

EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM ("ERA-EPP")

REIMBURSEMENT REQUEST 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	