



# PORTAGE TOWNSHIP TRUSTEE

St. Joseph County, Indiana

133 NORTH WILLIAM STREET • SOUTH BEND, INDIANA 46601

South Bend Housing Authority  
501 Alonzo Watson Drive  
South Bend, IN 46601  
574 235-9346

I hereby authorize and request the South Bend Housing Authority Office to release to the Portage Township Trustee information pertaining to my eligibility and granting of benefits from the South Bend Housing Authority Office.

This information is used for the purpose of administration of public assistance programs of St. Joseph County. This is without liability to the Housing Authority Office whatsoever.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code South Bend, IN

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sean J. Coleman  
Portage Township Trustee

### RENTAL ASSISTANCE PROGRAM

Is the above-mentioned person(s) receiving benefits? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, SBHA's monthly payment to landlord \$ \_\_\_\_\_

Tenant's monthly payment to the landlord \$ \_\_\_\_\_

SBHA's monthly utility payment to the tenant \$ \_\_\_\_\_

Is this check made out to the tenant only? YES \_\_\_\_\_ NO \_\_\_\_\_

Is this check made out to the tenant & utility company GAS \_\_\_\_\_ ELECTRIC \_\_\_\_\_

If NO, above person is: Not Listed \_\_\_\_\_ Pending \_\_\_\_\_ Suspended \_\_\_\_\_

Terminated \_\_\_\_\_ Ineligible \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_