**Attestation to Use of Funds for Household Start-up Goods and Services**

I attest, to the best of my knowledge, that all available resources have been exhausted, including HOME Choice Funds, for       (individual’s name).

Funds expended on start-up were reviewed and agreed upon by the team prior to expenditures.

Individual/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

County Board SSA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature County Date

Provider Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Agency Date

A copy of all receipts for expenditures must be included. Payments are limited to a maximum of $1,000 per individual; effective September 1, 2015**.**

DORR – System Innovation Fund Verification ***Form B***, July 28, 2015