

DHHS SUBSIDY TERMINATION

Tenant Name: _____

Forwarding Address: (if different)

Unit Address: _____

Date of Termination: _____

Grant: _____

1. Destination	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Rental by client, VASH Subsidy
<input type="checkbox"/> Hospital (non-psychiatric)	<input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy
<input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Staying or living with family, permanent tenure
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	<input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Staying or living with friends, permanent tenure
<input type="checkbox"/> Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room apartment or house)
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/> Deceased	<input type="checkbox"/> Other, Specify: _____
<input type="checkbox"/> Unknown	

2. Income & Other Assistance Sources

<u>Income Sources:</u>	<u>Monthly Amount:</u>	<u>Other Assistance Sources:</u>
<input type="checkbox"/> No financial resources	\$ _____	<input type="checkbox"/> None
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Disability Income (SSDI)	\$ _____	<input type="checkbox"/> Medicare
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> MaineCare
<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Employment income	\$ _____	<input type="checkbox"/> Veterans Health Care
<input type="checkbox"/> Unemployment benefits	\$ _____	<input type="checkbox"/> WIC
<input type="checkbox"/> General Public Assistance (GA)	\$ _____	<input type="checkbox"/> Other;
<input type="checkbox"/> Temporary Aid Needy Families (TANF)	\$ _____	Specify: _____
<input type="checkbox"/> State Supplement	\$ _____	
<input type="checkbox"/> Other, Specify: _____	\$ _____	

3. If employed, how many hours are they working per week? _____ Hours

4. Currently looking for employment or increased employment hours? Yes No

5. Tenant paid debt, in full, before final move-out? Yes No (See Security Deposit Acknowledgement form)

6. Letter of Termination Sent to Tenant on: _____

LAA Representative Signature

Agency

Date

Complete a Household Member Move Out Form for each additional member of the household.