



# HOME Choice Residence Verification Document

## Security Deposit/1<sup>st</sup> Month Rent Request

Please type or print all information on this form.

Participant Name \_\_\_\_\_ Participant Medicaid ID # \_\_\_\_\_

Transition Coordinator Agency Name: \_\_\_\_\_

Effective Date for Move In: \_\_\_\_\_

At the time of discharge to the community \_\_\_\_\_ a participant in the Ohio HOME Choice program will reside with his/her, parent/guardian, roommate, friend, family whose Name is: \_\_\_\_\_ .

The HOME Choice participant agrees to pay \$ \_\_\_\_\_ Per month for rent & utilities. Security Deposit(if applicable) is \$ \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

If participant is moving into property with Lease/Landlord/Management Company Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Property Owner/Relative/  
Friend/Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
(If Applicable)

Date \_\_\_\_\_

\_\_\_\_\_  
Transition Coordinator Signature

Date \_\_\_\_\_

\_\_\_\_\_  
HOME Choice Participant Signature

Date \_\_\_\_\_



**INSTRUCTIONS IF THERE IS NO LEASE:**

This form is to be signed by all parties in the presence of the transition coordinator.

The transition coordinator is responsible for ensuring that the above dwelling meets the HOME Choice Qualified Residence criteria and meets the needs of the HOME Choice participant prior to move-in.

The transition coordinator is responsible to ensure that the above named person and residence is legally permitted to have the HOME Choice participant reside in these premises.

**INSTRUCTIONS FOR SUBMISSION TO FINANCIAL SERVICES AGENCY:**

- When the Transition Coordinator is seeking reimbursement for Security Deposit/1<sup>st</sup> Month's rent, this form must be completed & submitted with a receipt and the Payment Request Form to the financial services agency identified below.
- When the Transition Coordinator is seeking payment directly to the landlord for the Security Deposit/1<sup>st</sup> Month's rent this form, the landlord's W-9 form and the Payment Request Form must be completed & submitted to the financial services agency.

**Submit by mail, Fax or email to:**

Morning Star Financial Services  
9400 Golden Valley Rd.  
Golden Valley, MN 55427  
Fax: (855)233-5233  
MSOhexpenses@morningstarfs.com

**Questions regarding payment should be directed to:**

Email: MS-Ohexpenses@morningstarfs.com  
Phone: 866-233-7024