

Application for Homeless Prevention

Last Name		First Name		SSN#
Address		City	Zip	County
Phone	Email Address (if available)			Date

1. ARE YOU CURRENTLY HOMELESS YES NO
 2. ARE YOU CURRENTLY SLEEPING IN A PLACE NOT MEANT FOR HUMAN HABITATION? YES NO
 3. DO YOU CURRENTLY RECEIVE PUBLIC HOUSING OR HOUSING ASSISTANCE? YES NO
IF NO, HAVE YOU APPLIED? YES NO
 4. ARE YOU ABOUT TO BE EVICTED / DISPLACED FROM YOUR HOUSING? YES NO
IF YES, WHEN: _____ *PROVIDE EVICTION OR NOTICE TO QUIT.
- *IF YOU ANSWERED YES TO QUESTION #1, 2 OR 3, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.

HOUSEHOLD COMPOSITION: (LIST ALL MEMBERS LIVING IN THE HOUSEHOLD. ADD ADDITIONAL PAGE IF NECESSARY.)

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE .

Household Income

Please tell us about the income of any individual in your household. List the income you have already received.

- | | | |
|--|--|--|
| <input type="checkbox"/> Commissions | <input type="checkbox"/> Money Paid to You for Rent | <input type="checkbox"/> Support |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Money Paid to You for Room or Board | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Gambling/Lottery | <input type="checkbox"/> Pensions | <input type="checkbox"/> Union Pay |
| <input type="checkbox"/> Guardian Fees | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Veteran Benefit |
| <input type="checkbox"/> Money Earned from Babysitting | <input type="checkbox"/> Sick Benefits | <input type="checkbox"/> Wages from Employment |
| <input type="checkbox"/> Money for Training | <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Money Paid to You for Loans | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Other _____ |

Name of Person with Income	Type/Source of Income/Name of Employer	Income/Pay: How much?	How often paid	Date of most recent payment

Expenses

LIST EXPENSE INCLUDING RENT, UTILITIES, AND ANY ONGOING EXPENSES

PROVIDER	TYPE OF EXPENSE	MONTHLY COST

Landlord or Property Manager Information

Last Name		First Name		Tax ID# or SSN# (if available)	
Address			City		Zip
Phone		Email Address			

CONSENT FOR RELEASE OF INFORMATION

I _____ hereby authorize _____ to release rent payment and arrears information to Servants to All for the specific purpose of determining eligibility.

Attestation/Certification

I understand and agree that I am responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I certify that all information that has been entered is true under penalty of perjury. I understand that the information entered in this application will be kept confidential and used only to administer benefit. I understand that I may be required to work with other agencies as a condition of my approval for assistance. I agree to provide upon request any additional documentation required (i.e. pay stub, lease, recent bills, proof of unemployment etc) to aid in determining edibility.

Signature	Date
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Authorization for Release of Information

I hereby authorize and request the disclosure to the county office any information concerning the age, residence, citizenship, employment, income, and any additional information involving eligibility for the rental and utility assistance programs for myself. It is understood that the information obtained will only be used for determination of rental/utility assistance or other housing assistance programs.

Signature	Date
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Statement of Confidentiality

I have been advised that to protect the confidentiality of my records, my agreement to obtain or release information is necessary and that this permission is limited for the purpose and to the persons listed above. I understand that further disclosure is prohibited by State and Federal regulation and that further disclosure of this information cannot be made without the prior written consent of the person to whom it pertains. I understand that this authorization may be withdrawn at anytime by my written statement.

Signature

Date

ELIGIBILITY: Homeless Prevention may be available to an individual or family who is at risk of homeless, which is defined as:

1. An individual or family who meets the following conditions:

- a. Has an annual income below 30% of median family income for the area; AND
- b. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in the "homeless" definition; AND

c. Meets one of the following conditions:

- (1) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
- (2) Is living in the home of another because of economic hardship; OR
- (3) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
- (4) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
- (5) Lives in an Single Room Occupancy or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
- (6) Is exiting a publicly funded institution or system of care; OR
- (7) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

2. A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.

3. An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Homeless Prevention may include housing payments paid on behalf of the client for rent, mortgage arrearage for home and trailer owners, and / or security deposit equal to no more than two month's rent. Homeless prevention funds cannot be used to for late payments or penalty fees.

Requirements: Must have a legally binding, written lease for one year with the landlord, as well as a rental agreement between the owner of property and Servants to All. Payments will be made directly to the landlord or utility company. No rental assistance

may be made to an individual or family that is receiving rental assistance from another public source for the same time period. Participants must meet with a case manager at least once a month for the duration of assistance.

The rent charged for a unit must be Compliance with Fair Market Rents limits and Rent Reasonableness. The rental unit must be compliant with Minimum Habitability Standards.

STA is not responsible for any client damages to a unit/room beyond the normal wear and tear or for any incidents or results of any client behaviors or acts of violence, assault, or undesirable behaviors. When Homeless Prevention funds are used for a security deposit for rent or utilities and, the client later moves elsewhere, the STA program may choose whether to recoup the security deposit or not.