

HEAD OF HOUSEHOLD INFORMATION		
Head of Household Name: _____	Unique ID # (UID#): _____	
Household Size: _____	Number of Adults: _____	Number of Minors: _____
Household Monthly Income: \$ _____		Source of Income: _____

HOUSING INFORMATION (ONLY Complete this section if the participant is currently residing in permanent housing). <i>*Note that up to 3 Months of Assistance at a time can be provided per Financial Assistance Extension Request Form</i>		
Move-In Date: _____	Monthly Rental Amount: \$: _____	# of Months of Assistance Being Requested: _____
Type of Housing: <input type="checkbox"/> Shared Housing <input type="checkbox"/> Single Room <input type="checkbox"/> Apartment/Unit <input type="checkbox"/> House Total Bedrooms: _____		
Total # of months in Housing: _____		# of months rental assistance has been provided: _____

FINANCIAL ASSISTANCE INFORMATION: Before requesting financial assistance, please make sure the financial assistance category is built into your program budget. Directions: Check the financial assistance category that is being requested and the amount. <i>*Note that for CoC-funded RRH projects, extensions beyond 24 months are not allowable by HUD and will not be granted.</i>					
	Financial Assistance Category	Amount Requested		Financial Assistance Category	Amount Requested
<input type="checkbox"/>	Security Deposit	\$: _____	<input type="checkbox"/>	Moving Expenses/Storage Fees	\$: _____
<input type="checkbox"/>	Rental Assistance/Arrears	\$: _____	<input type="checkbox"/>	Transportation	\$: _____
<input type="checkbox"/>	Utility Assistance, Arrears and/or Deposit	\$: _____	<input type="checkbox"/>	Other: _____	\$: _____

JUSTIFICATION REQUEST: Please provide reasons why you are requesting financial assistance to serve the participant.

AGENCY INFORMATION	
<i>Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below</i>	
Agency Name: _____	Staff Name: _____
Staff Title: _____	Staff Signature: _____
E-Mail: _____	Phone: _____ Date: _____

PASADENA PARTNERSHIP AUTHORIZATION	
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Notes: _____
<i>Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below</i>	
Staff Name: _____	Staff Signature: _____ Date: _____