

# ESG-CV Rapid Rehousing Reimbursement Form

**Homelessness Prevention: Individuals/families who are literally homeless (currently living in an emergency shelter or place not meant for habitation)**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Member: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Last)

Client's Program Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Short- and Medium-term Rental Assistance – Tenant Based or Project Based Rental Assistance is critical at reducing the spread of coronavirus and responding to coronavirus; Compliance with Rent Reasonableness; Compliance with Minimum Habitability Standards; Participant must have a legally binding, written lease; Project based leases must have an initial term of one year; Cannot use with other subsidies.**

## Rental Assistance:

**Short- and Medium-Term Rental Assistance – Short-term = up to 3 months; Medium-term = 4-12 months**

- Rental agreement attached     Copy of voucher/check attached     Copy of Eviction Notice attached  
 Completed Rent Reasonableness, Habitability Checklist and/or Lead Based Paint Inspection (*Retain in your files*)

Name of Property/Landlord: \_\_\_\_\_

Address of rental unit: \_\_\_\_\_  
City State Zip

Monthly Rent Amount: \$ \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ Month(s) requested: \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Member: \_\_\_\_\_

**Rental Arrears - One-time payment of up to 6 months, including any late fees on those arrears. Months in arrears do not count towards the total number of months a participant can receive assistance.**

- Rental agreement attached     Copy of voucher/check attached     Copy of Eviction Notice attached  
 Completed Rent Reasonableness, Habitability Checklist and/or Lead Based Paint Inspection (*Retain in your files*)

Name of Property/Landlord: \_\_\_\_\_

Address of rental unit: \_\_\_\_\_  
City State Zip

Monthly Rent Amount: \$ \_\_\_\_\_

Number of Months in Arrears: \_\_\_\_\_, beginning with which month \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ Month(s) requested: \_\_\_\_\_

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Member: \_\_\_\_\_