Rental Assistance Exit Plan

*The Exit form must be completed within 30 days prior/post of the exit date.*

*Case Managers- Please verify the following prior to completing the exit form.*

* Does lease require update/new signatures to start a new year of occupancy?
* Has the annual HQS inspection been completed*? If not, LCAP cannot provide additional financial assistance until unit has passed the re-inspection.*
* Has Release of Information been updated/re-signed? Required at 12 month annual assessment

Entry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List All Household Income received in the past 30 days:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Income Type** | **$ Amount** | **Verification Received** | **Verification Type** |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
| Total Monthly Household Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Total Annual Household Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | CMI Level: 0-30% EHH | |

**List All Benefits/Subsidies received in the past 30 days:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Benefit Type** | **$ Amount- if applicable** | **Verification Received** | **Verification Type** |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |
|  |  |  | Yes or No |  |

**Please identify any changes since Entry into the program:**

**Entry Exit**

Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Updated in Clarity