



WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL

“Your Community Action Agency”

**Emergency Rental Assistance Program
Service Agreement**

Client: _____

Program Goal: _____

Service steps:

Date:

- 1. Verify need (Eviction Notice) _____
- 2. Verify Income _____
- 3. Verify eligibility/ineligibility _____
- 4. Assist w/funding or advocacy _____
- 5. Case Management/Follow up _____

HAP Expenditures

Rental Assistance \$ _____ New Housing \$ _____ Sec. Deposit \$ _____

Other \$ _____ **Total Funding Amount \$ _____**

Follow-up Time Frame:

Months: _____ / _____ / _____ Yr. _____

Referrals

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____

My signature indicates that I have read, understand, and agree that any failure to complete the mandatory follow-up period for The Homeless Assistance Program will make me ineligible for HAP funding for a period of one year from my termination date.

Client Signature: _____ Date: _____



1209 Pennsylvania Avenue West, P.O. Box 547, Warren, PA 16365
(814) 726-2400 Fax: (814) 723-0510 (800) 231-1797 www.wfeoc.org