



POTOMAC CONFERENCE CORPORATION

Human Resources

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http://www.pcsda.org

DUPLICATE HOUSING ASSISTANCE

A COMPLETED FORM (along with mortgage payment information) IS TO BE SUBMITTED TO HUMAN RESOURCES FOR EACH MONTH THAT DUPLICATE ASSISTANCE IS REQUESTED

A. REQUEST FOR ALLOWANCE (check one)

- First Month, Second Month, Third Month, Fourth Month\*, Fifth Month\*, Sixth Month\*, Seventh Month\*\*, Eighth Month\*\*, Ninth Month\*\*, Tenth Month\*\*, Eleventh Month\*\*, Twelfth Month\*\*

Date Duplicate Housing Charges began

Projected date of termination for need of duplicate allowances

B. New residence address

C. Previous residence address

Listed by: Listing Price:

D. Other Information:

Today's Date

Name (Please Print)

Signature

\*\*\*\*\*

For office use only

Amount of Assistance Number of months previously granted

Approved by Date

\*To be eligible for assistance, listing price may not exceed 100% of appraisal. Copy of appraisal required.

\*\*To be eligible for assistance, listing price may not exceed 95% of appraisal.