

**CONFIRMATION OF ELIGIBILITY
FOR OTHER HOUSING RELATED EXPENSES – HOTEL EXPENSES**

Prospective Hotel Occupant: _____(Occupant)

_____(“Community Action Agency”) has confirmed that within the Community Action Agency’s service area, which includes _____, Occupant is eligible for payment for other housing related expenses payable to a hotel if;

1. The hotel is on the approved list as determined by Housing Stability Services;
2. The Occupant provides supporting documentation to the Community Action Agency, such as a bill or invoice; and
3. The Occupant has not exceeded 12 months of total assistance.

No minimum number of days is required for hotel expenses to be covered. Hotel payments can be provided for up to 12 months.

(Community Action Agency Name)

Date: _____

By: _____

Print Name: _____

Title: _____

Email: _____

Phone: _____