|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | | | | | | | | | |
| Application fee  Security deposit\* | | | | | | | Administrative fee  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: | |  | |