

Grant File Information	
Name:	Unique Identity # (if applicable):

Instructions: This form is to be completed by Recovery Housing Program (RHP) staff to detail payments completed for the MSHDA RHP program. Lease agreements and utility bills are required as further evidence of payment and payment agreements. This form must be submitted with each relevant FSR (Financial Status Report) and retained in the grantee or participant file as noted below.

Payment Request Information

Check any/all applicable items that apply to the payment request.

Leasing Costs (Grantee File)

- Current/active lease agreement attached (1st request) Copy of voucher/check(s) (on file)
 Current/active lease agreement (on file – only used if not the 1st request)
 W-9 (on file) Habitability Standards Inspection Checklist (on file)

Landlord/Owner Name: _____

Contract Unit Address: _____

Monthly Payment Amount: \$ _____

Total Amount Requested: \$ _____ Month(s) Requested: _____

Rental Assistance Costs (Participant File)

- Current/active lease agreement attached (1st request) Copy of voucher/check(s) (on file)
 Current/active lease agreement (on file – only used if not the 1st request)
 W-9 (on file) Habitability Standards Inspection Checklist (on file)

Landlord/Owner Name: _____

Participant Name: _____

Unique Identity #: _____

Contract Unit Address: _____

Monthly Payment Amount: \$ _____

Total Amount Requested: \$ _____ Month(s) Requested: _____

Utilities (Grantee File if associated with Leasing Costs; Participant File if associated with Rental Assistance Costs)

- Current/active lease agreement attached (1st request) Copy of voucher/check(s) (on file)
 Current/active lease agreement (on file – only used if not the 1st request)
 Copy of utility bill/invoice(s) attached

Contract Unit Address: _____

Electricity

Utility Provider Name: _____

Total Amount Requested: \$ _____ Month(s) Requested: _____

Gas/Propane/Other Heat Source

Utility Provider Name: _____

Total Amount Requested: \$ _____ Month(s) Requested: _____

Water

Utility Provider Name: _____

Total Amount Requested: \$ _____ Month(s) Requested: _____

Sewer

Utility Provider Name: _____

Total Amount Requested: \$ _____ Month(s) Requested: _____

Total Amount Requested: \$ _____

Agency/Staff Certification

I certify that, to the best of my knowledge and belief, all the information presented on this form is true, accurate, and complete. I certify that, to the best of my knowledge and belief, that the landlord/owner and/or participant above meets all eligibility requirements for Recovery Housing Program services and that I am not related to the landlord/owner and/or participant through family, business, or other personal ties. I certify that neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to 18 U.S.C. 1001 and 18 U.S.C. 641. I also understand that if any of these certifications are found to be false, I will be subject to criminal, civil, and administrative penalties and sanctions.

Staff Signature: _____

Date: _____

Staff Name: _____