|  |
| --- |
| Our Program intends to assist this household establish permanent residence in which continued occupancy is expected. Eligible costs include expenses associated with placement in housing: |
| [x]  Application fee[x]  Security deposit\* | [ ]  Administrative fee[x]  First month’s rent |
| *\*Security deposit assistance is capped at two months of rent for the unit. Deposits must be returned to the Program when the assisted household leaves the unit. The Program maintains a record of all deposits and will make a good faith effort to recover program funds upon the household’s departure from the unit.*  |
|  |  |  |  |  |
| Client Name: |
|  | *First, Middle, Last* |
| Proposed Address: |      |
|  | *Street and Unit, City, State, Zip, County* |
| Property Contact: |       |
|  | *Owner/Representative Name, Contact Information* |
|  |
| **Submission Instructions** |
|  |
| This worksheet serves as a supporting document that verifies initial move-in costs. Owners/Representatives must complete and return this worksheet to the housing case manager below so the Program can coordinate a payment to the owner. |
|  |  |  |  |  |
| Case Manager Name: |  |
|  | *First, Last* |
| Contact Information: |    |
|  | *Phone, Fax, Email* |
|  |
| **Move-In Costs** |
|  |
|  | Proposed move-in date: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Monthly rental amount: |  | $ |      |  |  |  |
|  |  |  |  |  |  |  |  |
|  | a) Application fee: |  | $ |      |  |  |  |
|  |  |  |  |  |  |  |  |
|  | b) Administrative fee: |  | $ |       |  |  |  |
|  |  |  |  |  |  |  |  |
|  | c) Other fees and costs: |  | $ |       |  | Specify: |       |  |
|  |  |  |  |  |  |  |  |  |
|  | d) Security deposit: |  | $ |      |  |  |  |
|  |  |  |  |  |  |  |  |
|  | e) First month’s rent or prorated rent: |  | $ |       |  | From: |       | To: |       |  |
|  |  |  |  |  |  |  | *(Date)* |  | *(Date)* |  |
|  | **TOTAL:** (Sum of Lines a-e) |  | **$** |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Payment Information** |
|  |
| Make check payable to: |  |
|  | *Individual/Company Name* |
| Mail check to: |     |
|  | *Street/PO Box, City, State, Zip, Count* |
|  |  |
|  |
|  |
| Owner/Representative Name: |       |  |  |
|  |  |  |  |
| Owner/Representative Signature: |       | Date: |       |