

GENERAL RELIEF HOUSING SUBSIDY AND CASE MANAGEMENT PROGRAM MOVE-IN ASSISTANCE FUNDS REQUEST FORM

INSTRUCTIONS: Section I, II, III, IV, V, and VI must be completed for any necessary move-in expenses paid PRIOR to the resident moving in. Information reported on this form is subject to verification. **ALL APPROVED MOVE-IN ASSISTANCE FUNDS WILL BE PAID DIRECTLY TO EACH VENDOR.**

CASE NAME:

CASE NUMBER:

GR HOMELESS CASE MANAGER'S NAME:

PHONE #:

I. HOUSING: (Completed by Landlord/Property Owner)

A. Name of Renter:

B. Move in Date:

C. Address:

D. Property Owner's Legal Name:

Property Owner's Legal Address:

Property Owner's Telephone Number:

E. Monthly Rent Amount:

F. Rent includes:

Electricity	YES	NO
Gas	YES	NO
Water	YES	NO

G. Apartment/rental includes the following:

Stove:	YES	NO
Refrigerator:	YES	NO

II. MOVE-IN COSTS: (Completed by Landlord/Legal Authorized Representative [Property Owner])

A. Security deposit required: YES NO

If YES, indicate amount \$

B. Specify other move-in costs below:

1.	Amount \$
2.	Amount \$

C. Required miscellaneous expenses: YES NO

If YES, indicate item: Amount \$

Signature of Participant

Date

Signature of Landlord/Legal Authorized Representative (Property Manager)

Date

Telephone Number and Fax Number of Landlord/Legal Authorized Representative (Property Manager)

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III. UTILITIES: (Completed by the Participant when utilities are not included in the rent)

- A. Electricity at this address provided by _____ (Utility Company) Deposit to turn electricity on is \$ _____
- B. Gas at this address provided by _____ (Utility Company) Deposit to turn gas on is \$ _____
- C. Water at this address provided by _____ (Utility Company) Deposit to turn water on is \$ _____

Completed By: _____ Date: _____ Date verified by GR HCM staff: _____

IV. MOVING TRUCK RENTAL: (Completed by the Participant)

- A. Truck Rental Expense _____ Amount \$ _____ Company Name: _____
- Address: _____ Telephone: _____ Contact Name: _____
- Completed By: _____ Date: _____ Date verified by GR HCM staff: _____

V. STORAGE FACILITY: (Completed by the Participant)

- Amount \$ _____ Company Name: _____
- Address: _____ Telephone: _____ Contact Name: _____
- Completed By: _____ Date: _____ Date verified by GR HCM staff: _____

VI. APPLIANCES: (Completed by the Participant)

- Cost of Refrigerator \$ _____ Company Name: _____
- Address: _____ Telephone: _____ Contact Name: _____
- Completed By: _____ Date: _____
- Date verified by GR HCM staff: _____
- Cost of Stove \$ _____ Company Name: _____
- Address: _____ Telephone: _____ Contact Name: _____
- Completed By: _____ Date: _____ Date verified by GR HCM staff: _____

(COUNTY USE ONLY)

VII. DETERMINATION:

Information was verified on _____ and Move In Assistance Funds are **approved**. Funds will be paid directly to each vendor.

Approval notice dated _____ and provided to Participant.

The vendor payment/s, a copy/ies of the approval notice/s and request for receipts mailed to each vendor on _____.

Information **could not** be verified, and Move-In Assistance Funds **cannot** be approved.

Ineligible notice dated _____ and provided to Participant.

GR HCM's Signature _____ Date _____

GSS's/SSS's Signature _____ Date _____