



GENERAL RELIEF (GR) APPLICATION

PURPOSE OF THIS FORM: By filling out this form, you will apply for General Relief (GR) from the Department of Public Social Services (DPSS).

Do you need a translator? There is no fee for this service. Yes No

Do you need help applying because of a disability? Yes No

If you answered 'Yes', after you complete and submit this form, a DPSS worker will contact you.

All information I will give on this application will be true and correct. I know that giving false information, hiding or not giving facts on this application is fraud.

I am making this application for General Relief on my, or the applicant's behalf:

Applicant's Signature Date

Spouse/Domestic Partner/Representative's Signature Date

1. **Today's Date:** ____/____/____
MM DD YYYY

2. **Case Number:** _____
LEAVE BLANK IF YOU DO NOT HAVE ONE

3. **Name:** _____
LAST NAME FIRST NAME

4. **Date of Birth:** ____/____/____ 5. **Social Security Number:** _____ 6. **Gender** M F
MM DD YYYY

7. **What DPSS Office do you want your GR case to be sent to?** Circle 1 location.

Civic Center
813 E. Fourth Place
Los Angeles, CA 90013

Metro Special
2707 S. Grand Ave.
Los Angeles, CA 90007

San Gabriel Valley
3352 Aerojet Ave.
El Monte, CA 91731

Rancho Park
11110 W. Pico Blvd.
Los Angeles, CA 90064

Glendale
4680 San Fernando Rd.
Glendale, CA 91204

Pasadena
955 N. Lake Ave.
Pasadena, CA 91104

South Central
10728 S. Central Ave.
Los Angeles, CA 90059

Wilshire
2415 W. 6th St.
Los Angeles, CA 90057

Lancaster General Relief Sub Office
337 East Ave K-10
Lancaster, CA 93535

Pomona
2040 W. Holt Ave.
Pomona, CA 91768

South Special
17600 B Santa Fe Ave.
East Rancho Dominguez, CA 90221

Metro East
2855 E. Olympic Blvd.
Los Angeles, CA 90023

San Fernando Sub Office
9188 Glenoaks Blvd.
Sun Valley, CA 91352

Southwest Special
1819 Charlie Sifford Dr.
Los Angeles, CA 90047



8. Are you homeless?

Yes ↘

No ↘

8a. Do you want to use the DPSS Office as your mailing address?

Yes

No, I have a mailing address:

STREET ADDRESS

APARTMENT/SUITE/OTHER

CITY STATE ZIP CODE

8b. Home Address:

STREET ADDRESS

APARTMENT/SUITE/OTHER

CITY STATE ZIP CODE

8c. Do you pay rent?

No

Yes Amount: \$ _____

9. What language(s) do you speak?

English Spanish Other _____

10. What language(s) do you read?

English Spanish Other _____

11. Cell No: __ (____) _____

12. Home No: __ (____) _____

13. E-Mail Address: _____

14. Status: Single Married Domestic Partner

15. Is anyone else applying with you? Note: Married spouses and domestic partners must apply together.

No ↓

Yes ↘

15a. Who is applying with you?

LAST NAME FIRST NAME

15b. Their Date of Birth ____/____/____

15c. Their Gender M F

15d. Their Social Security Number: _____

15e. Your spouse/domestic partner must fill out the GENERAL RELIEF APPLICATION SUPPLEMENTAL form

16. Are you a Veteran of the U.S. Armed Forces?

Yes No

17. Are you a U.S Citizen?

Yes ↓

No ↘

(Go to #18 on the next page)

17a. Do you have an alien number?

Yes: _____ No

ALIEN NUMBER



GENERAL RELIEF APPLICATION SUPPLEMENTAL – SPOUSE/DOMESTIC PARTNER ONLY

All spouses and domestic partners must apply for GR together. This form must be completed by your spouse or domestic partner and submitted with the GR Application.

First/Last Name: _____ Case Number: _____

Please answer the following questions about yourself:

- 1. Do you have a disability and need help applying? Yes No
- 2. Are you a Veteran of the U.S. Armed Forces? Yes No
- 3. Are you a U.S. born Citizen or Naturalized Citizen? Yes No
If no, what is your alien number (if applicable)? _____
- 4. Have you been in Los Angeles County for at least 15 days? Yes No
- 5. Do you plan to stay in Los Angeles County? Yes No
- 6. Are you currently on parole/probation? Yes No
- 7. Are you fleeing to avoid prosecution or Custody or confinement after a felony conviction? Yes No

Income & Property

- 8. Do you receive income? Yes No
Where is the income coming from? A job Unemployment Benefits
 Disability Benefits Veteran's Benefits Pension Other _____
How much income is received and how often? \$ _____
 Daily Weekly Every other week Twice a month Monthly Other
- 9. Do you own property or assets? Yes No
Examples of property include: land, houses, apartments, cars (including mobile homes or trailers, etc., Examples of assets include: cash, bank accounts, insurance policies, etc.,)

What property do you own? A car(s) A home/trailer/mobile home/other property *Check all that apply:*

Cash-on-hand/amount: \$ _____

Savings account Checking account

Insurance policy Other _____

Employability

Please answer the following questions for yourself:

- 10. Do you have any of the below that prevents you from working or participating in an employment program?
 Physical health condition Mental health condition Other