DOUGLAS COUNTY DEPARTMENT OF GENERAL ASSISTANCE

PROPERTY DESCRIPTION

Single Dwelling Unit

PROPERTY ADDRESS _____

OWNER _____

_____ has requested the Department of General Assistance pay rent to you for him/her to reside at the above address. The following information is necessary to decide if this will be possible.

County records indicate the property has one dwelling unit with _____ bedrooms and ____bathrooms. Is this correct? ☐ Yes ☐ No

If no, please explain: _____

_____

Do you live at this address yourself? ☐ Yes ☐ No

How much is the total rent for the property? $_____ (House payment if your own residence)

Does this include electric, sanitary, heating and cooking utilities? ☐ Yes ☐ No

Does this property have a license or certification as a:

Boarding/Rooming House	☐ Yes	☐ No	Date of Certification _____
Substance Abuse Treatment Center	☐ Yes	☐ No	License#_____
Mental Health Center	☐ Yes	☐ No	License #_____
Assisted Living Facility	☐ Yes	☐ No	License #_____

Is this facility a halfway or three-quarter way house? ☐ Yes ☐ No

Are tenants/residents required to attend treatment for mental health or addiction recovery?

Mental Health ☐ Yes ☐ No Addiction ☐ Yes ☐ No

General Assistance (GA) Guidelines for approved/registered vendors are that notice will be given to GA if the landlord is aware that the tenant/resident moves out of the property. It is also expected/required that the GA standard of need amount will cover full rent and utilities for any month such payment is accepted. Clients are notified each month by mail if eligibility will continue or end and may reapply for later assistance if they choose.

_____	_____	_____
Owner/Representative Signature	Date	Phone including area code
_____	Office Use Only	_____
Address		Fax number (if any)
_____		_____
City, State, Zip		E-mail Address

Print Form