



HOME TO STAY GRANT
Monthly Subsidy Request

Date of Request: _____

Subsidy Month & Year: _____

Client's Name: _____

SSN: _____

Client's Address: _____

City: _____

Phone #: _____

State: _____ Zip Code: _____

Landlord: _____

Landlord Phone #: _____

Landlord Address: _____

Landlord Tax ID #: _____

City: _____ State: _____

Zip Code: _____

Amount of Home to Stay for this month \$ _____

Is this the same subsidy amount as last month? ___ Yes ___ No (If No, Complete the following)

Is this an increase or a decrease from last month's subsidy? ___ Increase ___ Decrease

What is the amount of the increase/decrease? \$ _____

Reason for increase/decrease and attach any documentation backing up the change:

The Home to Stay Program Coordinator must authorize any increase in the monthly rent subsidy amount by signing below:

Authorized Approval: _____

Home to Stay Coordinator

Date: _____