

Verification of Short Term Subsidy

I, _____ (FCS Provider) hereby attest that I have received and verified short term subsidy participation for:

Name of AHAH-RAP Awardee: _____

Name of household member receiving subsidy (if different): _____

Name of Subsidy: _____

Verification was received by: Award Letter Verbal Verification Other Written Verification _____

Name of Subsidy Provider: _____

Date of Subsidy Starts: _____ **Date of Subsidy Ends:** _____

Amount of Subsidy Provided:

Deposit \$ _____

First Month's Rent \$ _____

Last Month's Rent \$ _____

Other Costs \$ _____ Specify: _____

Monthly Rent \$ _____ x _____ (number of months)

Applicable Terms and Conditions of Subsidy (*Example: any relevant information that will prevent AHAH-RAP Awardee from use of these subsidy funds, i.e. location of residence must be within certain county, subsidy must be used before certain date*):

I, _____ (FCS Provider) understand that I must retain these documents in the FCS/AHAH-RAP Awardee file and understand that examination or review of documents may be requested.

X _____

FCS Provider Printed Name

X _____

FCS Provider Signature/Date