

Financial Assistance Form

Today's Date: ____/____/____

Staff Member: _____

Name: _____ Date of Birth: ____/____/____
(First) (Last)

- Short-term Rental Assistance (up to 3 months)
- Medium-Term Rental Assistance (4-18 months)
- Security Deposit

- Utility Deposits
- Utility Payments
- Moving Cost Assistance
- Motel/Hotel Vouchers

Staff, please indicate which category:

- Homeless Prevention
- Homeless Assistance

Rental Assistance

Name of Property/Landlord: _____

- Rental Agreement Attached
- Copy of check attached (for reimbursement)
- Completed Habitability Checklist & Lead –Based Paint Inspection
(Retain in your files)

Address of rental unit: _____
City State Zip

Monthly Rent Amount: \$_____ Is the rent in arrears? Yes No

If Yes, number of Months in Arrears: _____, beginning with which month _____

**cannot assist with more than 6 months in arrears **

Total Amount Requested: \$_____ Total Amount Approved: \$_____

Assistance Start Date: ____/____/____ 3-Month Evaluation Date: ____/____/____

Upon 3-month evaluation, does client require additional months of assistance? Yes No Staff Initials: _____

If No, date assistance ended: ____/____/____ If Yes, date Medium-term assistance started: ____/____/____

6-Month Evaluation Date ____/____/____ Continuing Assistance? Yes No Staff Initials: _____

9-Month Evaluation Date ____/____/____ Continuing Assistance? Yes No Staff Initials: _____

12-Month Evaluation Date ____/____/____ Continuing Assistance? Yes No Staff Initials: _____

18-Month Evaluation Date ____/____/____ ** Client cannot have more than 18 months of assistance **

Date rental assistance ended: ____/____/____ Staff Member: _____

Security Deposit - ONE TIME ONLY

Name of Property/Landlord: _____

- Rental Agreement Attached
- Copy of check attached (for reimbursement)
- Completed Habitability Checklist & Lead –Based Paint Inspection
(Retain in your files)

Address of rental unit: _____
City State Zip

Security Deposit Amount: \$_____ Date Security Deposit Required: ____/____/____

Total Amount Requested: \$_____ Total Amount Approved: \$_____

Date of Approval: ____/____/____ Staff Member: _____

Utility Deposit or Payments

Deposit - ONE TIME ONLY Payments

Name of utility company: _____

Deposit Assistance – ONE TIME ONLY

Copy of check attached (for reimbursement)
 Letter from utility company attached

Deposit Amount: \$ _____

Amount Requested: \$ _____ Amount Approved: \$ _____

Date of Approval: ____/____/____ **Staff Member:** _____

Payment Assistance

may pay up to 18 months of utility payments including up to 6 months of utility payments in arrears

Are the utility payments in arrears? Yes No Copy of utility bills attached
 Copy of check attached (for reimbursement)

If Yes, number of months in arrears: _____. Total dollar amount in arrears: \$ _____

Total Amount Requested: \$ _____ Total Amount Approved: \$ _____

Assistance Start Date: ____/____/____ 3-Month Evaluation Date: ____/____/____

Upon 3-month evaluation, does client require additional months of assistance? Yes No Staff Initials: _____

If No, date assistance ended: ____/____/____ If Yes, set up 6-month evaluation date.

6-Month Evaluation Date ____/____/____ Continuing Assistance? Yes No Staff Initials: _____

9-Month Evaluation Date ____/____/____ Continuing Assistance? Yes No Staff Initials: _____

12-Month Evaluation Date ____/____/____ Continuing Assistance? Yes No Staff Initials: _____

18-Month Evaluation Date ____/____/____ ** Client cannot have more than 18 months of assistance **

Date utility assistance ended: ____/____/____ **Staff Member:** _____

Moving Cost Assistance – ONE TIME ONLY

Truck Rental Hiring Moving Company Short-term storage fee (*max 3 months or move-in date*)

Name of truck rental company, moving company or storage facility: _____

Cost: \$ _____ Amount Requested: \$ _____ Company Agreement Attached
 Copy of check attached (for reimbursement)

Amount Approved: \$ _____ **Date:** ____/____/____ **Staff Member:** _____

Motel/Hotel Vouchers

Available for up to 30 days if no appropriate shelter beds are available & rental housing has been identified but is not immediately available for move-in. Max \$100/day.

Copy of check attached (for reimbursement)
 Motel/Hotel Receipts Attached

Name of Motel/Hotel: _____

Dates Required: ____/____/____ TO ____/____/____ Amount Requested: \$ _____

Amount Approved: \$ _____ **Date:** ____/____/____ **Staff Member:** _____