**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# TIER 2 ORIA HOUSING STABILIZATION REQUEST FORM

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### SECTION A: REQUEST

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Participant Name: | |  | | | JAS#: |  |
| Amount of Rent Requested (see chart): | | | $ |  |  | |
| Date: |  | | | | | |
|  | | | | | | |

**SECTION B: RECOMMENDATION:**

[ ] I recommend payment [ ] I do not recommend payment if payment is recommended, list the vendor name(s) and the amount(s) recommended below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Landlord: |  | Amount(s): | $ |  |
|  |  |  |  |  |
|  |  |  |  |  |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Forward to Authorizing Staff*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C: AUTHORIZATION**

[ ] Full payment authorized.

[ ] Only $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_authorized.

[ ] Payment not authorized.

Authorizing Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Forward to Billing Department*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D: BILLING DEPARTMENT**

Maximum Amount Allowed $\_\_\_\_\_\_\_\_\_ Charge to Contract No: \_\_\_\_\_\_\_\_\_

(-) Less Amount Previously Issued $\_\_\_\_\_\_\_\_\_ Check/Voucher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(-) Less Individual Bus Tickets $\_\_\_\_\_\_\_\_\_

(-) Less Amount Issued This Time $\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(=) Equals Balance Available $\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E: PARTICIPANT CERTIFICATION**

I certify that check/voucher number \_\_\_\_\_\_\_\_\_\_\_\_\_ for $\_\_\_\_\_\_\_\_\_\_\_\_\_ has been issued on my behalf.

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_