

Interim Escrow Disbursement Request

Date: _____

FSS Participant Full Name: _____ SSN (last 4-digit): _____

Disbursement Amount Requested: \$ _____

Which ITSP goal below would you achieve by using the requested fund?

- Employment Education Training Financial Transportation Others

Please briefly explain how you will use the fund to complete your ITSP goal below:

- Yes, I have attached a document that verifies my goal-related or activity's expenses
 No, I don't have any verification to submit

For Office Use Only:

Client Tenant ID: _____ Tenant is in good standing with NRLHA
 Family is working towards achieving the FSS goals
 Request is consistent with the FSS goals

FSS Coordinator Approved on _____ Denied on _____

NLRHA Executive Approved on _____ Denied on _____

Signature:

FSS Coordinator

NLRHA Executive Director

