

## **BRAP SUBSIDY TERMINATION**

Tenant Name: \_\_\_\_\_

Forwarding Address: (if different)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

### **REASON FOR TERMINATION \*\*:**

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Program (income exceeded rent) | <input type="checkbox"/> Non-compliance                |
| <input type="checkbox"/> Criminal activity/destruction/violence   | <input type="checkbox"/> Non-payment of rent           |
| <input type="checkbox"/> Death                                    | <input type="checkbox"/> Transfer to another LAA _____ |
| <input type="checkbox"/> Disagreement with rules/person           | <input type="checkbox"/> Unknown/Disappeared           |
| <input type="checkbox"/> Housing Opportunity prior to completion  | <input type="checkbox"/> Other _____                   |
| <input type="checkbox"/> Needs could not be met                   |  |

*\*\* If the client was terminated from the program due to the expiration of time to look for an apartment please note why the last apartment was vacated.*

### **DESTINATION:**

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Shelter   | <input type="checkbox"/> Places not meant for human habitation       |
| <input type="checkbox"/> Family  | <input type="checkbox"/> Psychiatric hospital or facility            |
| <input type="checkbox"/> Friends   | <input type="checkbox"/> Room, apartment or house to rent            |
| <input type="checkbox"/> Hotel paid w/o emergency voucher  | <input type="checkbox"/> Apartment or house ownership                |
| <input type="checkbox"/> Hospital (non-psychiatric)  | <input type="checkbox"/> Substance Abuse treatment facility or detox |
| <input type="checkbox"/> Jail/prison   | <input type="checkbox"/> Transitional housing for homeless persons   |
| <input type="checkbox"/> Permanent Housing for formerly homeless persons (SHP, SPC, SRO Mod Rehab) | <input type="checkbox"/> Unknown                                     |
|  | <input type="checkbox"/> Other: _____                                |

### **TENURE EXPECTED AT DESTINATION LOCATION:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Permanent    | <input type="checkbox"/> Unknown            |
| <input type="checkbox"/> Transitional | <input type="checkbox"/> Refused to provide |

### **SUBSIDY TYPE:**

- |   |  |
|---|--|
| <input type="checkbox"/> None           | <input type="checkbox"/> Section 8                   |
| <input type="checkbox"/> HOME Program   | <input type="checkbox"/> Shelter Plus Care           |
| <input type="checkbox"/> HOPWA Program  | <input type="checkbox"/> Unknown                     |
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Refused to provide          |
|   | <input type="checkbox"/> Other housing subsidy _____ |

**BRAP SUBSIDY TERMINATION (CONT)**

**INCOME & OTHER ASSISTANCE SOURCES**

<b>A. <u>Income Sources:</u></b>	<b><u>Monthly Amount</u></b>	<b>B. <u>Other Assistance Sources:</u></b>
____ No financial resources	\$ _____	____ None
____ Supplemental Security Income (SSI)	\$ _____	____ Food stamps
____ <i>Supplemental Security Disability Income</i> (SSDI)	\$ _____	____ Medicare
____ Social Security	\$ _____	____ MaineCare (Adult Services)
____ Employment income	\$ _____	____ <i>MaineCare (Children Services)</i>
____ Unemployment benefits	\$ _____	____ Veterans Health Care
____ Temporary Aid Needy Families (TANF)	\$ _____	____ Other. Specify: _____
____ State Supplement	\$ _____	_____
____ Other: Specify: _____	\$ _____	<b>C. <u>Medical &amp; Other Expenses</u></b>
		\$ _____ Specify: _____
		_____
TOTAL INCOME	\$ _____	

**SECURITY DEPOSIT/ADDITIONAL DAMAGES**

S.D. Paid to Landlord: \$ _____	Amt. Paid for Damages, not covered by S.D.: \$ _____
Damages Deducted: \$ _____	
S.D. Balance Returned: \$ _____	<b>TOTAL S.D./Damages paid to landlord: \$ _____</b>

Tenant paid loan and/or other debt, in full, before final move-out?     Yes     No

**NOTE: A move-out inspection should be completed to document damages. The tenant is responsible for any damages deducted. Landlord must submit itemized documentation of damages.**

Letter of Termination Sent to Tenant on: \_\_\_\_\_

*Complete a termination form for each member of the household.*

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_  
                    LAA representative                      Title                      Agency                      Date