

St. Clair County Community Mental Health Authority

3111 Electric Ave.

Port Huron, Michigan 48060

Housing Fund Memorandum

TO: Fiscal staff/_____ Case #: _____

FROM: _____

DATE: _____

SUBJECT: ☐ Michigan Interfaith Trust Funds (Michigan Interfaith)
☐ Medicaid Housing Assistance (B3)
☐ Temporary Housing Voucher
☐ Other

\$ _____ has been requested and approved on behalf of _____
_____, the primary caseholder is: _____ / phone # _____
for the purpose of funding:

- A. Rent 1/2/3 – month(s) x \$ _____
- B. Security/Damage Deposit _____
- C. Utilities _____
- D. Furnishings _____
- E. Emergency Shelter _____
- F. Other (as permissible by funding source) _____

Make check payable to:

Name: _____

Address: _____

City: _____

Amount: \$ _____

Zip: _____

Purpose of Check: _____

(Emergency Shelter, Furnishings, Rent, Security, Utilities)

Preparer Signature

Date

Supervisor Signature

Date

Program Director Signature

Date