

2829 W. Howard Place

Denver, CO 80204

Project Code:

Parcel No:

Project No:

Location:

Payment #

**APPLICATION FOR HOUSING OF LAST RESORT - RENTAL ASSISTANCE PAYMENT**

**DISPLACED PERSON(S) RECEIPT AND CERTIFICATION**

The undersigned hereby certifies that the rental assistance payment will be used solely for the purpose of renting decent, safe and sanitary housing. The address of said housing is      ,      ,            . The undersigned will be responsible to notify the Region Right of Way Office of the proposed new address in order to ensure payment. Any violation of this certification may result in the withholding of any or all future payments.

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| --- | --- | --- | --- |
| Name (please print) | | Name (please print) | |
| Signature | Date | Signature | Date |