

**EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM ("ERA-EPP")
ADVANCE PAYMENT SUPPORT FORM**

GENERAL INFORMATION

Remit to			
Supplier		Location	
Address			
Request #		Program Year	
Contact Person		Telephone #	

LINE ITEMS FOR FUND REQUEST

Type of Expense	Paid to Landlord/Owner	Paid to Tenant	Total
1. Rent	\$	\$	\$
2. Rent Arrears	\$	\$	\$
3. Utility/Energy	\$	\$	\$
4. Utility/Energy Arrears	\$	\$	\$
5. Eviction Prevention Services Costs (Court/Legal Fees)	\$	\$	\$
Agency Specific Expenses			
6. Housing Stability Services	\$		\$
7. Admin	\$		\$
Total Funds Requested			\$

CERTIFICATION

I hereby state that I have included and attached all required documentation to support this request. I have satisfied all related terms and conditions of the contract. I also state that the data reported above is correct.

DATE		Signature	
DATE		Signature	

FOR THDA USE ONLY

Approval of Request for Payment

Initial Review		Date	
Final Review		Date	