

Arizona Behavioral Health Corporation Deposit Assistance Request Form

Incomplete forms will not be accepted, please return fully completed form to the ABC office.

Please Print Clearly

Complete the following and send by fax or email to:
ABC Fax: (602) 712-9222
ABC CoC requests to: AnnaV@azabc.org
MMIC Scattered Site requests to: PamelaR@azabc.org

Date: _____

Participant Name: _____ BPI HOM, Inc.

Housing Specialist: _____

Case Manager: _____ Phone Number: _____

****Please explain the reason for the deposit request. Attach all supporting documentation.****

This participant requires deposit assistance because:

Landlord is not renewing the lease. (Attach non-renewal documents)

Other, please describe: _____

Requests may be denied for the following reasons:

- Participant voluntarily submitted 30-day notice to move but does not have funds for new unit deposits
- Participant evicted or signed mutual rescission in lieu of eviction

Form completed by:

Name: _____

Housing Specialist

Email: _____

Case Manager

Phone: _____

Participant

Other

For ABC Representative Use Only

Approved _____
Denied Reason for Denial: _____

Signature: _____ Date: _____
Name: _____
Title: _____