Form 28 (F28)

DHHS SUBSIDY TERMINATION

Tenant Name: _____

Unit Address: _____

_____

Grant: _____

Is this a Ported Slot? ☐ Yes ☐ No

If yes, include When/Where: _____

_____

Move Out Date: _____

Final Payment Date: _____

Final Look Date: _____

Termination Date: _____

Forwarding Address: (if different)

_____

_____

_____

1. Reason for Leaving			
☐	Aged Out (Youth Only)	☐	Needs could not be met
☐	Completed program	☐	Non-compliance with program
☐	Criminal activity / violence	☐	Non-Payment of Rent / occupancy charge
☐	Death	☐	Reached maximum time allowed
☐	Disagreement with rules/persons	☐	Reunification
☐	Found Placement (Youth Only)	☐	Other, (Explanation Required):
☐	Left for housing opp. (Emergency Shelter Exit Only)		
☐	Left for housing opp. before completing program		

2. Destination			
☐	Deceased	☐	Rental by client, VASH Subsidy
☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Rental by client, other (non-VASH) ongoing housing subsidy
☐	Foster care home or foster care group home	☐	Staying or living with family, permanent tenure
☐	Hospital (non-psychiatric)	☐	Staying or living with family, temporary tenure (e.g., room, apartment or house)
☐	Hotel or motel paid for without emergency shelter voucher	☐	Staying or living with friends, permanent tenure
☐	Jail, prison or juvenile detention facility	☐	Staying or living with friends, temporary tenure (.e.g., room apartment or house)
☐	Owned by client, no ongoing housing subsidy	☐	Substance abuse treatment facility or detox center
☐	Owned by client, with ongoing housing subsidy	☐	Transfer to other LAA, Specify LAA:
☐	Permanent supportive housing for formerly homeless persons (such as SHP, SPC, or SRO Mod Rehab)	☐	Transitional housing for homeless persons (including homeless youth)
☐	Place not meant for habitation (e.g., a vehicle, an abandoned building, or anywhere outside)	☐	Other, (Explanation Required):
☐	Psychiatric hospital or other psychiatric facility		
☐	Rental by client, no ongoing housing subsidy		

3. Is tenant employed? ☐ Yes ☐ No

If employed, select tenure: ☐ Permanent ☐ Seasonal ☐ Temporary

If employed, how many hours are they working per week? _____ Hours

4. Currently looking for employment or increased employment hours? ☐ Yes ☐ No

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5. Tenant paid debt, in full, before final move-out? ☐ Yes ☐ No

If No, how much is tenant's final debt? _____

6. Letter of Termination Sent to Tenant on: _____

7. Letter of Termination Sent to Landlord on: _____

8. Income & Other Assistance Sources

Income Sources:	Monthly Amount:	Other Assistance Sources:
☐ No financial resources		☐ None
☐ Supplemental Security Income (SSI)	$_____	☐ Food Stamps
☐ Supplemental Security Disability Income (SSDI)	$_____	☐ Medicare
☐ Social Security	$_____	☐ MaineCare
☐ Employment income	$_____	☐ Veterans Health Care
☐ Unemployment benefits	$_____	☐ WIC
☐ General Public Assistance (GA)	$_____	☐ Other;
☐ Temporary Aid Needy Families (TANF)	$_____	Specify: _____
☐ State Supplement	$_____	
☐ Other, Specify: _____	$_____	

_____

LAA Representative Signature | Agency | Date

Complete a Household Member Move Out Form for each additional member of the household.