

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

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