



THE HOMER FUND

DIRECT GRANT PREP PACK

*This packet contains relevant forms and information **REQUIRED** to accompany the electronic application for a Direct Grant.*

*This packet **IS NOT** the Direct Grant application.*

Applicant's Checklist:

- Determine preliminary eligibility by taking the quick-test online at THDHomerFund.org/grants/direct_new/dg_test/
- If eligible for a Direct Grant, complete page 4 of this Direct Grant Prep Pack and the corresponding page for the applicant's qualifying event
 - Applicant's signature is required as verification that all provided information is true and correct, and as authorization for the Fund to verify all information
- Gather supporting documentation relevant to your situation (refer to the Documents Checklist on each of the following pages)
 - Pages 4 and 10 of the Prep Pack are **REQUIRED**
 - Current copies of bills for which you are requesting assistance is required
- Partner with your ASDS, HR partner, or any manager or above to formally apply
 - Sponsors must complete the **electronic application** and submit the Direct Grant Prep Pack and other supporting documentation to The Homer Fund
Applicants cannot access the application without the ASDS, HR partner or manager
- Questions? Call The Homer Fund at (770) 384-2611 or email to Homer_Fund@homedepot.com
- Fax information to (770) 384-2612

Sponsor's Checklist:

- Determine preliminary eligibility by providing the applicant with access to the quick-test online at THDHomerFund.org/grants/direct_new/dg_test/
- Ensure you have full clarity of the applicant's hardship before agreeing to act as a sponsor
 - As a sponsor, you agree that to the best of your knowledge, the applicant's request meets the criteria for a Direct Grant
 - Be prepared to act as a liaison between the applicant and The Homer Fund, if necessary
- Collect this packet and all supporting documentation relevant to the applicant's situation (refer to the Documents Checklist on each of the following pages)
 - Pages 4 and 10 of the Prep Pack are **REQUIRED**
 - Current copies of bills is required
- Log into your Homer Fund personal account to complete the appropriate electronic application
 - ***Applicants cannot access the application without your help***, so please act with a sense of urgency
 - If you do not have a personal account, please contact The Homer Fund to set up your account
- Questions? Call The Homer Fund at (770) 384-2611 or email to Homer_Fund@homedepot.com
- Fax information to (770) 384-2612

HELPFUL FAQs AND TIPS

The Homer Fund is a 501(c)3 non-profit charity that offers emergency financial assistance to Home Depot associates facing an unforeseen hardship

1. What is a qualifying, or triggering event?

A qualifying event, as defined by The Homer Fund, is a recent and unanticipated event that has caused a financial hardship. Specifically, the Direct Grant considers a short but impactful list of qualifying events listed below:

- Natural disaster or house fire
- Illness or injury
- Death
- Unforeseen sale/foreclosure of a home where the associate is the renter
- Involuntary unemployment due to a layoff, position elimination, company closure/downsize

**Qualifying applications must have both a qualifying event AND a qualifying expense; one without the other typically results in a decline*

2. What is a qualifying expense?

The Direct Grant primarily addresses basic living expenses for which the applicant is unable to pay:

- Past due rent/mortgage
- Past due basic utilities (gas, water and electricity ONLY)
- Security deposits to establish a new residence
- Food and clothing

The Direct Grant may also address some essential expenses related to the death of a loved one:

- Essential funeral expenses
- Emergency travel expenses

3. Who is included as a qualifying family member?

- Associate's legal spouse (marriage certificate may be requested)
- Associate's legal dependent (recent tax return listing person as a dependent may be requested)
- Associate's parent, sibling or adult child (relevant to the death category ONLY; proof of relation will be requested)

4. How often can I apply for a Direct Grant?

Because a Direct Grant addresses an abnormal and unforeseen events causing a hardship, Direct Grants are a one-time grant. It is unlikely that more than one Direct Grant for the same situation will be issued. However, an associate could potentially receive multiple Direct Grants for different situations. For instance, an associate may receive a Direct Grant in January due to the loss of their home in a fire. This same associate might receive another Direct Grant in June of the same year because their spouse became ill and the associate had to take time from work to care for the spouse. If the spouse's illness leads to their death in November of that same year, yet another Direct Grant could be appropriate.

5. What happens after I submit my application to The Homer Fund?

Once you have gathered your supporting documents and completed the Direct Grant Prep Pack, you will meet with your ASDS, HR partner or manager (also known as a sponsor) to apply. Your “sponsor” must complete the electronic application online and submit your Direct Grant Prep Pack to The Homer Fund. Once received by The Homer Fund, your request is assigned to an Analyst who will perform the preliminary review of your request.

The Analyst is your advocate throughout the review process. The assigned Analyst will ensure the application is complete (including all supporting documentation), and ensure they have a thorough understanding of the applicant’s situation to properly support your need. Each case is different and decisions are based on the documentation submitted. We encourage you to be specific in the explanation of your unique situation so the Analyst has clarity about your need. The Analyst will reach out to you or your sponsors with any questions, so ensure your contact information is accurate. The Analyst will prepare your request for a final review with a manager where a decision will be made on how The Homer Fund can help. The Homer Fund will ALWAYS provide the most assistance possible, based on the qualifying event and the necessary expenses. Please allow 5-7 business days for this process to take place. Requests submitted without the proper documentation are declined upon receipt.

6. How can I ensure my application is processed quickly?

New requests may take 5-7 business days to process. The biggest cause for delay is lack of documentation. An application which is complete upon receipt may be processed much sooner. Reference the Applicant’s Checklist on page one of the Direct Grant Prep Pack to ensure you follow the proper steps, and provide all documents upon submission of your request to minimize delays or a declination. Requests submitted without the proper documentation are declined upon receipt.

Applicants are reminded to take an active role in the application process. It is the only way to quickly move through the process and obtain a quick decision on the request.

- Provide ALL documentation with the initial submission of your grant request
- Ensure all information within this Direct Grant Prep Pack is clear and supports your need
- Provide a valid email address as this is the most common method of communication with The Homer Fund
- Be available to answer questions quickly to maintain progress in the review stage
- While partnership with your management team is a necessity at the beginning of the application stage, you may speak directly with a Homer Fund team member at any time by calling (770) 384-2611. You may also fax documents to (770) 384-3612 or email documents to Homer_Fund@homedepot.com



BASIC INFORMATION

(Must be completed for all Direct Grant applications)

ASSOCIATE'S INFORMATION
(items in bold must be completed)

Legal Name: _____ **Associate ID Number:** _____

Physical Street Address: _____
(Do not provide a P.O. Box address)

City: _____ **State:** _____ **Zip:** _____

Phone Number: (_____) _____ - _____ **Email Address (if available):** _____

Mobile Number: (_____) _____ - _____ **May we communicate with you via text:** Yes No

Job Title: _____ **Full-time or Part-time Associate?:** FT PT

Home Depot Store Number: _____ **Hourly or Salaried Associate?:** Hourly Salaried

_____/_____/_____
Associate's Signature** **Date**

If awarded a grant, I give The Homer Fund permission to use my story (check if you agree).

***My signature serves as verification that all information provided on this application is true and correct, and authorizes The Homer Fund to verify all information and/or to obtain additional information as needed to complete my request for assistance.*

QUALIFYING EVENT

As a reminder, all applications require pages 4 and 10. Please mark the event which has caused the hardship below for additional page requirements:

- Natural Disaster/Fire** – i.e., hurricane, flood, earthquake, tornado, wind/ice storm, wild fires, etc. (complete pages 4, 5, 10 & 12)
- Illness/Injury** (complete pages 4, 6, 10 & 12)
- Uninhabitable or Condemed Housing** (complete pages 4, 8, 10 & 12)
- Death** (complete pages 4, 7, 10 & 12)
- Sale or Foreclosure of leased property** (complete pages 4, 8, 10 & 12)
- Uninsured Home Modification** (complete pages 4, 6, 10 & 12)
- Unanticipated Increase in Family Size** (complete pages 4, 9, 10 & 12)

REQUESTED EXPENSES

Please mark requested expenses related to the qualifying event above:

- Past due rent/mortgage/security deposit**
- Home repairs or modification**
- Past due electricity, water or gas**
- Food**
- Medical insurance premiums (THD)**
- Clothing**
- Funeral expenses/emergency travel**

NATURAL DISASTER/FIRE

The Homer Fund helps associates who are unable to pay for housing, utilities, food and clothing because of a natural disaster or a fire that has damaged or destroyed his or her primary residence. Expenses may be addressed in the absence of insurance that will cover the costs listed below.

WHAT'S COVERED (no exceptions)

- Temporary housing (such as hotel until primary residence is rebuilt)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electricity, natural gas, water, sanitation), homeowners association and property taxes
- Home repair/rebuilding costs/building supplies
- Essential furniture and toiletries
- Appliances (refrigerator & stove only)
- Stipends for food, clothing and moving expenses

WHAT'S NOT COVERED

- Down payment to purchase new home
- Auto repairs or replacement
- Storage expenses
- Electronics
- Non-essential utilities (cable, phone, cell phone, internet)

GENERAL INFORMATION

What type of natural disaster has affected the associate?

- Fire Tornado Flood Hurricane
 Earthquake Blizzard/Ice/Wind Storm Other _____

Yes No

- Does the associate have homeowners or renters insurance? If the associate has insurance, how much has the insurance company paid thus far? \$_____
- Is the insurance company paying for the associate's immediate needs?
- Is the insurance company reimbursing the associate for out-of-pocket expenses?
- Can the associate live in his or her primary residence?
- Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 12) is required.

Where is the associate currently living? Relatives Friends Hotel Shelter _____

With what basic, essential needs does the associate seek help?

- Security deposit Utilities Furniture Appliances Clothing Repairs Food

If the home damaged in the disaster or fire is an apartment/rental home, is the apartment complex/landlord doing anything to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)? Yes (explain below) No

Please tell us anything else that would help us assess this request on Page 10

Document Checklist (The following documents are **required at time of submitting** application for review):

- Fire report/Police report
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water, sanitation)
- Quote for home repairs if associate owns the damaged home
- Proof of insurance payout or declination letter
- Any other documentation relevant to this request (insurance report, etc.)

ILLNESS OR INJURY

The Homer Fund helps associates who are unable to pay for housing, utilities, food, clothing and uninsured home modifications because of an illness or injury sustained by the associate, their legal spouse or legal dependent. **Typically parents, grandparents, or other relatives are not considered dependents, unless the associate can show they are 100% financially responsible for that relative.**

WHAT'S COVERED (no exceptions)

- Past due rent/mortgage (must have received a past due notice)
- Past due essential utilities (Most current utility bills)
- Rent/essential utility deposits - if moving into more affordable housing (electricity, natural gas, water, sanitation, homeowners association fees, property taxes only)
- Home modifications (wheelchair ramp, doorways, bathroom, lifts etc.)
- Necessary hotel accommodations (up to \$100 per night) to accompany a hospitalized qualifying dependent
- Medical Insurance premiums after 60 consecutive days on medical leave (current copy of detailed bill, including ALL pages)
- Food and clothing

WHAT'S NOT COVERED

- Medical Bills
- Treatment costs (surgery, chemotherapy)
- Co-pays
- Medication/Medical Equipment
- Non-essential utilities (cable, phone, cell phone)
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Auto payments, credit cards, personal loans (including loans from family), child care

GENERAL INFORMATION

Who is the ill/injured party? Associate Spouse Minor Child
 Other Dependent (*proof of dependency required*): _____

- | | |
|--|--|
| <p><u>Yes</u> <u>No</u></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>Is the affected person covered by medical insurance?</p> <p>Does the affected person have any medical bills that are not covered by insurance? If so, how much? \$ _____</p> <p>Is/was the affected person on a leave of absence due to the illness or injury? If yes, what is/was the start date of the leave and expected return date? Start date ____/____/____ Return or expected date ____/____/____</p> <p><u>PLEASE PROVIDE PHYSICIAN'S STATEMENT CONFIRMING ONSET, DURATION, AND EXPECTED DATE OF RETURN</u></p> <p>If the associate is not the ill or injured party, does the affected person live with the associate?</p> <p>Is the ill/injured person covered by disability insurance?</p> <p>Is/was the affected person receiving disability benefits? If so, how much? \$ _____/week</p> <p>Has the associate applied for disability?</p> <p>Is there a need for home modifications?</p> <p>Is the associate being evicted or foreclosed?</p> |
|--|--|

With what basic, essential needs does the associate seek help?

- Security deposit Utilities Medical insurance premiums Home modifications Clothing Food

Please provide more details on Page 10

Document Checklist
 (The following documents are **required upon submission** to The Homer Fund for review)

- Physician's statement supporting dates of illness and expected date of recovery/return to work
- Receipts for paid medical expenses (or other documentation to support payment of medical bills)
- Past due notices for rent/mortgage/essential utilities
- Rent/essential utilities deposit statements (if moving into more affordable housing)
- All pages of the insurance premium bill from The Home Depot, plus any other documentation relevant to this request (i.e., medical bills to support claim of high bills, etc.)

DEATH

The Homer Fund helps associates who are unable to pay for housing, utilities and food because of the death of the associate, their legal spouse or legal dependent, their parents and their young adult children (up to age 26). The Fund may be able to help if the loss of income or the payment of funeral expenses prevents an associate or eligible dependent from paying basic living expenses. The Homer Fund may assist with funeral expenses if the associate is unable to afford the funeral. The Direct Grant also helps with emergency travel expenses to the funeral of their parents, siblings and children. **Typically, grandparents or other relatives are not considered dependents; unless the associate can show they were 100% financially responsible for that relative prior to their death.**

WHAT'S COVERED (no exceptions)

- Funeral expenses – essential costs only (*excludes* notices, flowers, acknowledgements, limousines, grave markers, etc.)
- Emergency travel expenses
- Rent/basic utilities deposits - if moving into more affordable housing (electric, natural gas, water, sanitation, homeowners association, property taxes only)

WHAT'S NOT COVERED

- Medical bills
- Treatment costs (surgery, chemotherapy, etc.)
- Insurance premiums/co-pays
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Non-essential utilities (cable, phone, cell phone)

GENERAL INFORMATION

Who is the deceased? Associate Spouse Parent Sibling Other Dependent: _____

With which of the expenses below is associate seeking help?

Emergency travel expenses Funeral expenses Security deposit Utilities Food Clothing

Yes No

 Did the deceased have life insurance? If so, how much? \$_____
 If so, who is the beneficiary? _____

 Did the deceased work outside of the home or have other income?

 Has funeral already been paid? If yes, what method was used to pay the expense?

Associate's savings Associate's credit card Family Collection

Associate borrowed from a bank Associate borrowed from an individual

 Are there any unpaid funeral expenses? If so, what is the balance? _____

If the services were paid, who made the payment? _____

What proof does the associate have to show how he/she paid for the funeral? _____

How many people are contributing to the cost of funeral? _____

What is the amount for which the associate is directly responsible? _____

PLEASE PROVIDE COPY OF ITEMIZED FUNERAL EXPENSE CONTRACT WITH YOUR APPLICATION

What is the name, address and phone number of the funeral home/cemetery requiring payment?

Name of Funeral Home/Cemetery: _____

Phone Number of Funeral Home/Cemetery: (_____)_____-_____

Please provide more details on Page 10

<p>Document Checklist (The following documents are required upon submission to The Homer Fund for review)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Itemized funeral expenses bill/quote <input type="checkbox"/> Receipt showing payment of funeral services <input type="checkbox"/> Past due notices for rent/mortgage/essential utilities <input type="checkbox"/> Rent/essential utilities deposit statements (if moving into more affordable housing) <input type="checkbox"/> Proof of relationship (ie: Obituary, birth certificate, etc.) <input type="checkbox"/> Any other documentation relevant to this request (medical bills, etc.)
---	--

UNINHABITABLE/CONDEMNED HOUSING OR UNANTICIPATED SALE OR FORECLOSURE

The Homer Fund helps associates with relocation if their home is uninhabitable or condemned, or if forced to relocate due to unanticipated sale or foreclosure of a property they rent from a private landlord.

WHAT'S COVERED (no exceptions)

- Housing (such as hotel until primary residence is rebuilt)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electric, natural gas, water, sanitation, homeowners association, property taxes only)
- Renters insurance deductibles
- Food and clothing
- Furniture/Appliances
- Moving expenses

WHAT'S NOT COVERED

- Home repair/rebuilding costs/building supplies
- Down payment on new home
- Auto repairs or replacement
- Non-essential utilities (cable, phone, cell phone)
- Storage expenses
- Electronics

GENERAL INFORMATION

Which situation applies to this associate?

- Unanticipated Sale/Foreclosure of leased property - **attach related verification (i.e., notice to evacuate, foreclosure notice, notice of sale)**
- Uninhabitable/condemned Housing (**i.e., mold, rodent/insect infestation, code violation**)

Yes

No

- Does the associate have renter's insurance?
- If so, has the insurance company paid the associate?
If yes, how much has the insurance company paid? _____
- Is the associate currently living in the residence?
If so, what is/was the move-out date? ____/____/____
- Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 9) is required.

When did associate last pay rent? ____/____/____ What amount was paid? \$_____.

Where is the associate currently living? Relatives Friends Hotel Shelter _____

With what basic, essential needs does the associate seek help?

- Security deposit Utilities Furniture Appliances Clothing Food

If an apartment/rental home was damaged or destroyed, what is the apartment complex/landlord doing to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)?

Please provide more details on Page 10

Document Checklist

(The following documents are **required upon submission** to The Homer Fund for review)

- Notice to vacate/foreclosure notice
- Notice of condemnation/other documentation showing home uninhabitable
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water)
- Any other documentation relevant to this request (insurance report, etc.)

UNANTICIPATED INCREASE IN FAMILY SIZE

The Homer Fund may assist with some expenses related to the unanticipated addition of family members due to a recent death, incarceration, drug abuse, physical abuse/neglect or long-term hospitalization of the associate's child/sibling/parent or custodial parent.

WHAT'S COVERED (no exceptions)

- Security deposit to move into new rental home/apartment with sufficient space to accommodate new family members
- Essential utility bills/deposits (electric, natural gas, water, sanitation)
- Furniture/Appliances
- Moving expenses
- Food and clothing

WHAT'S NOT COVERED

- Home repair/rebuilding costs/building supplies
- Down payment on new home
- Auto repairs or replacement
- Non-essential utilities (cable, phone, cell phone)
- Storage expenses
- Legal fees

GENERAL INFORMATION

Who are the additional people for which the associate is now responsible?

- Grandchildren – how many? _____ Non-custodial children – how many? _____
- Other relative: _____ – how many? _____

What situation caused the associate to take custody?

- Death of associate's child/associate's sibling/associate's parent/child's custodial parent
- Incarceration of associate's child/associate's sibling/associate's parent/child's custodial parent
- Hospitalization of associate's child/associate's sibling/associate's parent/child's custodial parent
- Abuse related to associate's child/associate's sibling/associate's parent/child's custodial parent

Yes No

- Does the associate have legal custody of the people noted above?
- Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 9) is required.
- Is the associate seeking assistance with clothing or food?

Please provide more details on Page 10

Document Checklist

(The following documents are **required upon submission** to The Homer Fund for review)

- Legal custody or proof of guardianship
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water)
- Any other documentation relevant to this request (insurance report, etc.)

HOMER FUND FINANCIAL WORKSHEET
 (Must be completed for all Direct Grant applications)

Associate Name: _____
Associate ID Number: _____ Store #: _____

The Homer Fund looks at all the 'bits and pieces' of every situation in order to determine eligibility. Seeing an associate's complete financial picture helps us to better understand and appreciate the associate's circumstances. Before receiving a grant, an associate must show the lack of financial resources and/or that he or she can afford their bills going forward.

How many people live in the associate's household (including associate)? _____ Adult(s) _____ Child(ren)

Name	Relationship	Age	Monetary Contributor?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Your MONTHLY Household Income:	Normal Monthly Gross Income (Pre-tax)	Current Amount (if different from prev column)
Associate's Monthly Gross (Pre-tax) Pay	\$	\$
Spouse's Monthly Gross (Pre-tax) Pay	\$	\$
Contributions From Other Adults In Household	\$	\$
Child Support and Alimony Received	\$	\$
Disability Insurance	\$	\$
Social Security/Pension	\$	\$
Income from TANF or SNAP	\$	\$
Other Income	\$	\$
Section 1 Total	\$	\$
SECTION 2: Your MONTHLY Debt Payment:	Monthly Debt (full amount)	Monthly Debt (associate's share)
Car Loans (<i>monthly payments ONLY</i>)	\$	\$
Credit Cards (<i>monthly payments ONLY</i>)	\$	\$
Child Support/Alimony Paid (<i>DO NOT list if automatically deducted from paycheck</i>)	\$	\$
Medical Bills (<i>monthly payments ONLY</i>)	\$	\$
Other (<i>gasoline, auto insurance, church, etc.</i>)	\$	\$
Section 2 Total	\$	\$
SECTION 3: Your MONTHLY Living Expenses:	Monthly Living Expenses (full amount)	Monthly Living Expenses (associate's share)
Current or Proposed Rent/Mortgage (<i>in designated field, provide associate's share if split with other household members</i>)	\$	\$
Utilities (<i>electricity, natural gas, water/sanitation</i>)	\$	\$
Homeowners association fees or property taxes (<i>if applicable</i>)	\$	\$
Food	\$	\$
Prescriptions/medical co-pays	\$	\$
Other (<i>cell phone, cable, daycare/tuition, clothing, etc.</i>)	\$	\$
Section 3 Total	\$	\$
NET INCOME (add Sections 2 and 3 together and subtract from Section 1)	\$	\$

NEW LANDLORD STATEMENT

This form is required for all applications requesting assistance with moving into a new apartment/rental home or hotel/motel. Please have your potential landlord or apartment complex complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information.

ASSOCIATE INFORMATION

Legal Name: _____ Home Depot # or Subsidiary: _____

If requesting a hotel for temporary shelter, how long will you need the room? _____

I certify that I have applied for and been approved to move into the property listed below.

_____/_____/_____
Associate's Signature Date

APARTMENT/LANDLORD INFORMATION
(for permanent residence)

Apartment Complex Name or Landlord's Name (please print): _____

Apartment/Rental Home Address: _____

Apartment Complex or Landlord's Phone Number : (_____) _____ - _____

Anticipated move-in date: ____/____/____

Names on lease and other residents:

- | | |
|--------------------------------------|--------------------------------------|
| Apartment | Rental House |
| <input type="checkbox"/> 1 bedroom | <input type="checkbox"/> 1 bedroom |
| <input type="checkbox"/> 2 bedrooms | <input type="checkbox"/> 2 bedrooms |
| <input type="checkbox"/> 3 bedrooms | <input type="checkbox"/> 3 bedrooms |
| <input type="checkbox"/> 4+ bedrooms | <input type="checkbox"/> 4+ bedrooms |

Total Amount Needed to Occupy Property:

- \$ _____ security deposit
- \$ _____ 1st month's rent
- \$ _____ pet deposits
- \$ _____ other deposits (utilities, appliances, etc.)
- \$ _____ TOTAL**

Has the landlord received the security deposit? Yes No

All checks for security deposit are made payable to the landlord or apartment complex only. Please make all checks payable to: _____

_____/_____/_____
Landlord/Complex Manager's Signature Date

APARTMENT/LANDLORD/HOTEL INFORMATION
(for temporary residence)

Hotel/Motel's Name (please print): _____

Hotel/Motel's Address: _____

Please Provide Dates for This Temporary Housing _____

Daily Rate: \$ _____ Weekly Rate: \$ _____ Phone #: _____

Manager's Name

