

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
- Cleaning/Housekeeping
- Avoiding criminal activity
- Rule compliance
- Avoiding disturbances
- 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 _____

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

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: _____