

Date

Dear HOME Investments Partnership Program Grantee:

This letter is to certify that _____ has been referred to Section 8 or other affordable housing as part of:

- The Miami-Dade County Homeless Trust's Moving Up (Moving On) Program. This program is designed for Permanent Supportive Housing (PSH) participants who have demonstrated housing stability in their PSH unit, are no longer in need of intensive services and ready and able to move up into other affordable housing.
- A Rapid Rehousing client in a Continuum of Care-supported program who is being bridged from short- to medium term rental assistance with supportive services to other non-time limited permanent housing.
- A PSH client who must transition to other PSH or be at-risk of a return to homelessness.

Client is seeking financial assistance for the required deposit(s) using HOME Investment Partnerships Program (HOME) Tenant Based Rental Assistance (TBRA) funding in order to make a successful transition. HOME funding provided to Miami-Dade Public Housing and Community Development from the U.S. Department of Housing and Urban Development (HUD) has been identified as a source which can assist with the necessary deposit(s).

AGENCY CERTIFICATION

Signature: _____
Print Name and Title: _____
Date: _____

APPLICANT CERTIFICATION

Signature: _____
Print Name and Title: _____
Date: _____