

Special One Time Assistance (“SOTA”) Roommate Attestation Intent to Combine Households with a DHS Client

This form must be completed by any person 18 years of age or older who plans to move into a SOTA unit with a DHS client. If there is more than one roommate, a separate form must be submitted for the second roommate.

DHS Client Name

DHS CARES Case Number

DHS Client Monthly Income Before Taxes

SOTA Apartment Monthly Rent Amount

I, _____ will be joining the
(PROSPECTIVE ROOMMATE NAME)
household of the above-named DHS client at the time this person exits shelter and moves into their SOTA apartment. I will be contributing to the rent through my own income, as indicated on the SOTA application.

My monthly income before taxes as of the date below is:

I am the spouse, domestic partner, or dependent child of a member of the shelter household, or the parent or stepparent of a member of the shelter household under the age of 21. (Supporting documents must be submitted to confirm this relationship.)

CONFIRMED **(OR)** NOT CONFIRMED

My Social Security Number is:

I can be reached at the following phone number:

I have read and understand this SOTA Roommate Attestation. I agree to cooperate fully with DSS and its administration of the SOTA program and provide accurate information about my income and any additional information, as needed. I agree to an investigation to verify or confirm any information I provide in connection with DSS's administration of SOTA. If additional information is requested, I will provide it.

Prospective Roommate Signature

Date