CITY OF LONG BEACH

REUNIFICATION REQUEST FORM

Participant Name: _____ **HMIS or VSP #:** _____

DOB: _____ **Agency:**_____ **Case Manager:** _____

Purpose of Reunification:

Transportation Information: Please provide quotes for 3 travel options available to the client

Travel Type *(Bus, Train, Plane)*			
Company/Vendor			
Destination City			
Travel Date(s)			
Total Fee			

Assistance Requested

Date of Departure: _____ **Date of Arrival:** _____

Final Transportation Vendor: _____ **Total Fee:** _____

Final Departure City:_____ **Final Destination City:**_____

Date: _____

Case Manager Name: _____ **Case Manager Signature:** _____

Supervisor Name: _____ **Supervisor Signature:** _____

REQUIRED FILE DOCUMENTS:

☐Receipt ☐ Final Travel Itinerary ☐ 2-Additional Travel Cost Quotes ☐Reunification Request Form

CITY OF LONG BEACH

Reunification Destination Information
I, _____ am confirming that I will be providing permanent housing to *(Name of Reunifying Person)* **_____ starting on _____. This is to attest that I am the** *(Participant's Full Name)* *(Date)* **_____of the applicant.** **(***Relationship to Participant)*
Reunification Type of Permanent Housing
☐ **Shared Housing** ☐ **Single Room** ☐ **Apartment/Unit** ☐ **House** ☐ **Other**: _____ **Reunification Address:** _____ **(Unit #/Apt #)** _____ **City** _____ **State** _____ **Zip Code** _____ **Move-In Date:** _____/_____/_____
Reunification Certification Statement
I hereby attest that all the information I have provided on this form is truthful and accurate to the best of my knowledge. I further confirm that I have agreed to facilitate the reunification process for the individual mentioned above and that the permanent housing being offered is situated outside of the City of Long Beach, Los Angeles County, and/or the State of California.
Reunifying Person Name: _____ **Reunifying Person Signature:** _____ **Date:** _____ **Address:** _____ **Telephone Number:** (_____) _____ **E-mail Address:** _____

CITY OF LONG BEACH

RENT REASONABLENESS CERTIFICATION

Property Address: _____

Proposed Unit Gross Rent: _____

Property is at or below 120% Small Area FMR: ☐ Yes ☐No **120% FMR Amount:** _____

FY 2024 120% Small Area FMR :
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2024_code/select_geography_sa.odn

RENT REASONABLENESS CALCULATION:

_____ ÷	_____ =	_____
Total Gross Rent *(add all comps)*	**# of Comps**	**Avg Gross Rent**

I confirm that the proposed unit gross rent is within $100 of the Average Gross Rent of the comparable units. Therefore, the proposed unit meets HUD's rent reasonableness standards.

Case Manager's Name: _____ **Date:** _____

Case Manager's Signature: _____