**家庭重新安置与稳定计划援助确认**

客户姓名 2022年9月13日

地址1

地址2

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(X) 短期或中期月租金补贴\*

**涵盖月份：3 月、4 月、5 月 年份：2019 年**

**客户月付起始日期：（插入日期**

|  |  |  |
| --- | --- | --- |
| **月租金总额** | **补贴部分** | **家庭租金部分** |
| 点击此处输入文本。 | **$** | **$** |

注：家庭收入如有变动，必须立即通知 TCP。

**TCP 工作人员签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FRSP 参与者签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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RPI

* 您须将您承担的月租部分支付至：

**Greater Washington Urban League**

**收件人：Erica Fells**

**2901 14th St NW, Washington, DC 20009**

DHS 援助

* 您将直接向您的房东/租赁办公室支付月租。