



A Tradition of Stewardship
A Commitment to Service

INITIAL RENTAL SUBSIDY REQUEST

Initial Date of Contact: _____

Date of Enrollment: _____

Applicant's Name: _____

SSN: _____

New Address: _____

City: _____ State: _____

Mailing Address: _____

City: _____ State: _____

Phone #: _____

Landlord: _____

Landlord Phone #: _____

Landlord Address: _____

Landlord Tax ID #: _____

City: _____ State: _____

Zip Code: _____

Terms of Lease: ___ 1 year ___ Other: _____ * Lease must be at least 1 year

Beginning Date of Lease: _____

Date Rent is Due: _____

Move-In Date: _____

Monthly Rent: \$ _____

Security Deposit: \$ _____

Pro-Rated Rent: \$ _____

Utilities to be Paid by Owner: ___ Electricity ___ Gas ___ Water ___ Garbage ___ Other: _____

PROGRAM RESPONSIBILITY

TENANT RESPONSIBILITY

OTHER PAYMENT RESOURCES

1st Month Prorated Rent \$ _____

1st Month Prorated Rent \$ _____

Season of Sharing \$ _____

Security Deposit \$ _____

Security Deposit \$ _____

Homeless Assistance \$ _____

Monthly Rent Subsidy \$ _____

Monthly Rent Payment \$ _____

Other: _____ \$ _____

Comments:

Case Manager: _____

Agency: _____

Phone Number: _____

Authorized Approval: _____

Date: _____

Agency Coordinator