

## FHEPS B DEMOGRAPHIC SHEET

### Client's Information

Client's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Agency Name: \_\_\_\_\_ CA Case #: \_\_\_\_\_

Staff Contact: \_\_\_\_\_ Staff Phone #: \_\_\_\_\_

Staff Email: \_\_\_\_\_

### For Clients in Shelter (if applicable):

Facility Code: \_\_\_\_\_ CARES Case #: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Program Analyst: \_\_\_\_\_

### Did you include the following?

- |                                                                                                                       |                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>HRA-146a</b> FHEPS Application                                                            | <input type="checkbox"/> <b>To stay only</b> – If arrears, Landlord breakdown of arrears |
| <input type="checkbox"/> <b>HRA-146j or HRA-146k</b> Potential Eligibility for FHEPS ( <i>aka "Shopping Letter"</i> ) | <input type="checkbox"/> <b>To move only</b> – Landlord Proof of Ownership               |
| <input type="checkbox"/> <b>W-137a</b> Request for Emergency Assistance                                               | <input type="checkbox"/> Proof of Apartment/Room Preclearance                            |
| <input type="checkbox"/> Lease or Agreement for 12 months                                                             | <input type="checkbox"/> <b>DSS-10a</b> Apartment Review Checklist (if applicable)       |
| <input type="checkbox"/> Last 30 days of Pay Stubs or Other Proof of Income (for everyone in the household over 18)   | <input type="checkbox"/> Shelter Residence Letter (if applicable)                        |
| <input type="checkbox"/> <b>W-147n</b> Security Voucher (if requested)                                                | Verification of FHEPS B eligibility (for applicants in the community)                    |
| <input type="checkbox"/> <b>DSS-8q</b> Landlord Utility Information                                                   |                                                                                          |

### For Clients in Shelter, if Broker and/or Landlord incentives apply, did you include the following?

- |                                                                     |                                                                                                           |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Landlord <b>W9</b>                         | <input type="checkbox"/> <b>HRA-121</b> Broker's Request for Advance Fee Payment by Check (if broker fee) |
| <input type="checkbox"/> <b>HRA-145</b> Unit Hold Incentive Voucher | <input type="checkbox"/> <b>W-147m</b> Landlord/Managing Agent's Statement (if broker fee)                |
| <input type="checkbox"/> Broker License (if broker fee)             |                                                                                                           |

### Comments:

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**SUPERVISORY REVIEW (Director of Social Services or higher)**

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\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date