



## Flexible Housing Subsidy Pool (FHSP) General Assistance Funding Request

General Assistance Requests (GAR) are for participants with a FHSP voucher and are occupying a unit. GAR should not be made for any costs associated with the participant moving into their unit or participants that have moved out of their unit. Refer to the Brilliant Corners MIA matrix for move-ins and Damage Mitigation policy for requests connected to move-outs.

Participant Information	
Name: _____	CHAMP ID: _____
Flexible Housing Subsidy Pool Voucher Funder: <input type="checkbox"/> HSH <input type="checkbox"/> DMH <input type="checkbox"/> ODR <input type="checkbox"/> JCOD	
If residing in project-based building, name: _____	
Participant address: _____	Unit #: _____
Move-in date: _____	Move-out date (if applicable): _____
Total monthly income: _____	Income source(s): _____
Is the Participant in danger of eviction due to the requested need? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a notice, lease violation, or unlawful detainer been issued due to the requested need? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete the following:	
Type of notice: _____	Date issued: _____
Case Manager Information	
Case Manager's Name: _____	
Agency Affiliation: _____	Date of Request: _____
Phone Number: _____	Email: _____
Housing Coordinator Information	
Brilliant Corners Housing Coordinator's Name: _____	
Phone Number: _____	Email: _____@brilliantcorners.org
Approval Thresholds- Approval levels are determined by the request amount.	
<b>\$75 or less</b> BC Housing Coordinators may approve	<b>\$500 or more</b> Requires HSH / ODR / DMH funder approval
<b>Up to \$250</b> BC Sr. Housing Coordinators may approve	<b>ALL ERC Requests</b> Requires DMH funder approval
<b>Up to \$499</b> BC Supervisor approval required	<b>\$1,500 or more</b> Requires Breaking Barriers funder approval
Brilliant Corners Managers may approve urgent safety or habitability requests up to \$500. A funder signature is still required to notify and document approval.	
Is this an <b>URGENT</b> request? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approver's Name: _____	Job Title: _____
Signature Approval: _____	Approval Date: _____
Affiliation : <input type="checkbox"/> HSH <input type="checkbox"/> DMH <input type="checkbox"/> ODR <input type="checkbox"/> JCOD <input type="checkbox"/> Brilliant Corners	

### Submit form to Brilliant Corners Housing Coordinator for Review and Processing

This confidential information is provided in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the patient/authorized representative to whom it pertains unless otherwise permitted by law.

**Instructions:** Page 1 must be submitted with every request, as it is the primary form. Additional pages should be submitted **only as applicable**, based on the type of request:

- **Page 2:** Required for **Unit-Specific** requests
- **Page 3:** Required for **Rental Assistance** and/or **Utility Assistance** requests
- **Page 4:** Required for **Other Items** requests

If a request includes **multiple types of requests**, submit **Page 1** plus **all applicable pages (2-4)** related to the request.

**UNIT-SPECIFIC REQUESTS AND OTHER ITEMS (Page 2)**

**REPLACEMENT OR REQUESTS FOR FURNITURE/APPLIANCES**

(Check to confirm) **THREE BIDS MUST BE ATTACHED**

**DATE OF CASE NOTE COMPLETED:** \_\_\_\_\_ *Case Note should outline what follow-up has and will be completed.*

Item #1: \_\_\_\_\_ Preferred Bid Item: \_\_\_\_\_  
Describe what led to the replacement or repair needed Preferred Bid Cost: \_\_\_\_\_

**ITEM #1 APPROVED (TO BE COMPLETED BY FUNDER):**  YES  NO

Item #2: \_\_\_\_\_ Preferred Bid Item: \_\_\_\_\_  
Describe what led to the replacement or repair needed: Preferred Bid Cost: \_\_\_\_\_

**ITEM #2 APPROVED (TO BE COMPLETED BY FUNDER):**  YES  NO

Item #3: \_\_\_\_\_ Preferred Bid Item: \_\_\_\_\_  
Describe What Led to the Replacement or Repair Needed: Preferred Bid Cost: \_\_\_\_\_

**ITEM #3 APPROVED (TO BE COMPLETED BY FUNDER):**  YES  NO

**UNIT DAMAGES**

**ATTACH PHOTOS FOR REPAIR** (Check to confirm)

**DATE OF CASE NOTE COMPLETED:** \_\_\_\_\_ *Case Note should outline what follow-up has and will be completed.*

Describe Damage(s): \_\_\_\_\_ Cost of Damage(s): \_\_\_\_\_

Describe How Damage(s) Occurred Including if Client and/or Client's Guests Caused the Damage(s):

Do Damages Need to be Immediately Repaired:  YES  NO

If Yes, Explain Why:

**UNIT DAMAGES APPROVED (TO BE COMPLETED BY FUNDER):**  YES  NO

**RENTAL ASSISTANCE AND UTILITY ASSISTANCE (Page 3)**

**RENTAL ASSISTANCE**

**PROPERTY MANAGER'S LEDGER MUST BE ATTACHED** (Check to confirm)

**DATE OF CASE NOTE COMPLETED:** \_\_\_\_\_ Case Note should outline what follow-up has and will be completed.

Participant Rent Portion: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Total Monthly Rent: \_\_\_\_\_

Month(s)/Year(s) for Which Amount is Requested: \_\_\_\_\_

Describe What Led to the Rent Not being Paid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RENTAL ASSISTANCE APPROVED** (TO BE COMPLETED BY FUNDER):  Yes  No

**UTILITY ASSISTANCE**

**COPY OF UTILITY BILL(S) MUST BE ATTACHED** (Check to confirm)

**DATE OF CASE NOTE COMPLETED:** \_\_\_\_\_ Case Note should outline what follow-up has and will be completed.

Amount Requested: \_\_\_\_\_ Pin/Access Code for Utility, if applicable: \_\_\_\_\_

Describe What Led to the Utility(ies) Not being Paid:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the Participant Received Assistance or Partial Assistance from HEAP:  Yes  No If no, explain:

\_\_\_\_\_

\_\_\_\_\_

Have Other Resources Been Contacted to Assist:  Yes  No If no, explain:

\_\_\_\_\_

\_\_\_\_\_

**UTILITY ASSISTANCE APPROVED** (TO BE COMPLETED BY FUNDER):  Yes  No

**OTHER ITEMS (Page 4)**

**OTHER ITEMS**

Item #1: \_\_\_\_\_

Cost: \_\_\_\_\_

Describe Why Item is Needed:

**ITEM #1 APPROVED (TO BE COMPLETED BY FUNDER):**  **YES**

**NO**

Item #2: \_\_\_\_\_

Cost: \_\_\_\_\_

Describe Why Item is Needed:

**ITEM #2 APPROVED (TO BE COMPLETED BY FUNDER):**  **YES**     **NO**

Item #3: \_\_\_\_\_

Cost: \_\_\_\_\_

Describe Why Item is Needed:

**ITEM #3 APPROVED (TO BE COMPLETED BY FUNDER):**  **YES**     **NO**