Home Together Move-In Assistance Fund
Alameda County

Participant Agreement

I, _____, request assistance from the Home Together Move-In Assistance Fund to help me access housing. I understand that I have certain obligations that come with receiving this assistance.

- *I agree to complete the application with my service provider and to provide accurate and truthful information.*
- *I agree to work with my service provider and others in my support system on my housing plan.*

By signing below, I acknowledge that this request for move in assistance is a one-time benefit and does not guarantee future or ongoing financial assistance from Alameda County Housing & Homelessness Services.

_____ _____

Applicant Name Date

_____

Applicant Signature