Last Rev. 3-08-16

Reset Form

# California Community Transitions (CCT)
# Independent Housing Disclosure

The CCT transition process is based on trust. You must be completely honest with your Transition Coordinator at all times for your transition to the community to be successful. Dishonesty can cause real obstacles to securing housing, some of which can delay or stop transition assistance all together.

Your answers to the questions below are required to assist your Transition Coordinator's ability to identify and secure qualified housing in your community. Your answers will not affect your eligibility for Medi-Cal or CCT. However, past financial and/or legal problems may limit your ability to qualify for private or publicly-subsidized housing. It is very important for you to tell your Transition Coordinator about these issues, so (s)he can help you find and secure alternative living arrangements.

Please answer all of the questions honestly and to the best of your knowledge:

| | Yes | No | Year |
|---|---|---|---|
| 1. Do you currently have unpaid debts, liens, and/or judgments against you? | ☐ | ☐ | |
| 2. Have you ever been evicted? | ☐ | ☐ | |
| 3. Do you currently have outstanding utility bills? | ☐ | ☐ | |
| 4. Have you ever filed for personal bankruptcy? | ☐ | ☐ | |
| 5. Have you ever been convicted of a felony? | ☐ | ☐ | |
| 6. Is there anything that is not listed here, that you believe may interfere or make it difficult for you to qualify for private or publicly-subsidized housing? | ☐ | ☐ | |

If yes, briefly please describe.

By signing this document, I certify that I read and understood the content of this document and answered each question honestly to the best of my ability. I also understand that my answers will not affect my eligibility for Medi-Cal or CCT, but that past financial and/or legal problems may limit my ability to qualify for private or publicly-subsidized housing.

_____ Today's Date

Enrollee's Signature

Print or Type Enrollee's Name

_____ Today's Date

Legal Representative's Signature (if applicable)

Print or Type Legal Representative's Name (if applicable)

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