

**Housing Now for Homeless Families (HNHF) Program  
Rapid Re-Housing & Homeless Prevention**

The Provider is to review the following statements with the program applicant/participant

I understand that the assistance received is temporary for a maximum period of four (4) months, and in order to be eligible, I must not have previously received any financial services related to rental and/or utility assistance through *any* other TANF program within the State of Ohio in the previous twelve months.

I certify that I have not received nor am I receiving any other financial assistance or services related to rental and/or utility assistance through any TANF program within any County of Ohio in the previous twelve months.

I certify that the assistance received through the Housing Now for Homeless Families program does not overlap with any other financial assistance or services, such that no other entity or program is providing financial support related to rental and/or utility assistance for this household at this address during the month(s) of Provider's assistance period.

Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Signature of Applicant

Date

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Signature of Service Provider

Date