

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

GENERAL INFORMATION

Remit to:					
Supplier:		Lo	Location:		
Address:					
Request #:	1	Program Year:			
Contact Person:	1	Telephone numbe	er:		

LINE ITEMS FOR FUND REQUEST

1. Financial Assistance	\$	
2. Housing Stability	\$	
3. Admin	\$	
Total Funds Requested This Draw		\$

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:	