



**2022-2023 RENTAL ASSISTANCE PROGRAM
CONFERENCE REIMBURSEMENT FORM**

Mail to: Society of St. Vincent De Paul
18 Canton St.
Stoughton, MA. 02072

District: _____

Conference: _____

Vincentian: _____

Tenant: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Household make-up: Adults: _____ Children: _____ Seniors: _____

Monthly Rent: \$ _____

**ATTACH COPY OF CHECK; AND BILL, RECEIPT,
EVICTION NOTICE OR LETTER IF POSSIBLE.**

Landlord _____

Landlord's address _____

City _____ ST _____ ZIP _____

Date paid by conference: _____

Amount paid by conference: (Minimum is \$800) \$ _____

District president has reviewed and supports this request for assistance

The maximum reimbursement is \$1200 and the minimum reimbursement is \$400. All requests for reimbursement must be submitted within 30 days of the conference payment.