



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

SELECT ALL THAT APPLY

<input type="checkbox"/> <b>REPLACEMENT OR REQUESTS FOR FURNITURE/APPLIANCES</b>	
<input type="checkbox"/> <b>THREE BIDS MUST BE ATTACHED (Check to confirm)</b>	
DATE OF CASE NOTE COMPLETED: _____	
<i>Case Note should outline what follow-up has and will be completed by Support Team</i>	
Item #1: _____	Cost: _____
Describe What Led to the Replacement or Repair Needed:	
<b>FHSP FUNDING FOR ITEM #1 APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Item #2: _____	Cost: _____
Describe What Led to the Replacement or Repair Needed:	
<b>FHSP FUNDING FOR ITEM #2 APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

<input type="checkbox"/> <b>UNIT DAMAGES</b>	
<input type="checkbox"/> <b>ATTACH PHOTOS FOR REPAIR (Check to confirm)</b>	
DATE OF CASE NOTE COMPLETED: _____	
<i>Case Note should outline what follow-up has and will be completed by Support Team</i>	
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: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, Explain Why:	
<b>FHSP FUNDING FOR UNIT DAMAGES APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

<input type="checkbox"/> <b>OTHER ITEMS</b>	
Item #1: _____	Cost: _____
Describe Why Item is Needed:	
<b>FHSP FUNDING FOR ITEM #1 APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Item #2: _____	Cost: _____
Describe Why Item is Needed:	
<b>FHSP FUNDING FOR ITEM #2 APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Item #3: _____	Cost: _____
Describe Why Item is Needed:	
<b>FHSP FUNDING FOR ITEM #3 APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

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

SELECT ALL THAT APPLY

<input type="checkbox"/> <b>RENTAL ASSISTANCE</b>	
<input type="checkbox"/> <b>PROPERTY MANAGER'S LEDGER MUST BE ATTACHED (Check to confirm)</b>	
DATE OF CASE NOTE COMPLETED: _____	
<i>Case Note should outline what follow-up has and will be completed by Support Team</i>	
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:	
<b>FHSP FUNDING FOR RENTAL ASSISTANCE APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> <b>UTILITY ASSISTANCE</b>	
<input type="checkbox"/> <b>COPY OF UTILITY BILL(S) MUST BE ATTACHED (Check to confirm)</b>	
DATE OF CASE NOTE COMPLETED: _____	
<i>Case Note should outline what follow-up has and will be completed by Support Team</i>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, explain:	
Have Other Resources Been Contacted to Assist: <input type="checkbox"/> Yes <input type="checkbox"/> No                      If no, explain:	
<b>FHSP FUNDING FOR UTILITY ASSISTANCE APPROVED (TO BE COMPLETED BY FUNDER):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	