

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

**REQUEST
 FOR
 FUNDS**

County in which funds are disbursed:

_____ Martin County
 _____ Indian River County
 _____ St. Lucie County

Funding Source:

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

Services Requested		Housing Status	
_____ Rental		_____ RR/Relocation & Stabilization	
_____ Security Deposits		_____ Category 2 or 3	
_____ Motel/Hotel Vouchers			
_____ Mortgage Payment		_____ HP/Relocation & Stabilization	
_____ Utility Payments/Deposit		_____ Category 1	RR or HP Score
_____ 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**
- _____ Three Day Notice /Eviction Notice/Homeless Verification
 - _____ Habitability/LeadBase Standards
 - _____ Landlord Information's Sheet that Applies
 - _____ Documentation of intake in C/T (Including Service Screen& Case Notes)
 - _____ Utility Inquiry Worksheet
 - _____ Utility Bill with Deposit Request and/or Shut Off
 - _____ W-9
- In File:**
- _____ Client Consent Form
 - _____ Other client information Income
 - _____ Income Eligibility Verification

Household Count Box
_____ # of Adults
_____ # of Children
_____ # of Households
COMMENTS

Case Manager Signature _____ **Date:** _____

Manager Approval _____ **Date:** _____

Executive Director Approval _____ **Date:** _____