

HOME-ARP RENT PROGRAM

REQUEST FOR MONTHLY FINANCIAL ASSISTANCE FROM RESERVATION

Use this form to request payment of financial assistance from the reservation for your household. This form must be completed each month and submitted to the Housing Services Department by the 15th of the month to ensure timely payment of the amounts due. The applicant is responsible for any late fees accrued related to the payments requested.

Date of this request: _____

Applicant Name: _____

Applicant Address: _____

Period Requested: _____ **# of months requested previously:** _____

Type of Assistance	Amount
Rent	

I still occupy the unit listed above as my primary residence and will continue to occupy the unit as my primary address for the duration of the period of assistance being requested.

TENANT'S CERTIFICATION

I, _____, am the applicant for the HARP assistance and I certify that I have not received any other form of rent assistance for the amounts/period requested on this form. I understand that falsifying documents to obtain assistance is a criminal offense.

NOTE: This form is signed by the head of household on behalf of all household members.

Applicant Signature

Date

LANDLORD'S CERTIFICATION

I, _____, am the landlord for the property where the applicant for the HARP assistance is being requested. By my signature below, I certify that I have not received funding from any other source that would duplicate any payments made as part of this application. I understand that falsifying documents to obtain assistance is a criminal offense.

Landlord Signature

Date