PUBLIC HOUSING AUTHORITY
VOLUNTARY VENDOR PAYMENT REFERRAL FORM

This form is to be retained for four years

SECTIONS 1-10 ARE TO BE COMPLETED BY HOUSING AUTHORITY

1. Vendor Payment Name and Address	To Be Filled in By CAO: (1) CAO Record Number _____ (2) CAO Caseload Number _____ (3) Opened ☐ Closed ☐ Pending ☐

2. Date	3. County Assistance/District Office	4. Case Record Number	5. Tenant's Housing Authority Account Number

6. Case Name	Social Security Number (Head of Household)	7. Number in Household

Address	Telephone Number

8. Prepared By: (Name)	9. Current Monthly Rent

Title	Telephone Number	10. Date Housing Authority Met With Client to Discuss Referral ➧

Name of Person Who Conducted Interview:	Title
Telephone Number	Date Interview Conducted

SECTIONS 11-15 ARE TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE

11. Vendor I.D. Number	12. Amount of Grant Before Vendor Payment Deductions: ➧	Monthly Amount $	Semi-Monthly Amount $

13. Vendor Payment Determation ➧ ☐ General Assistance (GA) ☐ Temporary Assistance For Needy Families (TANF)

Case Name Meets Requirements For A Vendor Payment:

☐ YES ☐ NO

If NO is Checked, Explain:

14. The Monthly Vendor Payment Will Be ➧ $	Effective Date

15. _____ *Signature of CAO Worker* _____ *Telephone Number* _____ *Date*