



Housing Deposit Services Funds Attestation Form

Housing deposit services provide assistance to fund one-time services necessary for a person to establish a basic household that do not constitute room and board. Services **do not** include the provision of room and board, nor payment of ongoing rental costs beyond the security deposit and other items outlined below.

*** Required field**

Member Information:

Date:

Member ID/CIN:

HMIS # if known:

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Member First Name:

Member Last Name:

Provider Information:

Servicing Provider Organization Name:

National Provider Identifier:

Treatment Authorization Request (TAR) Number:

Member Attestation:

Member consented to disclose this information to Partnership.

Member attests that a security deposit in the amount of \$_____ was paid on their behalf to secure tenancy.

Check this box to confirm the member has physically received all the items listed below in good condition, as purchased by the Community Supports (CS) provider.

Signature: _____ **Date:** _____

List of Items:

Additional Notes and Concerns:

Please attach and submit a copy of all receipts and invoices of purchases made.

Partnership Internal Use Only: Auth#: _____ Date: _____