



Housing Questionnaire

Childs Name: _____ Date of Birth: _____

1. Do you and your family live in a permanent single family residence? Yes _____ No _____

If you answered "No", continue on with questions #2. If "Yes", sign below.

2. My family and I live: (please check the box that best applies to your current housing)

- A. Temporarily with another family in a house, mobile home, or apartment
- B. At an emergency shelter
- C. In a transitional housing program
- D. In a motel/hotel
- E. Temporarily unsheltered (in a car, RV, campsite, garage, abandoned building, bus station, and park)

*If you checked Box A, (living with more than one family in a house, mobile home or apartment)
Please check one of the following:*

We can afford to live on our own but we choose to live in this situation

We live in this situation out of economic necessity

**I, (Parent/Guardian, print name) _____ declare under penalty
of perjury that the information provided here is true and correct to the best of my knowledge.**

Signature: _____ Date: _____

If you have any questions, or need assistance completing this form, please call us at the number below.

CAC Head Start/Child Development Program

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