

Three County CoC

Emergency Housing Voucher (EHV) Service Fees

Revised 05/02/2022

Recipients of Emergency Housing Vouchers may access funding for eligible Service Fees through the Three County Continuum of Care/Community Action Pioneer Valley (CAPV). Each household receiving an EVH voucher is eligible to request payment for the following services, up to a total of \$2,300 per household.

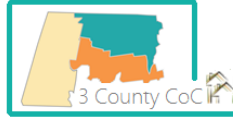
Eligible Service Fees:

- Security deposit (cannot exceed 1 month of rent)
- Utility deposit
- Utility arrears
- Rental application fee
- Holding fee
- Landlord Incentive Payment (up to equivalent of ½ a month of rent...)
- Moving expenses (move-in fees and deposits)
- Tenant-readiness services
- Essential household items
- Renters insurance, if required by the lease

The process for requesting payment for one or more of the eligible Service Fees is as follows:

1. Notify the CoC of pending lease-up email Shaundell Diaz at sdiaz@communityaction.us
2. Submit this form, along with the following documentation to Shaundell Diaz at sdiaz@communityaction.us
 - a. This form
 - b. Signed lease agreement or proof of residency/pending residency
 - c. W-9 form, if applicable (for landlords)
 - d. Invoice, if applicable
3. CoC staff will submit payment request to CAPV fiscal department
4. CAPV fiscal department will mail checks to vendor

Please keep in mind that in order to request service fees, the household needs to have signed a lease agreement with the landlord, ensuring that the housing move-in is or has occurred. The processing time from request submittal to a check being cut is about a week.



Service Fee Request

Please complete this page for all requests for Service Fee funding. Check one or more of the following indicating which Service Fee is being requested and the name of the vendor or recipient of that payment:

Name of Head of Household: _____

Issuing EHV Agency (circle or highlight one): Franklin County Regional Housing WayFinders
Northampton Housing Authority Berkshire Housing Development Corp

Advocate Name: _____

Advocate Contact (phone and email): _____

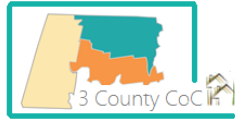
Type of Service Fee(s) Requested (choose from list on 1st page): _____

Vendor/Landlord Name: _____

Vendor Type (circle or highlight one): Landlord Moving Company Utility Company Other

Vendor Mailing Address (address check will get mailed to): _____

Total Amount Requested: \$ _____



Date of Request: _____