

ESG-CV Rapid Rehousing Reimbursement Form

Homelessness Prevention: Individuals/families who are literally homeless (currently living in an emergency shelter or place not meant for habitation)

Today's Date: ____/____/____

Staff Member: _____

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

Client's Program Entry Date: ____/____/____

Exit Date: ____/____/____

Housing Relocation & Stabilization Services – To help homeless persons living on the street or in an emergency shelter transition as quickly as possible into permanent housing and help such persons achieve stability in that housing to prevent and stop the spread of coronavirus.

Financial Assistance:

Rental Application Fees – Application fee that is charged by the owner to all applicants.

Documentation of Fee attached

Copy of voucher/check attached

Name of Property/Landlord: _____

Address of rental unit: _____

City State Zip

Application Fee Amount: \$ _____ Total Amount Requested: \$ _____

Date Approved: ____/____/____ Staff Member: _____

Security Deposit - Per South Dakota Law, ESG funds may pay for a security deposit that is equal to one month rent. A larger deposit may be collected by mutual agreement where special conditions pose a danger to maintenance of the premises. Security Deposit is a one-time benefit.

Rental agreement attached

Copy of voucher/check attached

Completed Habitability Checklist and/or Lead Based Paint Inspection (*Retain in your files*)

Name of Property/Landlord: _____

Address of rental unit: _____

City State Zip

Security Deposit Amount: \$ _____ Total Amount Requested: \$ _____

Date Approved: ____/____/____ Staff Member: _____

Last Months' Rent - Paid to the owner of housing at the time security deposit & first month's rent are paid.

Rental agreement attached

Copy of voucher/check attached

Completed Habitability Checklist and/or Lead Based Paint Inspection (*Retain in your files*)

Name of Property/Landlord: _____

Address of rental unit: _____

City State Zip

Security Deposit Amount: \$ _____ Total Amount Requested: \$ _____

Date Approved: ____/____/____ Staff Member: _____

Utility Deposit - Standard utility deposit required by the utility company for all customers (i.e. gas, electric, water/sewage). One-time benefit.

Rental agreement attached Copy of voucher/check attached Copy of documentation from utility company

Name of Utility Company: _____

Address of rental unit: _____

City State Zip

Utility Deposit Amount: \$ _____ Total Amount Requested: \$ _____

Date Approved: ____/____/____ Staff Member: _____

Utility Payments - Up to 24 months of utility payments per participant, per service (i.e., gas, electric, water/sewer), including up to 6 months of arrearages, per service.

Rental agreement attached Copy of voucher/check attached
 Copy of utility bills/print out showing each month of service Copy of Disconnect/shut off notice

Are the utility payments in arrears? Yes No

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

Total Amount Requested: \$ _____ Month(s) Requested: _____

Date Approved: ____/____/____ Staff Member: _____

Moving Cost Assistance – Moving costs such as truck rental or hiring a moving company, including certain temporary storage fees. One-time benefit.

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 voucher/check attached

Date Approved: ____/____/____ Staff Member: _____

Landlord Incentive – Cost of paying for landlord incentives as reasonable and necessary to obtain housing for individuals and families experiencing homelessness and at risk of homelessness. May not use ESG-CV funds to pay the landlord incentives set forth below in an amount that exceeds three times the rent charged for the unit.

Signing bonus equal to up to 2 months of rent Security deposit equal to up to 3 months of rent
 Paying the cost to repair damages incurred by the program participant not covered by the security deposit or that are incurred while the program participant is still residing in the unit
 Paying the costs of extra cleaning or maintenance of a program participant's unit or appliances

Name of Property/Landlord: _____

Address of rental unit: _____

Cost: \$ _____ Amount Requested: \$ _____ Rental agreement attached
 Copy of voucher/check attached

Date Approved: ____/____/____ Staff Member: _____