

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

ADVANCE PAYMENT SUPPORT FORM

GENERAL INFORMATION

Remit to:			
Supplier:			Location:
Address:			
Request #:		Program Year: 2020	
Contact Person:		Telephone number:	

LIST AMOUNT EXPENDED UNDER EACH ELIGIBLE ACTIVITY

1. Financial Assistance	\$
2. Housing Stability	\$
3. Admin	\$
Total Funds Expended	\$
Did the Grantee Utilize 100% of the Advanced Funds? ____ Yes ____ No	
Failure to expend the Advanced Funds within the authorized timeline will trigger a recapture.	

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:

FOR THDA USE ONLY

Approval of Request for Payment

Initial Review:		Date:	
Final Review:		Date:	