



COMMUNITY START UP & MAINTENANCE BENEFIT: REQUEST FORM

DATE: _____

NAME: _____ **MEMBER ID:** _____

D.O.B.: _____ **CASE MANAGER NAME:** _____

Have you ever applied for and/or received Community Start-Up & Maintenance Benefits before from any Municipality, either on your own or with a spouse?

(Please circle one) **NO** **YES** if yes, when: _____

Reason for request: Are you:

- Leaving a violent situation
- Leaving a situation for health reasons
- Being discharged from an Institution, i.e. Prison, Hospital, etc... (length of stay): _____ months/years
- Moving out of a home, due to:
 ___ Over-crowding ___ Eviction ___ Employment/Training ___ Currently Homeless
 ___ Incapacity/Death of care giving family member ___ Moving to more affordable housing
- Making a payment to prevent a heat/utility disconnection and/or prevent eviction?
- Other (provide details in the "comments section" below).

Comments: _____

Items that you are requesting help with:

| ITEM | AMOUNT REQUESTED |
|---|------------------|
| <input type="checkbox"/> Moving Expenses (Note: receipt required)..... | \$ _____ |
| <input type="checkbox"/> Last Month's Rent (Note: verification required from Landlord)..... | \$ _____ |
| <input type="checkbox"/> Utilities/Telephone Deposit..... | \$ _____ |
| <input type="checkbox"/> Utilities/Heat Payment (Note: verification required)..... | \$ _____ |
| <input type="checkbox"/> Clothing (please list items)..... | \$ _____ |
| Item(s): _____ | |
| _____ | |
| _____ | |
| <input type="checkbox"/> Furniture (please list items)..... | \$ _____ |
| Item(s): _____ | |
| _____ | |
| _____ | |
| <input type="checkbox"/> Other (please list items)..... | \$ _____ |
| Item (s): _____ | |
| _____ | |

If last month's rent is approved, it will be paid directly to the Landlord. Please submit a completed Landlord letter with your Community Start-up & Maintenance Request. The Landlord letter must include the Landlord's name, address, postal code and telephone number.

Participant's Signature: _____ **Total Amount Requested: \$** _____

For Office Use Only

Current Issuance (circle one): Yes No If no, was denial letter sent: Yes No

Amount Issued: \$ _____

Date Issued: \$ _____

Narrated (circle one): Yes No

Case Manager's Signature: _____ CM's #: _____

Are they sharing Accommodations (circle one): Yes No