

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: ____/____/____

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: _____