



## Verification of Short-Term Subsidy

Name of FCS Provider: \_\_\_\_\_ Agency: \_\_\_\_\_

FCS Provider Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of AHAH-RAP Awardee: \_\_\_\_\_

Name of household member receiving subsidy (if different): \_\_\_\_\_

Name of Subsidy: \_\_\_\_\_

Verification was received by: ☐ Award Letter ☐ Verbal Verification ☐ Other Written Verification \_\_\_\_\_

Name of Subsidy Provider: \_\_\_\_\_

Date of Subsidy Starts: \_\_\_\_\_ Date of Subsidy Ends: \_\_\_\_\_

**Amount of Subsidy Provided:**

Deposit \$ \_\_\_\_\_

First Month's Rent \$ \_\_\_\_\_

Last Month's Rent \$ \_\_\_\_\_

Other Costs \$ \_\_\_\_\_ Specify: \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ x \_\_\_\_\_ (number of months)

**Applicable Terms and Conditions of Subsidy** (*Example: any relevant information that could prevent AHAH-RAP Awardee from use of these subsidy funds, i.e. location of residence must be within certain county, subsidy must be used before certain date*):

---

---

---

---

By signing below, I attest that I understand that inaccurate short-term subsidy information could cause an over or underpayment impacting the awardee's housing stability and have done my best to accurately verify short-term subsidy resources for the listed AHAH-RAP awardee and their household. I understand that it is important to report any changes to short-term subsidy resources available to the awardee as quickly as possible to avoid issues with monthly rent payment. I also understand that I must retain any verification documentation related to short-term subsidy in the awardee's file and provide the documentation for review, upon request.

\_\_\_\_\_  
FCS Provider Printed Name

\_\_\_\_\_  
FCS Provider Signature/Date