

**SACRAMENTO COUNTY**  
**REFUGEE SUPPORT SERVICES (RSS) PROGRAM**  
**PLAN AMENDMENT**  
**(PY 2020-21)**

**Sacramento County – Economic Landscape and Impact of COVID-19**

The impact of stay-at-home orders and social distancing due to COVID-19 back in March 2020, has caused economic activity across the United States to come to a near-halt. In Sacramento County, the pandemic has had an economic impact on all, impacting low-income communities more significantly. According to Opportunity Insights Economic Tracker, which tracks the economic impacts of COVID on people, business, and communities across the United States in real-time, employment for Sacramento County's High Income (>\$60K) earners increased by 1.7 percent between January 2020 and September 2020, Middle Income (\$27K-\$60K) earners decreased by 5.5 percent, and Low Income (<\$27K) earners decreased by an astonishing 31 percent. Also, according to the November 20, 2020 Employment Development Department's Labor Market Information, the Sacramento Region's unemployment rate has increased from 3.3 percent to 7.6 percent over the last 12 months, with total job losses totaling 68,700. The Leisure and Hospitality sector was hardest hit with a year-over-year decline of 24,900 jobs. Trade, Transportation, and Utilities fell by 12,500 jobs. Education and Health services declined by 11,900 jobs, with most in healthcare and social assistance. Two industries reported year-over-year growth: Financial Services and Professional Business services added 2,800 jobs. All of this indicates that jobs requiring less education and/or are entry level in nature have been disproportionately hit. As a result, it can be deduced that refugees, who tend to work in part-time, low-wage jobs, have been disproportionately impacted by COVID—19, experiencing high job losses. This is further supported by the fact that unemployment among refugees is often three times the national average, according to the Annual Report to Congress, ORR Fiscal Year 2017.

Affordable housing continues to be a challenge to refugees, and is only exacerbated by the pandemic. According to the Annual Report to congress, ORR, Fiscal Year 2017, refugees living in the U.S. are disproportionately affected by high rent, as 93 percent of refugees rent, as opposed to own property. Along with the rest of California, Sacramento is a fast-growing rental market and the median rent for a two-bedroom apartment is \$1,600. As a result, refugees are not earning enough to stay afloat and will face high payments for back rent and utilities over the next several months as the rental moratoriums are lifted.

The abrupt shift to remote work and education due to COVID-19 has forced many to quickly adapt to new technological situations, obtain digital access, and improve digital skills, which has been difficult for populations with a weak foundation of online knowledge and experience. It has further highlighted the importance of digital access and skills for employment and adult education for all populations, and also brought to light the digital divide/inequities. Digital access is defined as an individual's ability to obtain tools such as computers and smartphones, as well as consistent connection to the internet. Access to technology equipment coupled with digital literacy is critical to finding and keeping a job, as well as accessing educational programs. According to Migration and Information Source's September 3, 2020 article, *The Digital Divide Hits U.S. Immigrant Households Disproportionately During the COVID-19 Pandemic*, the gap in access to communications technology is often larger for people of color, those with lower incomes, and those with lesser levels of education making refugees especially vulnerable to digital inequities.

## **Expansion of use of RSS Funds and Use of the RSS COVID-19 Supplemental Funds**

Consistent with Refugee County Letter's (RCL) No. 20-01, 20-03, and 20-06, Sacramento County has expanded the use of Refugee Support Services (RSS) funding, and has implemented the use of RSS COVID-19 Supplemental funding for housing, utilities, and technology assistance, and digital literacy for refugees who are experiencing financial hardships due to the pandemic. The funding is intended to provide direct relief to eligible refugees in the form of emergency payments for housing and utility expenses, as well as to provide computer equipment needed for participation in RSS-funded education, training, and employment activities.

The expanded use of RSS funds for supportive services is consistent with the following factors as outlined in RCL 20-03:

- Will not substantially result in an absence of funding to provide other crucial employability and support services
- Will directly improve the likelihood of client employment and self-sufficiency
- Does not supplant other available funding that could be used for the same purpose
- Will be dispensed based on financial need and according to a justification for the provision of service

The use of the RSS COVID-19 Supplemental funding is consistent with the following requirements outlined in RCL 20-06:

- Does not supplant other available funding that could be used for the same purpose.
- Only one adult per household may receive housing and/or utility assistance
- Housing and utility assistance can only be provided for current needs and cannot be provided to pre-pay future housing and/or utility expenses
- Assistance provided must be based on Sacramento County's fair market value
- Assistance per client may not exceed \$5,000 per program year (PY)

Policy guidance (*Attachment F*) was developed and issued on RSS COVID-19 Supplemental services on December 3, 2020, and a meeting held with providers to review the memorandum and accompanying documents. The memorandum defines policies and procedures for the provision of housing, utilities, and technology supports under the Refugee Support Services (RSS) COVID-19 Supplemental funding for Sacramento County refugees who are experiencing financial hardships due to the pandemic.

All clients must be assessed for financial need prior to the provision of RSS COVID-19 Supplemental support services using the *attached Family Self Sufficiency Plan (Attachment G)*, specifically, Part B, Current Monthly Family Income and Household Budget. In addition, to determining financial need, providers must provide justification for the support by collecting a *RSS Client Declaration of COVID-19 Impact Form (Attachment H)* from each client. By completion and submission of the form, clients declare that they have experienced one of the two following financial hardships to be eligible for RSS COVID-19 Supplemental funded housing, utility and technology assistance:

- Loss of income caused by the COVID-19 pandemic due to job loss or job disruption (e.g., reduction in work hours, furlough, temporary layoff)
- Inability to secure a job or earn a sufficient income to meet household needs

Additionally, if specifically seeking technology assistance, clients must further declare one of the following to be eligible to receive RSS COVID-19 Supplemental funded technology:

- Required to telework, but do not have the necessary equipment
- Does not have the necessary equipment to enable me to participate in virtual/remote learning, or to conduct online job search efforts, including applying for job opportunities

See *Attachment F*, Policies and Procedures for RSS COVID-19 Supplemental Services RSS COVID-19 for documentation required under each allowable support, including the Rental Verification Form (*Attachment I*) used for rental assistance, as well as reporting requirements for the Supplemental funding.

All documentation collected to demonstrate need, to justify service, and validation documents to process support payments is to be maintained in client records.



**DATE:** December 3, 2020

**TO:** Refugee Support Services Employment Program Providers

**FROM:** Michelle O’Camb, Manager, Workforce Development Department

**SUBJECT:** Policies and Procedures for RSS COVID-19 Supplemental Services

**Purpose**

This memorandum is intended to define policies and procedures for the provision of housing, utilities, and technology supports under the Refugee Support Services (RSS) COVID-19 Supplemental Funding to Sacramento County Refugees who are experiencing financial hardships due to the pandemic.

The funding is intended to provide direct relief to eligible refugees in the form of emergency payments for housing and utility expenses, as well as to provide computer equipment needed for participation in RSS-funded education, training, and employment activities.

**Effective Date**

This memorandum is effective on the date of issuance.

**REFERENCES:** *California Department of Social Services, Refugee County Letter No. 20-06, Fiscal Year 2020 Refugee Support Services COVID-19 Supplemental Funding Allocations and Housing/Utility Assistance Criteria*

**POLICIES AND PROCEDURES**

**1) Client Eligibility**

Eligibility for COVID-19 Supplemental support services is limited to the Sacramento County refugees enrolled in a Refugee Support Services (RSS) funded employment program who have experienced at least one of the following due to the pandemic:

- Job loss
- Job disruption (e.g., furlough, temporary layoff, reduction in work works)
- Challenges securing a job or earning sufficient income to meet household needs

**GOVERNING BOARD**

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County of Sacramento

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City of Sacramento

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**KATHY KOSSICK**  
Executive Director

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Main Office  
(916) 263-3800

Head Start  
(916) 263-3804

Website: <http://www.seta.net>

## 2) Service Limitations

- Prior to the provision of RSS COVID-19 Supplemental assistance, it must be determined that the client has exhausted all other means of assistance
- Support is limited to housing, utility, and technology assistance
- Only one adult per household may receive housing and/or utility assistance
- Housing and utility assistance can only be provided for current needs and cannot be provided to pre-pay future housing and/or utility expenses
- Assistance provided must be based on Sacramento County's fair market value
- Assistance to a client or household may be provided in full or partial payments, based on need
- Assistance per client may not exceed \$5,000 per program year (PY)

## 3) Client Financial Needs Assessment and Justification for Support

### Determination of Financial Need -

All clients must be assessed for **financial need** prior to the provision of RSS COVID-19 Supplemental support services using the *attached Family Self Sufficiency Plan (FSSP) (RS-1)*, specifically, Part B, Current Monthly Family Income and Household Budget. If financial needs assessments have been completed within the last 90 days from support inquire/interest, they can be used to substantiate need. Financial needs assessments older than 90 days from the date of support inquiry/interest will require reassessment. If household expenses exceed household income, staff may automatically consider providing support. If it is determined that household income exceeds household expenses, depending on the amount, support can still be provided, however, providers must document the justification for the provision of the supportive service in the client's record.

### Justification to Provide Support Service -

In addition to a current financial needs assessment, providers must provide justification for the provision of RSS COVID-19 Supplemental support. Justification is obtained through the collection of the attached ***RSS Client Declaration of COVID-19 Impact Form*** from each client. By completion and submission of the form, clients declare that they have experienced one of the two following financial hardships to be eligible for RSS COVID-19 Supplemental funded housing, utility and technology assistance:

- Loss of income caused by the COVID-19 pandemic due to job loss or job disruption (e.g., reduction in work hours, furlough, temporary layoff)
- Inability to secure a job or earn a sufficient income to meet household needs

Additionally, if specifically seeking technology assistance, clients must further declare one of the following to be eligible to receive RSS COVID-19 Supplemental funded technology:

- Required to telework, but do not have the necessary equipment
- Does not have the necessary equipment to enable me to participate in virtual/remote learning, or to conduct online job search efforts, including applying for job opportunities

Please note that some clients may qualify for housing, utility, and technology assistance.

Once completed, a copy of the form must be maintained in the client's record.

#### **4) Allowable RSS COVID-19 Supplemental Support Services**

##### **Rental Assistance -**

Once financial need and justification for support has been determined, providers must confirm that all other means of housing resources and supports have been exhausted prior to the issuance of RSS COVID-19 Supplemental funded housing assistance. Once confirmed, the assistance can be provided. Rental assistance eligibility begins no earlier than November 1, 2020, and can only be provided during the period of time a client is enrolled in a RSS employment program. Also, the funding cannot be used to pay late fees, fines, deposits, or prior balances.

To access rental assistance, clients must also provide the attached, completed **Rental Verification Form**. The form must be signed by the property owner/manager, or their representative(s), certifying the amount of rent paid by the client, and the date the payment was made. The form must also be signed by the client certifying that the information in the form is true and correct. Finally, the service provider must contact the rental agent or property owner to verify the information on the Rental Verification form. Once verified, the service provider must sign the form. In instances where rent and utilities are combined, if possible, the breakdown should be reflected on the form. Please note that rental assistance is only provided as a "reimbursement" after rent has been paid to the rental agency, or property owner. Alternate or unusual living situations (e.g. renting from a relative, or customer having the same address as property owner) must be explained in the comment section of the Rental Verification form.

All completed and signed Rental Verification forms must be maintained in the client's record.

##### **Mortgage Assistance -**

Once financial need and justification for support has been determined, providers must confirm that all other means of mortgage assistance has been exhausted prior to the issuance of RSS COVID-19 Supplemental funded housing assistance. Once confirmed, the assistance can be provided. Mortgage assistance eligibility begins no earlier than November 1, 2020, and can only be covered during the period of time a client is enrolled in a RSS employment program. Also, payments cannot be made to cover late fees, or penalties.

To access mortgage assistance, clients must provide confirmation from their mortgage company or lender verifying the most recent month's mortgage payment. This can be done through the submission of a mortgage statement. Since RSS COVID-19 Supplemental funds can only be used to cover the "principal" on a mortgage payment, the statement must include a breakdown of the payment between the principal, interest and taxes.

All mortgage assistance documentation must be maintained in the client's record.

**Utility Assistance -**

Once financial need and justification for support has been determined, providers must confirm that all other means of utility assistance has been exhausted prior to the issuance of RSS COVID-19 Supplemental funded support. Once confirmed, the assistance can be provided. Utility assistance eligibility begins no earlier than November 1, 2020, and can only be provided during the period of time a client is enrolled in a RSS employment program. This funding cannot be used to pay interest, late fees, penalties, reconnection fees, or products.

To access utility assistance, clients must provide an original utility bill in their name, or their spouses name. Providers must review and verify that the utility bill statement belongs to the client prior to issuing support.

All utility assistance documentation submitted must be maintained in the client's record.

**Technology Assistance -**

Once financial need and justification for support has been determined, providers must confirm that all other means of technology assistance has been exhausted prior to the issuance of RSS COVID-19 Supplemental funded support. Once confirmed, the assistance can be provided. Technology assistance eligibility begins no earlier than November 1, 2020, and can only be provided during the period of time a client is enrolled in a RSS employment program.

To access technology assistance, clients must provide "original" receipts from the retailer where the technology equipment was purchased. In addition, providers must validate the actual purchase of the equipment, and provide a "written" verification of that fact in the client's record.

All technology assistance documents, including the original receipt, must be maintained in the client's record.

**5) Monthly Reporting Requirements**

The RSS COVID-19 Supplemental funding will be tracked and reported separately from the standard RSS supportive services using the attached ***RSS COVID-19 Report Form***. Separate workbooks containing the form/tab for each reporting month of the program year will be issued to providers for each of their employment programs. On a monthly basis, providers will

submit the “program” report, which will reflect the names of the clients that received support, as well as the type (rental/mortgage, utility, or technology assistance), and amount of the support received. Providers must track this funding separately, and will be required to submit a separate monthly RSS COVID-19 Supplemental funding “fiscal” report/invoice to SETA’s Fiscal Department.

**ACTIONS**

Bring this memorandum to all relevant parties.

**INQUIRIES**

For questions on this memorandum, contact Michelle O’Camb at [michelle.ocamb@seta.net](mailto:michelle.ocamb@seta.net).

Attachments indicated below support this memorandum. All attachments have been made available to RSS employment program service providers electronically.

- *SETA Refugee Program Services Application and Family Self Sufficiency Plan (RS-1)*
- *RSS Client Declaration of COVID-19 Impact*
- *RSS Client Rental Verification Form*
- *RSS COVID-19 Supplemental Support Services Report*

**SETA REFUGEE PROGRAM SERVICES  
APPLICATION AND FAMILY  
SELF-SUFFICIENCY PLAN (RS-1)**

SETA Case Number: \_\_\_\_\_

County Case Number	Mandatory Cash Assistance Client Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Provider	Enrollment Date
Component: VESL/ES <input type="checkbox"/> ES <input type="checkbox"/> VESL/OJT <input type="checkbox"/> ELL <input type="checkbox"/>	

**PART A: PARTICIPANT INFORMATION**

Last Name		First Name		Middle	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Street Address (residence)				City/State		Zip Code
Alien Number	Birth Date	Age	E-mail		Phone	
Social Security Number (Voluntary)	Disclosure of your Social Security Number is voluntary and does not affect your eligibility for services. Your Social Security Number may be used to assist State, County, and Voluntary Agencies in the administration of the Refugee Resettlement Program and to monitor the effectiveness of agencies and service providers in providing refugee services.					
Refugee: Date of Entry to U.S.	Special Immigrant Visa (SIV) Holder: Date of Entry	Trafficking Victim: Date of Certification	Asylee: Date Asylum Granted	Primary Language		
Country of Origin:		Original State of Resettlement:		Resettlement Agency:		
Client is currently receiving the following public assistance:						
<input type="checkbox"/> CalWORKs	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> SSI	<input type="checkbox"/> Non-Cash			
<input type="checkbox"/> RCA/ECA	<input type="checkbox"/> GA/GR	<input type="checkbox"/> Other (Specify) _____				
Current Student Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not in school				Type of School: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> College/University <input type="checkbox"/> Other (Specify): _____		
Family Size: _____		Does the client have a physical, mental, learning, developmental, or any other type of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state				

\*Please note that all clients receiving RSS-funded services must complete Parts A, B, and C unless participating in non-employment services or exempt from employment services. Non-employment services are those listed under 45 CFR 400.155.

**PART B:  
CURRENT MONTHLY FAMILY INCOME**

Write the name of each employable wage earner and their current source of income here:

Name	A.	B.	C.	D.	Total
Employment Income					\$
RCA/TANF/Other					\$
Personal Business Income					\$
SSI/SSP					\$
Food Stamps					\$
General Assistance					\$
Other Benefit Income					\$
Family Totals					\$
<i>If participant has no income, indicate how participant is covering living expenses in next column.*</i>					

**SELF-SUFFICIENCY TARGET**

Amount Family Must Earn to be Self-Sufficient. Use the calculator at <a href="http://www.insightccd.org/2018-family-needs-calculator/">http://www.insightccd.org/2018-family-needs-calculator/</a>	Monthly Income: \$
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**HOUSEHOLD BUDGET**

		Miscellaneous Costs	
Food			
Rent			
Utilities			
Transportation			
Insurance/Medical			
Childcare			
Clothing			\$

**INCOME GOALS FOR EACH WAGE EARNER (MONTHLY)**

Name:	A.	B.	C.	D.	Total
Short-term	\$_____/mo.	\$_____/mo.	\$_____/mo.	\$_____/mo.	\$
Mid-term	\$_____/mo.	\$_____/mo.	\$_____/mo.	\$_____/mo.	\$
Long-term	\$_____/mo.	\$_____/mo.	\$_____/mo.	\$_____/mo.	\$

**PART C: INDIVIDUAL EMPLOYABILITY PLAN ASSESSMENT**

English Language Proficiency Assessment Tool: BEST  CASAS  TABE  OTHER

**Document English language proficiency here:**

	Pre-test	Re-test	Re-test	Re-test	SPL at Exit
Date:					
SPL:					

**EDUCATION:**  None  1-6 Years  7-11 Years  High school  
 Some College  College graduate  Post Graduate

List diplomas, degrees, credentials, or licenses achieved: \_\_\_\_\_  
 Additional education course(s) taken (include ESL): \_\_\_\_\_

Is client currently enrolled in any classes or training programs: Yes  No   
 If yes, school: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
 Name of class(es): \_\_\_\_\_  
 Class schedule: \_\_\_\_\_

**BARRIER TO SELF-SUFFICIENCY**

Place a check mark in the appropriate box and describe the barrier and how it will be addressed in the "Overcoming Barriers" section.

<input type="checkbox"/> Lacks basic education	<input type="checkbox"/> Lacks appropriate clothing	<input type="checkbox"/> Homeless/runaway
<input type="checkbox"/> Lacks vocational skills	<input type="checkbox"/> Transportation/driver's license	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Lacks high school diploma or GED	<input type="checkbox"/> Lacks financial resources	<input type="checkbox"/> Lacks enough food for household
<input type="checkbox"/> Limited English proficiency	<input type="checkbox"/> Health/dental/vision	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lacks work experience	<input type="checkbox"/> Family problems	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Lacks job search skills	<input type="checkbox"/> Family/child care	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Legal problems	<input type="checkbox"/> Other: _____

**OVERCOMING BARRIERS**

Barrier:	How Barrier Will be Addressed:	Target Finish Date:

**EMPLOYMENT HISTORY**

List work, volunteer, Regional Occupational Program, on-the-job training, internship experience, or any work experience the client has held in the past five years. Please list most current experience first.

Date:	Job Description:	Employer:
Current Employer <input type="checkbox"/> Yes <input type="checkbox"/> No From:	Salary: \$_____ per hour Title: Duties:	Name: Address: City: Reason for Leaving:
To:		
From:	Salary: \$_____ per hour Title: Duties:	Name: Address: City: Reason for Leaving:
To:		
From:	Salary: \$_____ per hour Title: Duties:	Name: Address: City: Reason for Leaving:
To:		
From:	Salary: \$_____ per hour Title: Duties:	Name: Address: City: Reason for Leaving:
To:		

**EMPLOYMENT GOALS IN LOCAL LABOR MARKET**

Realistic Short Term Goals:	Target Start Date:	Target Finish Date:
Realistic Long Term Goals:	Target Start Date:	Target Finish Date:

**PART D: STATE HEARING STATEMENT AND WAIVER OF CONFIDENTIALITY**

TO BE READ AND SIGNED BY APPLICANT OR READ TO APPLICANT IN APPLICANT'S NATIVE LANGUAGE

All applicants/recipients of social services in California are entitled to a State Hearing when an action is taken to discontinue, reduce or deny services. Requests for a hearing should be made in writing to State Hearings Division, Department of Social Services, 744 P Street, M.S. 19-37, Sacramento, California 95814; or by telephone to the Public Inquiry and Response Office toll-free (800) 952-5253 (for the deaf only (800) 952-8349).

The information requested in this form is in accordance with the Refugee Act of 1980 (P.L. 96-212); MPP DIV. 69; Welfare and Institutions Code Sec. 10850; AS 3254 (Statutes of 1990); and 45CFR205. We need this information to find out what services you need most, and how best to provide them to you. This information will be kept confidential and will be released only to federal, state, local and other agencies as necessary for the administration of the social services and related assistance programs. You have the right to review any files maintained on you by this agency or by the California Department of Social Services, Refugee Programs Bureau.

I hereby request services from your agency and approve the release of any or all data above with the understanding that all information shall be kept strictly confidential and may be transmitted only with utmost caution to: legitimate personnel of appropriate agencies for the express purpose of providing services to me; to the California Department of Social Services for statistical and program management purposes; and to approved agencies for purposes connected with the administration of public assistance programs.

Applicant's Signature:	Date:
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I declare under penalty of perjury that the information which I have provided to complete this application and assessment form is true and correct and that I have no omitted any relevant information.

Applicant's Signature:	Date:
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TO BE COMPLETED AND SIGNED BY THE INTERVIEWER AND/OR INTERPRETER (Complete Sections I and III Below)  
**Section I.**

I, \_\_\_\_\_, read the above four paragraphs to \_\_\_\_\_ on \_\_\_\_\_  
(Interpreter/Interviewer Name) (Applicant Name) (Date)  
in the \_\_\_\_\_ language. All information contained in the above paragraphs was discussed with the applicant  
(Language)  
and all of the applicant's questions regarding the information were answered to his/her satisfaction.

Interpreter Signature:	Date:
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**Section II.**

\_\_\_\_\_ read the above four paragraphs in English on \_\_\_\_\_. All of the information  
(Applicant Name) (Date)  
contained in the paragraphs was discussed with the applicant and all of the applicant's questions regarding the information were answered to his/her satisfaction.

Interviewer Signature:	Date:
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**RSS CLIENT DECLARATION OF COVID-19 IMPACT****(RSS COVID-19 SUPPLEMENTAL FUNDING)**

Provider Name:		Program Activity:	
Client Name:		Phone Number:	
Email:		SETA Case Number:	

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**Due to the COVID-19 pandemic, I have experienced the following financial hardship(s):**

- Loss of income caused by the COVID-19 pandemic due to job loss or job disruption (e.g., reduction in work hours, furlough, temporary layoff)
- Inability to secure a job or earn a sufficient income to meet household needs

**I am in need of technology assistance due to the following:**

- I am required to telework, but do not have the necessary equipment.
- I do not have the necessary equipment to enable me to participate in virtual/remote learning, or to support online job search efforts, including applying for job opportunities.

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I certify that all of the above information is true and correct.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

# Rental Verification

Rental assistance is only provided as a reimbursement after rent has been paid.

Date:	
This is to certify that (Customer's Name):	
Is renting and residing at (Customer's Address): _____	
RENT in the amount of: \$	For the month of:
Was paid on (Month / Day / Year):	
Rental Agent/Property Owner (Please Print):	

**Rental Agent/Property Owner Signature**

**Date**

Rental Agent/Property Owner Address: _____
Rental Agent/Property Owner Phone Number:

**THE INFORMATION PRESENTED HEREIN RELATES TO MY CURRENT LEGAL RESIDENCE.**

**Customer Signature**

**Date**

**THE INFORMATION PRESENTED HEREIN HAS BEEN VERIFIED AND IS ACCURATE.**

**Coach Signature**

**Date**

Comments: _____