



**P.L.A.C.E. CLIENT ENROLLMENT REQUEST FORM**

**P.L.A.C.E. is meant to provide risk mitigation assistance or holding fees for clients with pre-existing barriers that may make securing and sustaining permanent housing difficult**

Client Name : \_\_\_\_\_ HMIS ID Number : \_\_\_\_\_

Move-In-Date \_\_\_\_\_ Lease End Date : \_\_\_\_\_

Property Management Company : \_\_\_\_\_

Address : \_\_\_\_\_

Is client a veteran? Yes  No  Is client chronically homeless? Yes  No

Is client a senior? Yes  No  Is client disabled? Yes  No

Is client a youth 18-24 ? Yes  No

Are there children in the household? Yes  No

Amount of Household income: SSI/SSDI: \_\_\_\_\_ Earned: \_\_\_\_\_ VA Disability: \_\_\_\_\_

P.L.A.C.E. Fund Coverage Requested for (check one):

- Holding Fees (enter amount requested up to \$600): \$\_\_\_\_\_
- Holding Fees Only: BCHA or SAHA (Please Circle One)
  
- Coverage should damages occur during 1-year lease term

Please circle the barriers that have been deemed critical to the client not being able to secure and sustain housing:

**\*\* Please include any barriers not listed**

Credit	Broken Lease
Eviction	Criminal
Lack of Income	Previous property damage
Substance Use	Previous property debt (SAHA, BCHA)



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Please send supporting documentation (estimates, invoices, pictures, etc.) along with the client HMIS ID# to [contactsarah@sarahhomeless.org](mailto:contactsarah@sarahhomeless.org).

In the subject line enter the word PLACE for quicker response.

\_\_\_\_\_  
Service Provider/Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date