city) _____, California.

Signature: _____

GA HOUSING ASSISTANCE NOTICE AND CLAIM FORM [FOR FORMER RECIPIENTS]

If you got GA benefits in Santa Clara County from July 1, 2011 to present

AND

You were paying rent

AND

**The County did not pay your full benefits because your landlord did not fill out papers the County asked for
THEN**

The County may owe you money under a new Settlement.

If you think you might qualify, you must turn in this Claim Form **by August 26, 2013**. You may get a back payment of \$190 times the number of months from July, 2011 that you did not get your full benefits. For example, if you paid rent from July through November 2011 (5 months), but your landlord did not turn in a form the County wanted, and the County therefore did not give you your GA housing benefit, then you could get \$950 (\$190 X 5 months). This money will not keep you from continuing to get other aid from the County.

To get this money, you must turn in this form to the GA office **by August 26, 2013**. The GA office is at 1949 Senter Road, San Jose, CA 95112. You can mail the form to the GA office or bring it in person. **REMEMBER, THE DEADLINE IS August 26, 2013. LATE FORMS CANNOT BE CONSIDERED.** If you are not sure if you will qualify, you can still turn in this form. If you need help with this form, you can call the Vendor Payment Claim Unit at the GA Office, at 408-758-3198.

If you qualify for this settlement payment, the County will pay the money to your EBT card (if you have one) or mail payment to your current address.

Your Name: _____ Phone # if any: _____
 (First) (Middle) (Last)

Your Address: _____ Email if any: _____
 (Street) (City) (State) (Zip)

Your Birth Date: ____/____/____ Your GA Case Number: _____

Move-in/Move-Out Information:

Monthly Period that You Paid Rent But Did Not Receive the GA Housing Allowance		Landlord's Name, If You Know It	Address Where You Lived, if You Know It			
Move-in Date (MM/DD/YY)	Move-Out Date (MM/DD/YY)		Street	City	State	Zip Code

I certify under penalty of perjury under the laws of the State of California that all the information in this entire form is truthful, and that I have provided as complete information as I am able to provide at this time. This declaration is signed on (date) _____ in (city) _____, California.

Signature: _____