

PUBLIC HOUSING AUTHORITY VOLUNTARY VENDOR PAYMENT PROGRAM AMENDED REFERRAL FORM

(THIS FORM IS TO BE RETAINED FOR FOUR YEARS)

FORM COMPLETION DATE

SECTION I				
1. VENDOR PAYMENT NAME AND ADDRESS:			TO BE FILLED IN BY CAO: (1) CAO RECORD NO. _____ (2) CAO CASELOAD NO. _____ (3) OPENED <input type="checkbox"/> CLOSED <input type="checkbox"/> PENDING <input type="checkbox"/>	
2. DATE	3. COUNTY ASSISTANCE/DISTRICT OFFICE	4. CASE RECORD NO.	5. TENANT'S HOUSING AUTHORITY ACCOUNT NO.	
6. CASE NAME		SOCIAL SECURITY NO. (Head of Household)	TELEPHONE NUMBER	
ADDRESS				

SECTION II - CHANGES		
7. CASE NAME	SOCIAL SECURITY NO. (Head of Household)	8. NUMBER IN HOUSEHOLD
ADDRESS		TELEPHONE NUMBER
9. CURRENT MONTHLY RENT	10. PREPARED BY: (NAME)	
TITLE	TELEPHONE NUMBER	
11. EXPLAIN REASON FOR CHANGES:		

SECTION III - TERMINATION OF VENDOR PAYMENT			
12. VENDOR I.D. NO.	13. CHECK ONE BLOCK <input type="checkbox"/> CHANGE OF ADDRESS <input type="checkbox"/> DEATH OF CLIENT <input type="checkbox"/> VOLUNTARY WITHDRAWAL		
<input type="checkbox"/> OTHER EXPLAIN			

SECTION IV - TO BE COMPLETED BY COUNTY ASSISTANCE OFFICE			
14. AMOUNT OF GRANT BEFORE VENDOR PAYMENT DEDUCTIONS:	MONTHLY AMOUNT \$	SEMI-MONTHLY AMOUNT \$	
15. CONFIRMATION OF CHANGE AND EFFECT ON ELIGIBILITY FOR VENDOR PAYMENT <input type="checkbox"/> CONTINUE VENDOR PAYMENT <input type="checkbox"/> SAME AMOUNT		<input type="checkbox"/> DISCONTINUE VENDOR PAYMENT	
NEW AMOUNT \$	EFFECTIVE DATE OF NEW AMOUNT	EFFECTIVE DATE OF DISCONTINUANCE	
16. IF VENDOR PAYMENT AMOUNT IS CHANGED OR DISCONTINUED, EXPLAIN:			
17.			
SIGNATURE OF CAO WORKER		TELEPHONE NUMBER	DATE