

Participant Information			
Name:		Email:	Phone:
Address:		County:	
Household Members:	Adults:	Children:	Need to Vacate by:
			Subsidized? Yes No
Monthly Rent: \$	Late Fees: \$		Total Needed: \$
Notes (Staff Area):			

Household information: Attach a separate sheet if necessary.		
Name:	Relationship:	Age:
	(Self)	

Estimated Income				
HH Member	Source	Monthly	Annual	Proofs Collected
		\$	\$	
		\$	\$	

Landlord Information	
Name:	Phone:
Address:	Email:

Verification Checklist:

Please note, additional documentation may be needed to help determine eligibility of assistance.

Proof or verification of income for all adults in the household.

Official eviction notice with required date of vacating when it is a housing emergency

Eligibility - For Staff Use

MPAT Score (Only if applicable):			
VI-SPDAT score			HMIS #
Emergency Assistance Verification?	Yes	No	
Eviction/Notice to Vacate?	Yes	No	
Income =/$<$ 200% FPG	Yes	No	

Staff area:
Date Received: _____ Staff: _____
Will assisting with these funds alleviate the FULL problem?
Do they have sufficient income to pay their bills moving forward if help is given?
What program will be used: