



Massachusetts Department of Housing and Community Development  
 100 Cambridge Street, Suite 300, Boston, MA  
 02114\_\_\_\_\_

**HomeBASE**

**Household Assistance or Moving Assistance Request for Payment**

Instructions: This form is to be filled out by staff requesting payments on behalf of households approved for Household Assistance or Moving Assistance. Supporting documentation for each item must be verified and attached. Once complete with staff and client signatures, a copy must be submitted to the HomeBASE fiscal department for disbursement. Keep originals of this form and supporting documentation in the client file for auditing purposes.

Administering Agency Name: \_\_\_\_\_

HomeBASE Staff Name (first, last): \_\_\_\_\_

Head of Household Name (first, last): \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Other Adult Name (first, last): \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

Please indicate below the HomeBASE assistance you are requesting to aid the client in securing permanent housing.

Tracker Code	Purpose	Vendor Name	Amount (\$)	Supporting documentation included? (check all that apply)
FML	First/last month rent			
SEC	Security deposit (not to exceed one month's rent)			
TRA	Transportation - only to relocate out of state			
MOV	Moving expenses			
STP	Partial rent subsidy			
FUR	Furnishings (includes beds, box springs, refrigerator, etc.)			
ARR	Rent arrearage (minimum amount needed to secure housing)			

UTL	Utility payments or arrearages (minimum amount needed to secure provision of utility)			
	Child care payment (licensed provider)			
MIS	Miscellaneous (describe):			
	<b>Total:</b>			
	<i>Remaining Balance:</i>			

By submitting this form, I affirm that the required documents have been verified to the best of my ability. I also understand that unless otherwise noted, HomeBASE Household Assistance or Moving Assistance is capped at \$4,000 and that in order to receive these funds the requirements of the associated Stabilization Service Plan will continue throughout the duration of assistance.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HB Provider Signature

\_\_\_\_\_  
Date