

# HOPWA

## STRMU ASSISTANCE FORM FOR HOMELESS PREVENTION [SHORT-TERM RENT, MORTGAGE, UTILITY]

Name of Organization/Agency: \_\_\_\_\_ Date of Determination: \_\_\_\_\_

Client Name or I.D. #: \_\_\_\_\_ Total Assistance: \$ \_\_\_\_\_

How many weeks of STRMU assistance has client had since beginning of grant year? \_\_\_\_\_

**BOLDDED AREAS ARE REQUIRED FIELDS.  
CHECK ALL OTHERS THAT APPLY TO THE ASSISTANCE REQUESTED. ONE CLIENT PER FORM**

Type of Assistance	Documentation of Need	Proof of Payment:
<input type="checkbox"/> Rental Assistance  <input type="checkbox"/> Mortgage Assistance	1. <input type="checkbox"/> Eviction Notice <input type="checkbox"/> Court proceedings-foreclosure 2. How long has client lived at the assisted address? _____ 3. Service period covered by this assistance? _____	1. Landlord Name: _____ SSN: _____ Property Mgmt Co: _____ Tax ID#: _____ Mortgage Holder: _____ Tax ID#: _____ 2. <input type="checkbox"/> Check to be sent directly to vendor Landlord Name: _____ SSN: _____ Property Mgmt Co: _____ Tax ID#: _____ Mortgage Holder: _____ Tax ID#: _____  (Cannot be a relative, partner or caregiver)

<b>Utility Assistance</b> <input type="checkbox"/> Water <input type="checkbox"/> Sewer/Garbage <input type="checkbox"/> Power <input type="checkbox"/> Gas <input type="checkbox"/> Other : _____	1. <input type="checkbox"/> Utility Termination Notice 2. <input type="checkbox"/> Client is shown as utility account holder on submitted bill 3. Service period covered by this assistance _____	1. <input type="checkbox"/> Copy of agency check to utility co. attached 2. <input type="checkbox"/> Agency check number and date notated on submitted utility notice 3. <input type="checkbox"/> Agency assessment form describing type of assistance given with amount and date 4. <input type="checkbox"/> Check to be sent directly to vendor
---	---	--

**Check each Assurance below to verify that all requirements are met and documented in agency files:**

- Client has submitted evidence that an **unexpected situation** is the cause for inability to make payments.
- Client has a **reasonable plan to remedy** the situation and to **resume payments independently** as soon as possible
- Client has submitted evidence that he/she is a **named tenant** on the lease agreement OR is the **legal mortgagee** of the assisted address
- Assistance **does not supplement** funding from sources such as CSBG, county assistance, or Low-Income Energy Assistance (LIEAP)
- If assisted unit is **already subsidized** by Section 8 or HOPWA vouchers, STRMU assistance has been pre-approved by IHFA staff: \_\_\_\_\_
- Funds were **not disbursed directly to the client**, but to a landlord or property management company, a mortgage holder or a utility company.

**HUD REPORTING REQUIREMENT FOR SIZE OF ASSISTED HOUSING**

1 BEDROOM   
  2 BEDROOMS   
  3 BEDROOMS   
  4 BEDROOMS   
  5+ BEDROOMS  
 SRO (Single Room Occupancy)   
  OTHER: (describe) \_\_\_\_\_

By signing below, you are assuring IHFA that the information collected is correct to the best of your knowledge and that the person requesting assistance is qualified under 24 CFR 574 (the HOPWA program). **Your certification also ensures that the Official IHFA Application for HOPWA services has been completed and submitted to IHFA for this client.** Any other verification will be kept in your agency client files.

\_\_\_\_\_  
**Authorizing Signature of Service Provider**

\_\_\_\_\_  
**Date**