Housing Authority

CERTIFICATION OF INDIVIDUAL OR AGENCY PROVIDING ASSISTANCE TO AN APPLICANT NEEDING HELP TO COMPLY WITH LEASE TERMS

Name ___________________________ Date __________ PHA File Number ___________________________

Dear Sir/Madam:

The above-named person has applied for admission to public housing and has requested that you complete the information below. We have determined that this person needs assistance in the activities indicated below in order to comply with our lease terms.

☐ Rent & utility paying ☐ Rule compliance
☐ Cleaning/Housekeeping ☐ Avoiding disturbances
☐ Avoiding criminal activity ☐ Maintaining peaceful, safe occupancy

Please complete the form below and return it in the attached stamped, self-addressed envelope. If you have any questions, please call me at ____________________________. Your prompt return of this form will help us expedite the processing of this application.

Sincerely,

__________________________________
Name ___________________________

Signature

Eligibility for Services: Agency Certification
(Not applicable for individual service providers)

The above named applicant is or will be eligible for services in the areas indicated above:

__________________________________
Name ___________________________

Signature ___________________________

Agency Name ___________________________

Telephone Number ___________________________

Date __________

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Description of How Assistance will be Provided

Description of assistance provided: _______________________________________________________

This assistance will be provided:

Several times each day ______ Daily ______ Weekly ______ Twice each week ______ Twice each month ______ Monthly ______ Other ______

I, ___________________________ of ___________________________ (Agency, if applicable) will provide assistance set forth above when the applicant is admitted to PHA housing. I understand that this application is being considered for admission and acceptance subject to having this assistance.

__________________________________
Name ___________________________

Signature ___________________________

Date __________

Address and Telephone Number

PHA Verification Information
For PHA use only:

The agency/individual indicated above has verbally agreed to deliver assistance services for the above-cited activities when the applicant is admitted to PHA housing if the applicant will accept such assistance.

Name of agency staff contacted: _______________________________________
Date of contact: _______________________________________________________
Signature of PHA staff: _______________________________________________

Statement of Applicant Certifying Willingness
to Accept Services Needed for Lease Compliance

I hereby certify that I will accept service(s) shown on the reverse of this form, which I need to be able to comply with the PHA lease terms, from the above-named agency or individual at the time of my admission. I understand that my application is being considered for acceptance and admission subject to my having this assistance at the time of admission.

Applicant Signature ___________________________________________ Date: ________________