



**South Bend Housing Authority
Public Housing
Section 8
501 Alonzo Watson Drive
South Bend, IN 46601
574-235-9346**

I hereby authorize and request the South Bend Housing Authority Office to release to the Portage Township Trustee information pertaining to my eligibility and granting of benefits from the South Bend Housing Authority Office.

This information is used for the purpose of administration of public assistance programs of St. Joseph County. This is without liability to the Housing Authority Office whatsoever.

Name _____

Address _____

City, State & Zip Code _____ South Bend, IN _____

Applicant's Signature _____ Date _____

Jason Critchlow
Portage Township Trustee

.....
RENTAL ASSISTANCE PROGRAM

Is the above-mentioned person(s) receiving benefits? YES _____ NO _____
If YES, SBHA's monthly payment to landlord \$ _____
Tenant's monthly payment to the landlord \$ _____
SBHA's monthly utility payment to the tenant \$ _____
Is this check made out to the tenant only? YES _____ NO _____
Is this check made out to the tenant & utility company? GAS _____ ELECTRIC _____
If NO, above person is: Not Listed _____ Pending _____ Suspended _____
Terminated _____ Ineligible _____

SIGNATURE _____ DATE _____