

Verification of Short-Term Subsidy

Name of FCS Provider: _____ Agency: _____

FCS Provider Email: _____ Phone Number: _____

Name of AHAH-RAP Awardee: _____

Name of household member receiving subsidy (if different): _____

Name of Subsidy: _____

Verification was received by: Award Letter Verbal Verification Other Written Verification _____

Name of Subsidy Provider: _____

Date of Subsidy Starts: _____ Date of Subsidy Ends: _____

Amount of Subsidy Provided:

Deposit \$ _____

First Month's Rent \$ _____

Last Month's Rent \$ _____

Other Costs \$ _____ Specify: _____

Monthly Rent \$ _____ x _____ (number of months)

Applicable Terms and Conditions of Subsidy (*Example: any relevant information that could prevent AHAH-RAP Awardee from use of these subsidy funds, i.e. location of residence must be within certain county, subsidy must be used before certain date*):

By signing below, I attest that I understand that inaccurate short-term subsidy information could cause an over or underpayment impacting the awardee's housing stability and have done my best to accurately verify short-term subsidy resources for the listed AHAH-RAP awardee and their household. I understand that it is important to report any changes to short-term subsidy resources available to the awardee as quickly as possible to avoid issues with monthly rent payment. I also understand that I must retain any verification documentation related to short-term subsidy in the awardee's file and provide the documentation for review, upon request.

FCS Provider Printed Name_____
FCS Provider Signature/Date