

CERTIFICATE OF COVERAGE APPLICATION

COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION SFN 61512 (07/24)

Referring Provider Name			
Telephone Number	Email Address		
Client Name	1		
Telephone Number	Email Address		
Property Address	City	State	ZIP Code
Unit Number	Term of Lease		
Property Manager Contact	Telephone Number		
Address	City	State	ZIP Code
DOCUMENTS TO SUBMIT Signed lease agreement Completed Move-in Condition Report			
Photos Written documentation of condition of the unit Copy of Signed Release of Information From Copy of Landlord Expectations Form			