Human Resources Administration
Department of Social Services

FHEPS B DEMOGRAPHIC SHEET

Client's Information

Client's Name: _____

Social Security #: _____

Agency Name: _____ CA Case #: _____

Staff Contact: _____ Staff Phone #: _____

Staff Email: _____

For Clients in Shelter (if applicable):

Facility Code: _____ CARES Case #: _____

Program Administrator: _____ Program Analyst: _____

Did you include the following?

- ☐ **HRA-146a** FHEPS Application
- ☐ **HRA-146j or HRA-146k** Potential Eligibility for FHEPS *(aka "Shopping Letter")*
- ☐ **W-137a** Request for Emergency Assistance
- ☐ Lease or Agreement for 12 months
- ☐ Last 30 days of Pay Stubs or Other Proof of Income (for everyone in the household over 18)
- ☐ **W-147n** Security Voucher (if requested)
- ☐ **DSS-8q** Landlord Utility Information
- ☐ **To stay only** – If arrears, Landlord breakdown of arrears
- ☐ **To move only** – Landlord Proof of Ownership
- ☐ Proof of Apartment/Room Preclearance
- ☐ **DSS-10a** Apartment Review Checklist (if applicable)
- ☐ Shelter Residence Letter (if applicable)

Verification of FHEPS B eligibility (for applicants in the community)

For Clients in Shelter, if Broker and/or Landlord incentives apply, did you include the following?

- ☐ Landlord **W9**
- ☐ Broker License (if broker fee)
- ☐ **HRA-121** Broker's Request for Advance Fee Payment by Check (if broker fee)
- ☐ **W-147m** Landlord/Managing Agent's Statement (if broker fee)

Comments: _____

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(Turn page)

SUPERVISORY REVIEW (Director of Social Services or higher)

Name (print)

Title

Email

Telephone Number

Signature

Date