

Rental Assistance Application for One-Time Funds – FY 2016

NOTE: If someone is filling out this application on behalf of the applicant, and/or if the applicant would like to authorize someone to serve as the contact person for this application, please complete the authorization at the end of this application.

Name of applicant _____ **Date** _____

Current Residence _____

Name of Facility – if applicable

____ Developmental Center ____ County Operated ICF/IID ____ Private ICF/IID ____ Other _____

Address _____

Street

City

Zip Code

Phone Number _____ **Social Security Number** _____

Medicaid Number _____

Are you currently enrolled or in the process of being enrolled on a Home and Community Based Services (HCBS) Waiver? ____ Yes ____ No Waiver Type _____

Have you applied for HOME CHOICE funding ____ Yes ____ No

Do you have a new home or apartment selected? ____ Yes ____ No If yes, please provide the following:

Address

City

County

Zip Code

Funding Requested for:

ITEM	Amount of Request
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

