



MONEY FOLLOWS THE PERSON RENTAL APPLICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING SERVICES-MFP

SFN 774 (9-2022)

APPLICANT INFORMATION

Applicant Name (Last, First)		Date of Birth
Current Location (Facility and Address)		
Gross Monthly Income	Cost of Monthly Apartment Rent	Date of Planned Transition

REFERRING AGENCY CONTACT

Transition Coordinator/DD Program Manager	Telephone Number
Email Address	Date of Application

PUBLIC HOUSING AUTHORITY INFORMATION

Name of Public Housing Authority	Date of Application for Housing Assistance
Type of assistance requested for Permanent Supportive Housing (Housing Authority, etc)? <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Mainstream Voucher <input type="checkbox"/> Public Housing Unit <input type="checkbox"/> Project Based Housing Voucher or Unit <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> None	

TYPE OF RENTAL ASSISTANCE NEEDED

Is this a request to retain housing before transition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is monthly rental assistance being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Rental Assistance Needs to Start	How long do you anticipate the rental assistance will be needed?

AMOUNT OF REQUEST

Type of Assistance	Yes/No	Amount Requested	Amount Approved by MFP Staff
Application Fees	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Payment of Past Due Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Housing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Apartment Holding Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rent Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Month's Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Utility Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL APPROVED			

MONTHLY ASSISTANCE APPROVED (TO BE COMPLETED BY MFP STAFF)

Amount of Monthly Rent to be Paid by the Consumer	Amount of Monthly Rent to be Paid by the MFP Rental Assistance
Start Date of Rental Assistance	Date Approved
MFP Grant Staff Signature	

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