



Financial Assistance Extension Request Form

Date of Request: _____

HEAD OF HOUSEHOLD INFORMATION

Head of Household Name: _____ HMIS ID: _____
Household Size: _____ Number of Adults: _____ Number of Minors: _____
Household Monthly Income: \$ _____ Source of Income: _____
Program Tool Used: ☐ CES Population Triage Tool CES Acuity Score: ____ (0-17) Youth, Adults ____ (0-22) Families
☐ Homelessness Prevention Targeting Tool Homelessness Prevention Targeting Score: ____

PROGRAM ENROLLMENT INFORMATION

Indicate the program the participant is currently enrolled in, enrollment date and the total number of months enrolled in the program.

☐ CoC Rapid Re-housing Program ☐ Prevention Program
☐ County Rapid Re-housing Program ☐ Youth Family Reconnection Program
☐ ESG Rapid Re-housing Program ☐ Safe Parking Program
☐ Other: _____
Program Enrollment Date: _____ Total # of Months enrolled in the program: _____

HOUSING INFORMATION:

(ONLY complete this section if the participant is currently residing in permanent housing)

Move-In Date: _____ Monthly Rental \$: _____
Type of Housing: ☐ Shared Housing ☐ Single Room ☐ Apartment/Unit ☐ 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.

Financial Assistance Category	Amount Requested	Financial Assistance Category	Amount Requested
<input type="checkbox"/> Security Deposit	\$: _____	<input type="checkbox"/> Furniture	\$: _____
<input type="checkbox"/> Rental Assistance	\$: _____	<input type="checkbox"/> Reunification Travel Assistance	\$: _____
<input type="checkbox"/> Rental Arrears	\$: _____	<input type="checkbox"/> Storage Fees	\$: _____
<input type="checkbox"/> Utility Arrears	\$: _____	<input type="checkbox"/> Moving Expenses	\$: _____
<input type="checkbox"/> Utility Assistance	\$: _____	<input type="checkbox"/> Transportation	\$: _____
<input type="checkbox"/> Utility Deposit	\$: _____	<input type="checkbox"/> Grocery/Gift Cards	\$: _____
<input type="checkbox"/> Motel Voucher	\$: _____	<input type="checkbox"/> Other: _____	\$: _____



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JUSTIFICATION REQUEST

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

AGENCY INFORMATION

Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below

Agency Name: _____

Staff Name: _____ Staff Title: _____

E-Mail: _____ Phone: _____

Staff Signature: _____ Date Completed: _____

LAHSA AUTHORIZATION

Approved? ☐ Yes ☐ No

Notes:

Electronic Certification: I certify that the information contained in this form is accurate as of the date listed below.

LAHSA Staff Name

LAHSA Staff Signature

Date