



# PLACE

## Funds Disbursement Process Form

### LANDLORD/PROPERTY INFORMATION

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Property Manager/Landlord: \_\_\_\_\_ Phone# \_\_\_\_\_

Brief Description of Damages/ Holding Fee Justification: (Please Circle One)


Please send supporting documentation (W-9, estimates, invoices, pictures, etc.) to [KathyLacy@sarahomeless.org](mailto:KathyLacy@sarahomeless.org). In the subject line enter the word PLACE for quicker response.

TENANT NAME \_\_\_\_\_ HMIS ID# \_\_\_\_\_

Katie Vela \_\_\_\_\_ Brenda Mascorro \_\_\_\_\_  
Director of Operations Executive Director

Disbursement Approved in the amount of: \$ \_\_\_\_\_

Disbursement Disapproved based on: \_\_\_\_\_