



CERTIFICATE OF COVERAGE APPLICATION
PLANNING AND HOUSING DEVELOPMENT DIVISION
SFN 61512 (11/18)

Referring Provider Name			
Telephone Number		Email Address	
Client Name			
Telephone Number		Email Address	
Property Address	City	State	ZIP Code
Unit Number	Term of Lease		
Property Manager Contact	Telephone Number		
Address	City	State	ZIP Code

DOCUMENTS TO SUBMIT

- Signed lease agreement
- Completed Move-in Condition Report
 - Photos
 - Written documentation of condition of the unit
- Copy of Signed Release of Information Form
- Copy of Landlord Expectations Form