PRI

PROJECT RESOURCES, Inc. (PRI)

AUTHORIZATION FOR SUPERFUND TEMPORARY RELOCATION ASSISTANCE

1. Name of Applicant/Head of Household:

2. Residence Address: Mailing Address:

3. Phone Number:

4

Name of Persons Living in Dwelling	Relation to Head of Household (HOH)	Age (Children Only)

5 Type of temporary housing required: **Government Approved Hotel**

6. Location of Temporary Housing (pending availability):

7. Number of rooms required and names of persons in each room:

8 Will any pets need to be boarded at a kennel? If yes, how many and what type?

Signature of Applicant: _____ Date: _____

Authorizing Official: _____ Date: _____
Contractor's Representative

Any changes to the information provide above will require pre-approval from the Property Coordination Team. Cost incurred without pre-authorization could result in non-payment.

HOH Name: _____

Address: _____

_____

Hotel Name: _____

	Names of people staying in room	Ages	# of Pets	Room Type
Room 1:				
Room 2:				
Additional Rooms:				

Signature of resident: _____ Date: _____

*By signing this form, I agree that I will be staying in the government provided lodging in accordance with the above arrangements. Any increases in cost due to changes in the arrangements will be reimbursed directly to the hotel by me unless they are approved by a government representative. Residents also agree to abide by the rules of the motel/hotel and understand that failure to do so may result in their being asked to leave and may result in a reduction of their temporary relocation assistance.

Made Reservations:

Called _____

Faxed _____

Authorized date to check into hotel: _____

Authrorized check in time: PM/AM _____

Authorized Date checked out of hotel: _____

Authorized check out time: PM/AM _____