



Deposit Assistance Request

This is a request for deposit assistance for current ABC housing participants. Please complete the following and send by fax or email to:

ABC FAX Number: 602-712-9222 or email to NickyS@azabc.org

Date _____ Housing Provider HOM, Inc. BPI Triple R

Participant Name _____ CIS I.D. # _____

Social Security # _____ Date of Birth _____

Case Manager _____ Site _____

Document community resources that have been exhausted:

Name of Agency	Reason Denied
1.	
2.	
3.	

This participant requires deposit assistance because:

- Landlord did not renew the lease and participant must move. No funds available.
- Other, please describe:

Request will be denied for the following reasons:

- Participant voluntarily submitted 30-day notice to move to landlord but does not have funds for new unit.
- Participant is evicted from unit.
- If the participant has received deposit assistance in the previous 13 months.

Form Completed by:

Name _____ Title: _____

Email and Phone: _____

Form Approved by ABC Representative:

Signature _____ Title: _____

Housing Provider Use Only: Deposits most recently paid: _____ Initial Move In Transfer
Date