

Treasure Coast Homeless Services Council, Inc.
 2525 St. Lucie Ave
 Vero Beach, Florida 32960
 772-567-7790

County in which funds are disbursed:
 _____ Martin County
 _____ Indian River County
 _____ St. Lucie County

Funding Source:

Client Name: _____	
Client Address: _____	
Client Representative: _____	Contact Number: _____

Services Requested	Housing Status
<input type="checkbox"/> Rental	<input type="checkbox"/> RR/Relocation & Stabilization
<input type="checkbox"/> Security Deposits	<input type="checkbox"/> Category 2 or 3
<input type="checkbox"/> Motel/Hotel Vouchers	
<input type="checkbox"/> Mortgage Payment	<input type="checkbox"/> HP/Relocation & Stabilization
<input type="checkbox"/> Utility Payments/Deposit	<input type="checkbox"/> Category 1 RR or HP Score
<input type="checkbox"/> Other	

The Information Indicated Below is REQUIRED to match the W-9			Month/Deposit Break Down	Amount
Name As Shown On Your Income Tax Return (W-9)				
Business Name if Different From Above: (d/b/a)				
Street Address:				
City, State, Zip:				
			Account # if Applicable:	
Total Check Request				

Required Attachments	Household Count Box
<input type="checkbox"/> Three Day Notice /Eviction Notice(Submit 1 Copy)	_____ # of Adults
<input type="checkbox"/> Habitability/LeadBase Standards (Submit 1 Copies)	_____ # of Children
<input type="checkbox"/> Landlord Information's Sheet that Applies (Submit 1 Copy)	_____ # of Households
<input type="checkbox"/> Documentation of intake in C/T (Including Service Screen& Case Notes) MUST submit with EVERY request for funds	
<input type="checkbox"/> Utility Inquiry Worksheet (YOU MUST HAVE THIS DOCUMENT)	COMMENTS
<input type="checkbox"/> Utility Bill with Deposit Request& or Shut Off (Submit 1 Copy)	
<input type="checkbox"/> W-9 (Submit 2 Copies)	
In File:	
<input type="checkbox"/> Client Consent Form	
<input type="checkbox"/> Other client information	
<input type="checkbox"/> Income Eligibility Verification at	

Case Manager Signature _____	Date: _____
Manager Approval _____	Date: _____
Executive Director Approval _____	Date: _____