

CERTIFICATION OF INDIVIDUAL OR AGENCY PROVIDING ASSISTANCE TO AN APPLICANT NEEDING HELP TO COMPLY WITH LEASE TERMS

Name: «full_name», «today» , PHA File Number: _____

Dear «reference_name»:

The above-named person has applied for admission to public housing and has requested that you complete the information below. We have determined that this person needs assistance in the activities indicated below in order to comply with our lease terms.

- Rent & utility paying
- Cleaning/Housekeeping
- Avoiding criminal activity
- Rule compliance
- Avoiding disturbances
- Maintaining peaceful, safe occupancy

Please complete the form below and return it in the attached stamped, self-addressed envelope. If you have any questions, please call me () - .

Your prompt return of this form will help us expedite the processing of this application.

Sincerely,

«rental_agent»

Signature

Eligibility for Services: Agency Certification
(Not applicable for individual service providers)

The above named applicant is or will be eligible for services in the areas indicated above:

Name

Signature _____

Agency Name Telephone Number _____ Date ____ / ____ / ____

Description of How Assistance will be Provided

Description of assistance provided: _____

This assistance will be provided:

Several times each day _____ Daily _____ Weekly _____ Twice each week
month _____ Monthly _____ Other _____ Twice each

I, «reference_name» of _____ (Agency if applicable) will provide assistance set forth above when the applicant is admitted to PHA housing. I understand that this application is being considered for admission and acceptance subject to having this assistance.

For PHA use only:

The agency/individual indicated above has verbally agreed to deliver assistance services for the above-cited activities when the applicant is admitted to PHA housing if the applicant will accept such assistance.

Name of agency staff contacted: _____

Date of contact: _____

Signature of PHA staff: _____

Statement of Applicant Certifying
Willingness to Accept Services Needed for Lease Compliance

I hereby certify that I will accept service(s) shown on the reverse of this form, which I need to be able to comply with the PHA lease terms, from the above-named agency or individual at the time of my admission. I understand that my application is being considered for acceptance and admission subject to my having this assistance at the time of admission.

Applicant Signature _____ Date: / / _____