RTFH
SAN DIEGO'S
REGIONAL LEADER
ON HOMELESSNESS

RESOLUTION STRATEGIES
Expenditure Form

The Expenditure Form must be completed for each person served and uploaded into ZoomGrants.

Household Information

HMIS Number (Clarity Unique ID):_____

Has this client utilized RS funding before? ☐Yes/☐No, if yes, provide the date, the diversion activity and provider if available _____

Please circle the items that the client (HOH) falls under:

Population- ☐Youth (0-24 years old), ☐Adults (25-54 years old), ☐Seniors (55+)

Will the funding help a ☐family or☐ Individual?

Will this funding remove the client from being homeless into Permanent housing or family reunification? ☐Yes/☐No, Please describe the outcome _____

_____

Staff Contact Information

Agency: _____

Staff Name: _____Job Title: _____

Staff email & contact number: _____

Total Dollar Amount Requested: _____

Please include a breakdown of the expenses:

Application Fee: $_____   Deposit Assistance: $_____   Moving Expense: $_____

Rental Assistance/Arrears (up to 2 months) $_____

Interim Hotel Placement (only for clients that have a signed lease and awaiting apartment): $_____

Vehicle Repair/DMV: $_____   Bus Pass/Gas Card: $_____   Storage Unit: $_____
Work Related: $_____

Other(Preapproved by RTFH, include description): $_____

_____

_____

_____