

New York State Department of Health TBI/NHTD Housing Program

Payment Request

Action Requested: ☐ New Application ☐ Change ☐ One Time Payment

Participant Name _____

Property Address _____

Service Coordinator Name _____

Service Coordination Agency _____ Service Coordinator Phone _____

Type of Housing _____ Number of Bedrooms _____

Number of Adults in Household _____ Number of Children in Household _____

Full Actual Rental Cost \$ _____ Includes Utilities? ☐ Yes ☐ No Fair Market Rent for Unit \$ _____

Monthly Rental Subsidy Amount \$ _____ Utility Subsidy Start Date _____

Lease Start Date _____ Lease End Date _____

Landlord/Management Company Name _____

Landlord/Management Company Address _____

Landlord/Management Company Phone _____

Utility Company Name (1) _____ Phone (1) _____

(2) _____ (2) _____

(3) _____ (3) _____

Utility Company Address (1) _____ Account # (1) _____

(2) _____ (2) _____

(3) _____ (3) _____

Housing Choice (Section 8) Application Date _____

Total Individual Monthly Income after Spend Down \$ _____

Special Needs Trust? ☐ Yes ☐ No

Requested Actual Rental Subsidy \$ _____ (a)

Requested Utility Subsidy \$ _____ (b1)

\$ _____ (b2)

\$ _____ (b3)

One Time Payment Amount \$ _____ (c)

☐ Security

☐ Household Goods

☐ Broker's Fees

☐ Late Fees/Arrears

Total Requested Housing Subsidy \$ _____ (a+b1+b2+b3+c)

Narrative (Please include all resources attempted, special needs, reason for request, and information regarding financial need):

Formulas for Calculating Housing and Utility Subsidy

Housing Subsidy- Participant Only

(Total Rental Amount minus Participant Share (1/3 Income after Spend Down) = Rental Subsidy Amount)

Total Rental Amount	\$ _____
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Participant Share (1/3 of Total Income)	\$ _____
Housing Subsidy Amount	\$ _____

Utility Subsidy- Participant Only

(Budget Plan Monthly Payment minus Participant Share (1/3 Budget Plan Monthly Payment) = Utility Subsidy Amount)

Budget Plan Monthly Payment (attach copy of bill)	\$ _____
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Participant Share (1/3 Budget Plan Monthly Payment)	\$ _____
Utility Subsidy Amount	\$ _____

**Additional pages may be used for multiple utility subsidy requests.*

Housing Subsidy- Participant with roommate or family**(Total Rental Amount minus Any Roommate Share (e.g. 1/2 or 1/3 of Total Rental Amount) = Adjusted Rent.****Adjusted Rent minus Participant Share (1/3 Total Monthly Income after Spend Down) = Housing Subsidy Amount)**

Total Rental Amount		\$ _____
	--	
Any Roommate Share (e.g. 1/2 or 1/3 of Total Rental Amount)		\$ _____
<i>Adjusted Rent</i>		\$ _____
Adjusted Rent		\$ _____
	--	
Participant Share (1/3 of Total Income)		\$ _____
Housing Subsidy Amount		\$ _____

Housing Subsidy- Participant Renting Room in Family Home**(½ Fair Market Rent for a One Bedroom Apartment minus Participant Share (1/3 Monthly Income after Spend Down = Housing Subsidy Amount)**

½ Fair Market Rent (One Bedroom Apartment)		\$ _____
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Participant Share (1/3 of Total Income after Spend Down)		\$ _____
Housing Subsidy Amount		\$ _____

Utility Subsidy- Participant with roommate or family**(Budget Plan Monthly Payment minus ½ Budget Plan Monthly Payment = Adjusted Utilities. Adjusted Utilities minus Participant Share (1/3 Adjusted Utilities) = Utility Subsidy)**

Budget Plan Monthly Payment (attach copy of bill)		\$ _____
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½ Budget Plan Monthly Payment		\$ _____
<i>Adjusted Utilities</i>		\$ _____
Adjusted Utilities		\$ _____
	--	
Participant Share (1/3 of Adjusted Utilities)		\$ _____
Utility Subsidy Amount		\$ _____

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