



For THN Use Only:
 EHV
 HSS-DHP
 HSS-HSS

Emergency Housing Voucher (EHV) Service Fee Request Form

Who is requesting this payment?
 Referring Agency _____ Property Provider _____ Other: _____

SERVICE FEE PAID ON BEHALF OF:

EHV Recipient Name: _____ Tenant ID: _____
 Unit Address: _____ City: _____

PAYMENT REMITTED TO:

Name: _____ EIN: _____
 Address (if different than W9): _____
 Contact Name: _____ Phone: _____
 Email Address: _____

PAYMENT OPTION PREFERENCE: _____
**3-5 days payment processing, unless otherwise specified*

For THN Use Only:
 Replacement Check

Please use the drop down menus and enter amounts for eligible service fees you are requesting direct payment for:

Service Fee Category	Amount
	\$
	\$
	\$
Total	\$

For properties, a W9 must be attached to this form for payment to be processed. Additionally, supporting documentation to verify each amount requested will be required.

W9 Form attached (if payment is to a property)

Supporting Documentation attached

By signing below, I certify that the information provided on this form and any attachments is true and accurate:

 Signature

 Date