

ESG-CV Reimbursement Form- Rapid Rehousing/Homeless Prevention

_____ **Rapid Rehousing**

_____ **Homeless Prevention**

Dates of Service: _____ to _____ Client Name: _____

Program Entry Date: _____ Date of Birth: _____

Program Exit Date: _____ Staff Name: _____

SERVICES (Attach documentation for each expense & documentation of payment)

Housing Search & Placement:

Description of Services Provided: _____

Total Hours of Service: _____ Total Amount Requested: \$ _____

Housing Stability Case Management:

Description of Services Provided: _____

Total Hours of Service: _____ Total Amount Requested: \$ _____

Mediation to Prevent Housing Loss:

Description of Services Provided: _____

Total Hours of Service: _____ Total Amount Requested: \$ _____

Other Eligible Expenses (Legal Services, Credit Counseling)

Description of Services Provided: _____

Name of Provider: _____ Documentation Attached: Y N

Total Hours of Service: _____ Total Amount Requested: \$ _____

TOTAL SERVICE HOURS: _____ SERVICES TOTAL: \$ _____

FINANCIAL ASSISTANCE (Attach documentation for each expense and documentation of payment)

Rental Application Fees: Application fee that is charged by owner to all applicants

Name of Property/Landlord: _____

Address of Rental Unit: _____

Application Fee Amount: \$ _____ Total Amount Requested: \$ _____

Security Deposit: One-time benefit. Per SD Law equal to one month rent unless special circumstance.

Name of Property/Landlord: _____

Address of Rental Unit: _____

Security Deposit Amount: \$ _____ Total Amount Requested: \$ _____

Last Month's Rent: Paid to the landlord at the time security deposit & first month's rent is due – per lease

Name of Property/Landlord: _____

Address of Rental Unit: _____

Last Month Rent Amount: \$ _____ Total Amount Requested: \$ _____

Utility Deposit- One-time: Standard deposit due by utility company for all customers

Name of Company: _____

Address of Rental Unit: _____

Utility Deposit Amount: \$ _____ Total Amount Requested: \$ _____

Utility Payment: Up to 12 mos per utility type plus a one-time payment for up to 6 mos of utility arrears

Name of Company: _____

Address of Rental Unit: _____

Utility Payment Amount: \$ _____ Total Amount Requested: \$ _____

Moving Cost: One-time benefit: Truck Rental, Hiring Moving Company or up to 3 mos storage fee (prior to move-in)

Name of Company: _____

Address of Rental Unit: _____

Total Moving Costs: \$ _____ Total Amount Requested: \$ _____

Landlord Incentives: Signing bonus - Sec Dep x3 – Damages - Extra cleaning or maintenance

Name of Property/Landlord: _____

Address of Rental Unit: _____

Signing Bonus Sec Dep x3 Damages Cleaning/Maintenance Total Requested: \$ _____

FINANCIAL ASSISTANCE TOTAL: \$ _____

RENTAL ASSISTANCE (Attach lease, rental agreement, rent reasonableness, inspection & doc. of payment)

Short & Medium Term Rental Assistance - Up to 12 months total

Name of Property/Landlord: _____

Address of Rental Unit: _____

Month(s) requested: _____

Monthly Rent Amount: \$ _____ Total Amount Requested: \$ _____

Rental Arrears - One-time payment up to 6 months including late fees

Name of Property/Landlord: _____

Address of Rental Unit: _____

Number of Months in Arrears _____ beginning with month of _____ (month/year)

Month(s) requested: _____

Monthly Rent Amount: \$ _____ Total Amount Requested: \$ _____

RENTAL ASSISTANCE TOTAL: \$ _____

Services Total \$ _____

Financial Assistance Total \$ _____

Rent Total \$ _____

Client Total \$ _____

Attachments Included:

- Fee Document/Invoice
- Documentation of Payment(s)
- Written Legal lease
- Rental Agreement Form
- Habitability Inspection Form
- Rent Reasonableness Form

Previously Routed

-
-
-
-