

**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  
Email: AnnaV@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: \_\_\_\_\_