



PARTNERS
DeKalb County Government
DeKalb County Magistrate Court
DeKalb County Clerk of State & Magistrate Courts
DeKalb County Marshal's Office
Atlanta Legal Aid
Goodwill of North Georgia
DeKalb Dispute Resolution Center
Housing Authority of DeKalb County

Declaration of Housing Instability

I, _____, do hereby declare on _____ that:
(Applicant's name) (date)

I am at risk of homelessness or housing instability for the following reasons: *(check all that apply)*

Inability to pay rent due to loss of income

Notice of eviction filing for non-payment of rent from Landlord

Current eviction case

Writ has issued from eviction case

Living in another's home or at a shelter

Living in extended stay or other short-term housing

Homeless

I certify that the above information is true and correct to the best of my knowledge and belief.

I understand that the information will be verified to the extent possible, and that I may be subject to program termination and or prosecution for providing false or fraudulent information, if I knowingly submit inaccurate/false information.

(Applicant Signature)

(Date)

(Applicant Signature)

(Date)