

# ESG – Rapid Re-housing Reimbursement Form

**Rapid Re-housing: Individuals/families who are literally homeless (currently living in an emergency shelter or place not meant for human habitation)**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Member: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(First)

(Last)

Client's Program Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Short- and Medium-term Rental Assistance – Tenant Based or Project Based Rental Assistance; Compliance with FMR limits & Rent Reasonableness; Compliance with Minimum Habitability Standards; Participant must have a legally binding, written lease; Project based leases must have an initial term of one year; Cannot use with other subsidies**

## Rental Assistance:

**Short- and Medium-Term Rental Assistance – Short-term = up to 3 months; Medium-term = 4-24 months**

- Rental agreement attached     Copy of voucher/check attached     Copy of Eviction Notice attached  
 Completed FMR, Rent Reasonableness, Habitability Checklist and/or Lead Based Paint Inspection (*Retain in your files*)

Name of Property/Landlord: \_\_\_\_\_

Address of rental unit: \_\_\_\_\_

City

State

Zip

Monthly Rent Amount: \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ Month(s) requested: \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Member: \_\_\_\_\_

**Rental Arrears - One-time payment of up to 6 months, including any late fees on those arrears. Months in arrears count towards the total number of months a participant can receive assistance.**

- Rental agreement attached     Copy of voucher/check attached     Copy of Eviction Notice attached  
 Completed FMR, Rent Reasonableness, Habitability Checklist and/or Lead Based Paint Inspection (*Retain in your files*)

Name of Property/Landlord: \_\_\_\_\_

Address of rental unit: \_\_\_\_\_

City

State

Zip

Monthly Rent Amount: \$ \_\_\_\_\_

Number of Months in Arrears: \_\_\_\_\_, beginning with which month \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ Month(s) requested: \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Member: \_\_\_\_\_