

SAMPLE FORMS AND LETTERS

The following sample forms and letters are included for your convenience. The samples are all approved documentation which may be duplicated on your agency's letterhead. The use of these forms is strongly recommended, but not mandated. However, whatever documentation used, **must** contain all appropriate elements of EFSP requirements. Any payments made to landlords or utility companies must guarantee an additional 30 days of service/residence. Direct any questions regarding the forms to the National Board staff. National Board staff should be consulted prior to any modification of the forms.

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### *METERED UTILITY VERIFICATION FORM*

Please complete this form for each utility payment made with Emergency Food and Shelter Program funds. **(The individual utility bill which shows the one month past due amount must be attached along with a copy of the canceled check to this form to verify eligibility of expenditures.)**

**Metered utility assistance includes gas, electric and water for individuals or households.**

The **attached utility bill** charged to the Emergency Food and Shelter Program covers the dates of:

\_\_\_\_\_ to \_\_\_\_\_ and was due on \_\_\_\_\_.

The one month amount charges being paid from this bill are \$\_\_\_\_\_ for the month of \_\_\_\_\_, which was due on \_\_\_\_\_ (month/day) and does not exceed one month's billing, is noted on the attached bill, and is part of the total amount owed at the time this agency is providing payment.

LRO Check # \_\_\_\_\_ Date: \_\_\_\_\_

\* Because this information was not clearly stated on the **attached bill**, I have verified the above information with the utility company and **noted it by service dates and one month amounts on the attached bill.** \_\_\_\_\_ (caseworker initials).

*SAMPLE PAST DUE RENT LETTER*  
*(Insert LRO name and address here)*  
*(to be completed and signed by landlord)*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
\_\_\_\_\_  
(Client's name and address)

Dear \_\_\_\_\_:  
(Client)

You are behind in your rent which is due on the \_\_\_\_\_ **day of each month**, for the month/months of \_\_\_\_\_ at the rate of \$ \_\_\_\_\_/per month for a total of \$ \_\_\_\_\_ past due not including deposits, late fees or other fees.

To avoid further action, please pay this amount immediately.

I agree to accept Emergency Food and Shelter Program funds for one month's rent which was due on \_\_\_\_\_ (date). Payment will guarantee residency for an additional 30 days.

Sincerely,

\_\_\_\_\_  
Landlord signature/address/phone number) (Verified by case-worker)

*SAMPLE FIRST MONTH'S RENT LETTER*  
*(Insert LRO name and address here)*  
*(to be completed and signed by landlord)*

\_\_\_\_\_  
(Date)

This is to confirm that \_\_\_\_\_ (name of family or individual) has/have arranged to rent an apartment/house from me at \_\_\_\_\_ (address of apartment/house), effective \_\_\_\_\_ (date). The amount of one month's rent is \$ \_\_\_\_\_ which does not include deposits or other fees and will be due on \_\_\_\_\_ (day/month/year). I agree to accept Emergency Food and Shelter Program funds for the payment of first month's rent.

Sincerely,

\_\_\_\_\_  
(Landlord signature/address/phone number) (Verified by case-worker)

SAMPLE CURRENT MONTH'S RENT LETTER

**(Insert LRO name and address here)**

*(to be completed and signed by landlord)*

\_\_\_\_\_  
(Date)

This letter confirms that \_\_\_\_\_ (name of family or individual) rents property from me at \_\_\_\_\_ (address of apartment/house). The rent is due on \_\_\_\_\_ (day) of each month. The amount of one month's rent is \$\_\_\_\_\_ which does not include deposits, late fees or other fees. I agree to accept Emergency Food and Shelter Program funds for the payment of this rent. Payment will guarantee residency for 30 days.

Sincerely,

\_\_\_\_\_  
(Landlord signature/address/phone number)

\_\_\_\_\_  
(Verified by case-worker)

### SAMPLE FOOD VOUCHER

LRO's Name and Address

\_\_\_\_\_, please allow  
(Store Name) (Address)

\_\_\_\_\_ to purchase up to \$\_\_\_\_\_ of food items only.  
(Client's/Purchaser's Name) (Dollar Amount)

The \_\_\_\_\_ will reimburse you upon receipt of a voucher signed by  
(LRO's name)

client/purchaser and store representative with an itemized register tape attached.

No alcohol. No lottery tickets. No cigarettes.  
No non-food items (except diapers if marked below). No cash back.

|                                                                   |
|-------------------------------------------------------------------|
| Diapers: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-------------------------------------------------------------------|

\$ \_\_\_\_\_  
Actual Amount Purchased)

\_\_\_\_\_  
(Signature, Purchaser/Client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature, Store Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature, LRO Representative)

\_\_\_\_\_  
(Date)

*(Note: When submitting documentation to the National Board, if the voucher is filled out completely and all 3 signatures are present and dated, you do not need to submit the itemized food receipts. If not filled out completely or all signatures are not present, then the itemized food receipts must be included with the voucher.)*





