

ESG – Homelessness Prevention Reimbursement Form

Homelessness Prevention: Individuals/families who are at imminent risk, or at risk, of homelessness. Household income below 30% AMI.

Today's Date: ____/____/____

Staff Member: _____

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

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

Exit Date: ____/____/____

Housing Relocation & Stabilization Services – To prevent persons from becoming homeless in a shelter or an unsheltered situation and to help such persons regain stability in their current housing or other permanent housing.

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 - Equal to no more than 2 months' rent. 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: _____