

ISS INDEPENDENT
SUPPORT SERVICES INC.
Make your Own Path
HOUSING SUBSIDY SUBMISSION CHECKLIST

PARTICIPANT'S NAME:
TABS ID:
SD COORDINATOR'S NAME:
CARE MANAGER'S NAME:
BROKER'S NAME:

DATE: _____

- Completed Budget Application
- Signed Participation Agreement
- Signed Support Services Plan & Justification
- Signed Quality Assurance Checklist
- Signed Payment Method Authorization
- Copy of Signed Lease Agreement, Including Individual's Name
- Copy of Individual's Income Verification (SSI and/or SSD Statements/Pay Stubs)
- Copy of National Grid/Utilities Statement
- Copy of Renter's Insurance Policy (If Applicable)
- Copy of Individual's Life Plan

Completed by: _____

Date _____

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