



HOUSING PAYMENT REQUEST

- ERD HV
- FOSA/CPA
- Graduated Reentry
- Reentry HV
- Resentencing HV

Requester name, title	Phone number	Request date
Applicant name		DOC number
Current location	PRD	MAX date
		Reentry date

PAYMENT REQUEST	
Vendor business account and name	Billing address
Account contact	Telephone number
Rental start date	Rental end date

HOUSING ASSISTANCE APPLICATION ACCEPTED VERIFIED: Yes No

RENTAL ADDRESS:

PAYMENT AMOUNT: \$

Comments or progress notes (Required):

ACCOUNTING CODING (Business Office verifies): _____

ROUTING AND APPROVAL

Participants will never directly receive or handle funds and checks.
Employees acknowledge their accountability for enforcing this requirement and that a need for this service exists to the best of their knowledge.

Requester	Signature	Date
-----------	-----------	------

Approved Denied

Program Administrator/designee	Signature	Date
--------------------------------	-----------	------

Regional Housing Specialist or designee will submit the completed form to dochousingassistance@doc1.wa.gov

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file