

**MONTGOMERY COUNTY HOUSING CRISIS RESPONSE PROGRAM (HCRP)
APPLICATION**

APPLICANT INFORMATION

Name:		Date:
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Age:	Gender: Male Female	(Please circle)

Primary Race: *(Please check one)*

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Other multi-racial |

Ethnicity: *(Please check one)*

- | | |
|--|--|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Non-Hispanic/Non-Latino |
|--|--|

Primary Language: _____
 Secondary Language: _____
 Fluent in English? _____ Yes _____ No
 Need interpreter? _____ Yes _____ No

Level of education: (check one)

High school diploma or GED <input type="checkbox"/>	College degree <input type="checkbox"/>
Last grade completed: _____	Master's degree <input type="checkbox"/>
Some college <input type="checkbox"/>	Technical training-what field? _____

US Military Veteran: *(Please check one)*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Are you or anyone in your household pregnant?

- | | | |
|------------------------------|-----------------------------|--------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, who? _____ |
|------------------------------|-----------------------------|--------------------|

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APPLICANT INFORMATION (CONT.)

OTHER HOUSEHOLD MEMBERS

Name	Race	Ethnicity	Relationship to Head of Household	Date of Birth	Gender	Social Security #	Veteran Yes/No

IMPORTANT: PLEASE PROVIDE TWO WORKING PHONE NUMBERS WHERE YOU MAY BE CONTACTED

Phone Number:	Whose number is this?
Phone Number:	Whose number is this?

Have you received HCRP or other housing assistance from any other agency? YES No

If so: which agency, when, please explain? _____

I verify that the information provided in all sections of this application is accurate to the best of my knowledge. I understand that providing false or incomplete information constitutes fraud and is subject to state and federal prosecution.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of (or organization acting on behalf of) the United States Government. In addition, any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant of the program may be subject to a misdemeanor and fined not more than \$5,000. HUD and any owner (or any employee of HUD or the owner), grantee or sub-grantee may be subject to penalties for unauthorized disclosures or improper use of information collected based on the application or consent form. Use of the information collected based on this verification form or from these documents is restricted to assistance determination or the purposes cited above. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner, or the grantee or sub-grantee of HUD responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

Name

Date

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HOUSING INFORMATION

NAME: _____

1. Do you or anyone in your household have a disability that is expected to be of long duration and that substantially limits their ability to live on their own? Yes No

If yes, check any of the following that best reflect the condition.

- | | | |
|---|--|---|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Mental disability | <input type="checkbox"/> Emotional disability |
| <input type="checkbox"/> Developmental disability | <input type="checkbox"/> HIV/AIDS` | <input type="checkbox"/> Substance Abuse |

2. What is client's current address? _____

3. Who is client's landlord and what is their address and phone number?

4. How long have you lived at this address?

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer
- Don't know
- Refused

Have all the adults in client's household lived there the same length of time? Yes No

If no, who has lived there a different length of time and how long have they been there?

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HOUSING INFORMATION

Select a choice from a list of living arrangements or situations for each person in the household:

Household Members (Adults)

	Name-	Name-	Name-	Name-
Housing Type				
Rental by client, no housing subsidy				
Rental by client, with other (non-VASH) housing subsidy (Sec. 8)				
Subsidized Housing (public housing/ project-based Section 8)				
Staying/ living in friend's room, apartment, house				
Staying/living in family member's room, apartment, house				
Place not meant for human habitation				
Emergency shelter				
Other:				

5. How many people live in the unit? _____

6. How many bedrooms are there in the unit? _____

How much is the rent? _____

Is your rent subsidized? (Section 8, public housing, rent based on income) Yes ___ No ___ If so, what kind of subsidy? _____

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HOUSING INFORMATION

7. Are you current with your rent payments? Yes No
If no, why are you not current? _____
How far behind are you? \$_____ for _____ months
8. How much is client's gas payment? _____ Electric payment? _____
Are you current with your gas and electric payments? Yes No
If no, why are you not current? _____
How far behind are you? \$_____ for _____ months for gas
\$_____ for _____ months for electric
9. Why are you being evicted from this residence? _____

Has anything been filed in court? Yes No if so, what date? _____
10. Do you want to stay at your current address? Yes No
11. Do you want to talk/make arrangements with your landlord? Yes No
12. What have you done to prevent eviction?

13. If you lose your housing, what is your plan? _____

Would you be able to stay with family or friends? Yes No
Would your family/friends need assistance if you became part of that household?
(food, etc.) Yes No
How long would you be able to stay in that household? _____
14. Have you stayed in shelter in Dayton/Montgomery County before: Yes No
If yes, when and where? _____
15. Is client continuously homeless for at least on year? Yes No
Number of Times the Client has been homeless in the past three years? _____
If four or more, total number of months continuously homeless in the last three year? _____

MONTGOMERY COUNTY HOUSING CRISIS RESPONSE PROGRAM (HCRP) APPLICATION

INCOME INFORMATION:

Total number of months continuously homeless immediately prior to project entry? _____

Must include eligible gross income (listed below) for all adult members of the household.

<u>Source</u> (circle where appropriate)	<u>Who is Receiving</u>	<u>Monthly amount</u>	<u>Annual Amount</u>	<u>Documentation Provided</u>
Employment /Employment Income				
Retirement Income from Social Security				
Private Disability Insurance				
Unemployment Insurance				
Supplemental Security Insurance (SSI)				
Social Security Disability Insurance (SSDI)				
Worker's compensation				
Temp. Assistance for Needy Families (TANF)				
General Assistance (Disability Assistance)				
Pension/Retirement Income				
Child Support/Alimony/Foster Care				
VA Service-Connected Disability Compensation				
VA Non-Service Connected Disability Pension				
Armed services income				
Other source				
TOTAL				

To calculate annual wages:

- Hourly Wage multiplied by Hours Worked per week multiplied by 52 weeks
- Weekly Wage multiplied by 52 weeks
- Bi-Weekly (every other week) wage multiplied by 26 bi-weekly periods
- Semi-Monthly Wage (twice a month) multiplied by 24 semi-monthly periods
- Monthly Wage multiplied by 12 months
- For jobs with varying hours, historical employment hours (last 6 months) can be used to come up with a more equitable average

Is annual income less than amount listed in this table for **Prevention ONLY** household size? Yes__ No__

30% Median (2018):

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$13,800	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380

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INCOME INFORMATION

Check all that Health Insurance you receive. *(This is not considered income.)*

- | | |
|--|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> VA Medical Services |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Health Insurance Obtained through COBRA |
| <input type="checkbox"/> State Health Insurance for Adults | <input type="checkbox"/> Private Health Insurance |
| <input type="checkbox"/> State Health Insurance | <input type="checkbox"/> Other |

Check all that you receive. *(This is not considered income.)*

- | | |
|---|---|
| <input type="checkbox"/> Special Supplemental Nutrition Program for WIC | <input type="checkbox"/> Veteran’s Administration (VA) Medical Services |
| <input type="checkbox"/> TANF Child Care Services | <input type="checkbox"/> TANF Transportation Services |
| <input type="checkbox"/> Other TANF – Funded Services | <input type="checkbox"/> Section 8, Public Housing or rental assistance |
| <input type="checkbox"/> Other Source | |

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ASSET INFORMATION

Should include ALL assets owned by household members.

TYPE OF ASSET	ACCOUNT NUMBER	CURRENT BALANCE/ VALUE OF ASSET	INCOME FROM ASSET (Current Interest Rate)
Checking Account			
Checking Account			
Savings Account			
Savings Account			
Retirement Savings			
Retirement Savings			
Money Market Funds			
TOTAL AMOUNT			

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FOR PREVENTION ONLY: IMMINENT RISK OF HOMELESSNESS ASSESSMENT

Definition: An individual or family has income below 30% AMI and has insufficient resources immediately available to attain housing stability (see completed Assistance Determination Form).

Meets monthly gross income below 30% of 2018 AMI (use chart below and circle)

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$1,150	\$1,372	\$1,732	\$2,092	\$2,452	\$2,812	\$3,172	\$3,532

Meets one of the following criteria (check one):

- Individuals and families who lack a fixed, regular, and adequate nighttime residence
- Individuals and families who will imminently lose their primary nighttime residence
- Unaccompanied youth and families with children and who are defined as homeless under other federal law
- Individuals and families who are fleeing, or attempting to flee, domestic violence, date violence, sexual assault, stalking, or other dangerous or life threatening conditions that relate to violence against individual or family

Meets at least one of the following HUD qualifying risk factors (check all that apply)

Households fleeing domestic violence does not apply :

- Have moved frequently (2 or more times during the 60 days immediately prior to application assistance) because of economic reasons
- Are living in the home of another because of economic hardship
- Have been notified that their current housing or living situation will be terminated
- Live in a hotel or motel
- Live in severely overcrowded housing
- Are exiting an institution
- Previously homeless individuals or families; or otherwise live in housing that has characteristics associated with instability and increased risk of homelessness

Meets at least one of the following local risk factors (check all that apply) Households fleeing domestic violence does not apply:

- Young adults (Age 18-24)
- Families with young children (Age 5 and under)
- Large families (5 or more people)
- Previous episode of homelessness (within last 2 years)
- Under 15% AMI 2016 gross **monthly** income (use chart below if income is only applicable risk factor)

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$575	\$686	\$866	\$1,046	\$1,226	\$1,406	\$1,586	\$1,766

Is there a likelihood client will be able to maintain stable housing after assistance ends? Yes No

Based on the Imminent Risk of Homelessness Assessment, the household **does** qualify for HCRP assistance.

Name of staff completing the form

Signature

Date

**MONTGOMERY COUNTY HOUSING CRISIS RESPONSE PROGRAM (HCRP)
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FOR RAPID REHOUSING ONLY: HOMELESSNESS ASSESSMENT

Definition: Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided.

Meets one of the following criteria (check one):

- Sleeping in an emergency shelter
- Sleeping in a place not meant for human habitation, such as cars, parks, abandoned buildings, streets/sidewalks
- Staying in a hospital or other institution for up to 180 days but was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution
- Graduating from, or timing out of a transitional housing program
- Fleeing domestic violence

Meets the following HUD qualifying risk factor:

- Must have no appropriate subsequent housing options and must lack sufficient resources and support networks to retain housing

Is there a likelihood client will be able to maintain stable housing after assistance ends? Yes No

Based on the Homeless Assessment, the household **does** qualify for HCRP assistance.

Name of staff completing the form

Signature

Date

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ASSISTANCE DETERMINATION

Name: _____

Does client need assistance to:

_____ Stay in current housing

_____ Move to new housing

	AMOUNT	NUMBER OF MONTHS	PAYEE
Security deposit			
Utility deposit			
Rent arrear			
Utility arrear			
Rent assistance			
Utility assistance			

Total amount needed: \$ _____

Does client need:

_____ One-time assistance

_____ Short or medium term assistance

Client Contribution Determination:

Monthly contract rent amount: _____

Client contribution after first month (minimum of 25% of rent): _____

MONTH	CLIENT PAY	PAY	TOTAL
Month 1			\$
Month 2			\$
Month 3			\$

My signature below indicates my agreement to pay the above noted portions of my rent as agreed upon by me and my case manager. In order to avoid late fees, my portion of the rent must be paid on or before the first of the month and I must provide documentation to my case manager showing my rent has been paid. If my portion has not been paid on or before the first of the month, I may forfeit my assistance. If I do not pay my portion of the rent, it also releases the program from paying the remaining portion of my rent to the landlord.

Client Signature

Date

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PROPERTY INFORMATION

PROPERTY INFORMATION

- Landlord is owner of property.
- Property was constructed in what year? _____
- Property is not in foreclosure.
- Rent is reasonable

- Property passed Habitability Inspection
Date inspection requested: _____
Date inspection report received (report in file): _____

- Property passed Visual Lead Inspection (required if there is a child under 6 in the household or if a member of the household is pregnant and the unit was built before 1978)
Date inspection requested: _____
Date inspection report received (report in file): _____

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ENROLLMENT AGREEMENT

I understand that the Housing Crisis Response Program was designed to provide temporary financial assistance and case management services to prevent individuals and families from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized.

I understand that by enrolling in this program I agree to:

- If moving to a new location, I understand that I cannot sign a lease or move into that property until a housing (habitability) inspection has been completed and passes.
- I understand that if I have children under six years of age or if someone in my household is pregnant AND the unit I am currently living in or the unit I am moving to was built before 1978, the property must undergo a lead-based paint inspection. I cannot move into that property until the unit has passed inspection.
- Meet regularly (as agreed upon) with my case manager (calling if I can't make an appointment).
- Establish a plan and a budget that will help me maintain my housing after I receive assistance.
- Report any changes to my household or housing to my case manager within ten (10) calendar days.

I verify that all information provided is accurate to the best of my knowledge. I understand that providing false or incomplete information constitutes fraud and is subject to state and federal prosecution.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of (or organization acting on behalf of) the United States Government. In addition, any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant of the program may be subject to a misdemeanor and fined not more than \$5,000.

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Client Signature

Date