

TO BE FILLED OUT BY AUTHORIZED MOVING COACH ONLY

The authorized moving coach will complete this section and submit to the HCICCU unit for approval.

As the authorized moving coach for the program participant named on this form, I certify with my signature below that the following checks should be written for the identified amounts and sent to the appropriate third parties as detailed below:

\$2000	Total Allowed Funds
minus -\$100	FMS Fee
minus _____	Security Deposit or Landlord Fees
minus _____	Utility Deposit 1
minus _____	Utility Deposit 2
minus _____	Other Pre-Relocation Expenses
= _____	Total Remaining Funds Available for Checklist Items

Signature of Authorized Moving Coach

Date

Printed Name of Authorized Moving Coach

Check Request for Security Deposit or Landlord Fees

Amount Requested: \$ _____

Name of Landlord: _____

Address of Landlord: _____

Landlord Phone Number: _____

Landlord Fax Number (if applicable): _____

Landlord Email Address (if applicable): _____

Is signed W-9 attached? _____

Check Request for Utility Deposit 1

Amount Requested: \$ _____

Name of Utility Company: _____

Address of Utility Company: _____

Utility Phone Number: _____

Utility Fax Number (if applicable): _____

Check Request for Utility Deposit 2

Amount Requested: \$ _____

Name of Utility Company: _____

Address of Utility Company: _____

Utility Phone Number: _____

Utility Fax Number (if applicable): _____

Check Request for other Pre-Relocation Expenses*

Amount Requested: \$ _____ Reason for Requested Amount? _____

Name of Payee: _____

Address of Payee: _____

Payee Phone Number: _____

Payee Fax Number (if applicable): _____

Payee Email Address (if applicable): _____

Is signed W-9 attached? _____

~~*Eligible expenses under this item are only payment requests for items or fees that must be paid before the program participant can relocate, or payment requests for items or fees that cannot be purchased via the prepaid MasterCard.~~

Signatures

I certify that I have approved the check requests outlined on this form to facilitate the transition of the above-named program participant.

Signature of Authorized Moving Coach

____/____/____
Date