

VOLUNTARY VENDOR PAYMENT REQUEST FORM

I am asking the County Assistance Office (CAO) to take half of my monthly rent out of each assistance check and pay it directly to the _____ ("Housing Authority.") I acknowledge that I have read and I understand the separate notice explaining vendor payments and my rights.

My rent is \$ _____ per month. I understand that when the CAO starts paying my rent directly the amount that I receive in my semi-monthly check will be reduced. I understand that these amounts may change depending upon changes in my circumstances or income.

I understand that the CAO will send me a notice telling me when it will start making rent payments for me out of my check, how much in rent it will pay out of each check and how much I will get directly in each check. Each month the CAO will also send me a statement telling me how much it paid to the Housing Authority on my behalf.

I understand that I am responsible, to the extent that I am legally obligated, to pay my rent directly to the Housing Authority until the point at which the CAO begins making payments on my behalf. I understand that it is my responsibility to report changes in my grant to the management of the Housing Authority.

I understand that any checks or money the Housing Authority is not entitled to receive will be given to me. The Housing Authority and I must sign a receipt. I will receive a copy of the receipt and the Housing Authority will keep the original for audit purposes.

I understand that having the CAO make rent payments on my behalf does not affect my eligibility to receive public assistance.

I am signing this form of my own free will and I understand that I can ask the CAO in writing to stop making rent payments on my behalf to the Housing Authority at any time. I would then receive my full check and would be responsible for making my rent payments myself.

The change will become effective with the deadline of the first check of the next full month which can be met.

SIGNATURE OF TENANT:	DATE:
NAME (PRINTED):	PROJECT/COMMUNITY:
ADDRESS:	UNIT NUMBER:
	CASE NUMBER:

PHA REPRESENTATIVE SIGNATURE:	DATE:
NAME (PRINTED):	TELEPHONE NUMBER:

SIGNATURE OF WITNESS REPRESENTATIVE:	DATE:
NAME (PRINTED):	TELEPHONE NUMBER:

PHA INSTRUCTIONS: FORWARD ORIGINAL TO CAO, ONE COPY FOR HOUSING AUTHORITY FILES, AND ONE COPY TO CLIENT.

KEEP THIS FOR YOUR RECORDS