

## EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM ("ERA-EPP") REIMBURSEMENT REQUEST FORM

## GENERAL INFORMATION

GLIVEINAL IIVI O	INIVIATION	•						
Remit to:								
Supplier:				Location:				
Address:								
Request #:				Program Year: 2020				
Contact Person:				Telephone number:				
LINE ITEMS FO	R FUND RI	EQUES	т					
1. Financial Assistance \$			\$					
2. Housing Stabi	\$							
3. Admin		\$						
Total Funds Requested This Draw						\$		
CERTIFICATION								
-							port this request. I data reported above	
DATE:			Signature:					
FOR THDA USE Approval of Req		•	-					
Initial Review:						Date:		
Final Review:						Date:		