

METROPOLITAN HOUSING ACCESS PROGRAM (MHAP) FINANCIAL ASSISTANCE PROGRAM APPLICATION PRINCE GEORGE'S COUNTY MARYLAND

Financial Assistance Application Information Sheet

Applicants may apply for Housing Opportunities for Persons Living with HIV/AIDS (HOPWA) Short Term Rental, Mortgage, Utility (STRMU) financial assistance by completing this application with your primary case manager and submitting a completed application package to:

Housing Counseling Services, Inc.
Metropolitan Housing Access Program
2410 17th Street, N.W., Suite 100
Washington, DC 20009
Tel: 202.667.2681 Fax: 202.667.0862
Email: mhap@housingetc.org

A completed application package will consist of the following documents:

- ❖ (MHAP) Financial Assistance Program Application: **All sections must be completed**
- ❖ Physician's statement confirming HIV diagnosis **and** recent lab report detailing CD4 and viral load counts
- ❖ Verification of Prince George's County, MD residency (entire lease or mortgage statement)
- ❖ Documentation of all household income including Public Assistance received within the last 30 days. (if adult household member has no income, he/she must submit a *Zero Income Affidavit*)
- ❖ Documentation of all household assets and financial resources (most recent bank, stock, bonds, cds and other financial statements for all accounts. Bank statements must include all activities during that period).
- ❖ Picture ID for all adult (18 years or older) members of household
- ❖ Verification of all minor children (younger than 18) in household (Birth Certificates)
- ❖ Verification of delinquent rental, mortgage, or utility balance (itemized statement from landlord, mortgage company or utility company)
- ❖ Documentation of circumstance that caused financial need (for example: employment termination letter, recent unexpected/necessary expenditures, hospitalizations, verification of reduction of income, etc.)
- ❖ Case manager submitting MHAP application must sign Page 11 and Page 12
- ❖ **Case manager supervisor must review and sign MHAP application on Page 12 (failure to sign, will result in denial of the financial assistance application)**
- ❖ Signed MHAP Homeless Management Information System Release of Information Form (all household members 18 years of age or older must sign this form)

Upon receipt of the application package, HCS will send the applicant and case manager a confirmation of receipt. **Failure to submit all required eligibility documentation with the application and failure to answer all questions will result in the immediate denial of the financial assistance application. HCS may request additional documentation to verify circumstances presented in the application.** Also, HCS may request that the applicant meet with a HCS staff person if it is determined that there are concerns regarding housing stability or concerns regarding the circumstances of the financial assistance request.

***If you are not currently receiving case management services you may**

contact HCS for a referral for case management services.

Section 1: Applicant Information

Date: _____ Unique ID: _____ Ward: _____

Applicant's Name: _____
Last Name First Name Middle

Current Address: _____
Street Apt. #
_____ City State Zip Code

Length of time at this address: ____ years ____ months

_____ Home Phone _____ Cell Phone _____ Email

Do you currently live in a unit that is supported by a federal, state, or local housing subsidy (includes Section 8, Public Housing, TBRA, and Shelter Plus Care)? ____ Yes ____ No
If yes, you may be ineligible for financial assistance.

Type of financial assistance you are applying for (select all that apply):

____ Rental Delinquency ____ Utility Assistance ____ Mortgage Assistance

At any time during the past 12 months have you received any financial assistance from any program to support your housing or utility expenses (for example: ERAP, HPRP, EFA, LIHEAP, STRMU, etc)? ____ Yes ____ No

If yes, please provide additional information regarding the financial assistance received:

Program Name	Amount of Financial Assistance Received	Date Financial Assistance Received	Type of Assistance (rent, mortgage or utility)
	\$		
	\$		
	\$		
	\$		
	\$		

Do you currently have any applications for financial assistance outstanding for your current financial crisis? ____ Yes ____ No

Please provide details _____

Section 2: Applicant Demographic Information

1. **Gender:** Male Female Transgendered: MtF or FtM
(circle)

2. **Ethnicity:** Latino/Hispanic Not Latino/Hispanic

3. **Race: (Check only one)**

Single Race

American Indian/Native American (I) Asian (A) Black/African American (B)
 Native Hawaiian or Other Pacific Islander (PI) White (W)

Or Multi-Race

American Indian or Alaska Native and White (IW) Black/African American and White (BW)
 Asian and White (AW) American Indian/Alaska Native & Black /African American (IB)
 Other Multiple Race (O)

4. **Language:** Is English your primary language? Yes No If no, primary language: _____

5. **Current Housing Situation:**

Renter Live with Family/Friends Own Hospital/Rehabilitation Center
 Homeless, living on the street or in shelter/transitional housing Other _____

6. **Homelessness History: (Homeless = living on the street or in a shelter/transitional housing)**

- Total number of months you have been homeless for the past 3 years: _____
- How many separate instances of homeless have you experienced in the past 3 years? _____
- If currently homeless, briefly explain the cause of your homelessness:

- If currently homeless, what is the zip code of your last permanent address: _____

7. **Is anyone in your household an U.S. military veteran (not including a reservist)?** Yes No
If yes, provide the veteran's name(s) _____

8. **Family Status (Check all that apply):**

Single Person Household Multiple-person Household Children under 18 in household
 Pregnant Household Member Household member 6 years or younger
 Children 6 years or younger regularly visit the home (visits at least 6 hours per week)

9. **Current HIV Status:** Stage 1 (CD4>500) Stage 2 (CD4 200-499) Stage 3 (CD4 <200)

10. **Date of Last Contact with Health Care Provider:** _____

11. **Do you currently have medical insurance?** Yes No

12. **Employment Training:**

Have you participated in an employment training program within the last 12 months Yes No
If yes, did the employment training result in employment? Yes No

EMERGENCY CONTACT (Whom should the program call in case of emergency?)

Name: _____ **Relationship:** _____

Address: _____
Street Apt City State Zip

Phone Number (HM): _____ **(WK):** _____

Is the emergency contact aware of applicant's HIV status? Yes No

**Section 3: Household Composition, Income, Expenses Information,
and Financial Resources**

HOUSEHOLD COMPOSITION & INCOME INFORMATION

Complete this section for all persons currently in your household. Include all household income.

NAME	RELATION TO APPLICANT	DATE OF BIRTH & AGE	RACE*	SOCIAL SECURITY NUMBER	HIV POSITIVE (Y or N)	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME	SOURCES OF INCOME (Work, SSDI, TANF, etc.)
1.	Applicant							
2.								
3.								
4.								
5.								
Please submit additional form to list other household members.						Total	Total	

* For race, use abbreviations in parenthesis for responses to Question 3 on Page 3

HOUSEHOLD EXPENSES INFORMATION

Enter expected expenses for next month for your household. This information will be used to help determine your need for financial assistance

Expense	Amount	Expense	Amount	Expense	Amount
Rent/Mortgage		Car Loan		Education	
Electric		Car Insurance		Entertainment	
Gas/Oil		Car Repairs		Household Items	
Phone		Other Transportation Costs		Loan(s)	
Water/Sewer		Child Care		Personal Care	
Food		Child Support		Other	
Insurance Medical/Life		Laundry		Other	
Doctor/Dentist		Clothing		Other	
Medication		Credit Card(s)		Total Expenses	

Do you receive Child Support Payments? Yes No If yes, provide the dollar amount: \$ _____

Do you receive Food Stamps? Yes No If yes, provide the dollar amount: \$ _____

HOUSEHOLD ASSETS AND FINANCIAL RESOURCES

List all bank/credit union accounts, retirement accounts, stocks/bonds, and other financial resources accessible by anyone in the household.

Type of Account	Financial Institution	Balance
Example: Checking	Bank of America	\$250.00
		Total:

Section 4: Detail of Financial Need

If requesting assistance for a delinquent mortgage payment, complete this section	
<p>_____</p> <p>Name of Mortgage Company</p> <p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone</p> <p>_____</p> <p>Mortgage Account Number</p>	<p>\$ _____</p> <p>Regular Monthly Payment</p> <p>\$ _____</p> <p>Total Amount Past Due (please attach most recent statement from mortgage company)</p> <p>_____</p> <p>(MM/DD-MM/DD) # of bedrooms</p> <p>Timeframe for delinquency in home</p> <p>Have you received a foreclosure notice? __Yes__No (if yes, please attach)</p> <p>Have you applied for a mortgage modification or any other type of mortgage relief? ____Yes__No (if yes, attach response from mortgage company)</p> <p>If you live in a condominium or cooperative, attach a current statement detailing your account balance with the coop/condo association.</p>

If requesting assistance for delinquent rent, complete this section

<p>_____ Name of landlord/management company</p> <p>_____ Payment Address:</p> <p>_____ City/State/Zip</p> <p>_____ Telephone</p> <p>_____ Name of property owner</p> <p>Type of rental property: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Separate Apt in multi-family property <input type="checkbox"/> Shared housing/room rental/partial unit rental <input type="checkbox"/> Rooming House/SRO <input type="checkbox"/> Other _____</p> <p>_____ # of bedrooms in your unit</p> <p>Are you related to the landlord or property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please explain _____ _____ _____</p>	<p>\$ _____ Regular Monthly Payment</p> <p>\$ _____ Total Amount past Due (please attach ledger from landlord/mgmt company)</p> <p>_____ (MM/DD-MM/DD) Timeframe for delinquency</p> <p>Are you the leaseholder for the unit identified on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Please explain your relationship to the leaseholder _____ _____ _____</p> <p>Are you responsible for the total rent for the unit on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what portion are you responsible for? \$ _____ Please explain: _____ _____</p> <p>Have you received a writ or any court documents regarding this delinquency? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach)</p> <p>Have you signed a praecipe in court or agreed to any payment plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach a copy of the praecipe/plan)</p>
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**If requesting assistance with delinquent utility bill(s),
complete the appropriate section below**

<p>_____</p> <p>Electric Company Name</p> <p>_____ \$ _____</p> <p>Account Number Amount Due</p> <p>_____</p> <p>Disconnect Notice?</p> <p>(MM/DD-MM/DD) ___ Yes ___ No</p> <p>Timeframe for delinquency</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone Number</p>
<p>_____</p> <p>Gas/Oil Company Name</p> <p>_____ \$ _____</p> <p>Account Number Amount Due</p> <p>_____</p> <p>Disconnect Notice?</p> <p>(MM/DD-MM/DD) ___ Yes ___ No</p> <p>Timeframe for delinquency</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone Number</p>
<p>_____</p> <p>Water Company Name</p> <p>_____ \$ _____</p> <p>Account Number Amount Due</p> <p>_____</p> <p>Disconnect Notice?</p> <p>(MM/DD-MM/DD) ___ Yes ___ No</p> <p>Timeframe for delinquency</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone Number</p>

Total amount of financial assistance I am requesting: \$ _____

Are you able to contribute towards your current outstanding balance(s)

___ Yes, I can contribute \$ _____ towards my outstanding balance(s).

___ No, I cannot contribute towards my outstanding balance(s)

STRMU Lead-Based Paint Visual Assessment Requirement

Federal STRMU regulations require that a lead-based paint visual assessment must be performed if the housing to be assisted was constructed before 1978 and at least one of the following conditions are present:

1. A household member is pregnant
2. A household member is 6 years or younger
3. A child 6 years or younger regularly visits the home.

If it is determined that these conditions are present, the unit must pass a lead-based paint visual assessment before a STRMU payment can be authorized by the Single Point of Payment Provider. A HOPWA Program Representative will contact the applicant to facilitate the required visual assessment.

Section 5: Explanation of Financial Assistance Need and Housing Stability Plan

EXPLANATION OF FINANCIAL ASSISTANCE NEED

The financial assistance programs are designed to provide relief from a temporary emergency that has affected your housing security and stability. In evaluating your application we will review both the causes of the emergency and what definitive steps have been taken and will be taken to preserve your housing opportunities moving forward. It's therefore important that you provide a clear explanation of the cause of the temporary emergency (as well as verifications of the causes of the temporary emergency) as well as what steps have been and will be taken to prevent future crises (as well as verifications of these activities).

Please explain in detail the circumstances that caused your need for financial assistance at this time. Use additional pages if necessary. Please provide third party documentation that verifies the circumstances that caused your need for financial assistance (examples: employment termination letter, decrease in household income, documentation of payment for unexpected medical bills, etc.).

HOUSING STABILITY PLAN

In evaluating your housing stability plan HCS will be reviewing the barriers, tasks, and goals you have identified. We will also evaluate the results of the activities you have already taken to secure stability in your housing. If this is not your first application for financial assistance, you are required to document the results of tasks you identified in previous housing stability plans. You must include documentation of all steps taken and if steps identified in your previous housing plan were not successful, you must describe and document the reasons. Housing plans that show no progress in meeting goals or provide no documentation of actual tasks accomplished will not provide the necessary support for your subsequent applications.

Please identify barriers you currently experience related to maintaining stable housing. Also, explain the specific steps you and your household have taken and will take towards stabilizing your housing situation to prevent the need for future financial assistance (attach additional pages if necessary).

Barrier(s) to Housing Stability	Tasks to Overcome Barrier(s)	Housing Stability Goal(s)	Person Responsible for Completing Tasks	Date to Complete Tasks/Objectives
Example: Loss of Employment	1. Apply for unemployment benefits; 2. Submit applications and resumes to prospective employers	Obtain income to make future rental payments	Client	1. 3/1/12 2. On-going
1.				
2.				
3.				
4.				

HOUSING STABILITY PLAN UPDATE

(If this is your first financial assistance application submitted to the HCS MHAP Program, leave this page blank and go to Section 6)

1. Have you met with a housing counselor to evaluate your housing options?
___Yes ___No When_____ Where_____
2. Have you participated in employment readiness/job training program?
___Yes ___No When_____ Where_____
3. Have you participated in money management counseling?
___Yes ___No When_____ Where_____
4. Have you applied for Social Security Benefits, Interim Disability Assistance (IDA), unemployment benefits, TANF, food stamps, or other support program?
___Yes ___No If yes, please complete the following chart:

Program Name	Date of Application	Result of Application

5. Have you enrolled in any educational programs (i.e. GED, college, vocational or other program)?
___Yes ___No When_____ Where_____

Were goal(s) achieved from previous FAP application(s) submitted? (Check one):

___Yes, definitely ___Yes, generally ___No, not really ___No, definitely not

Explain: _____

If you were unsuccessful at meeting your housing stability goals, what steps will you take during the next 60 days to demonstrate progress?

Section 6: Disclosures and Authorizations

Disclosure Statement

To the best of my knowledge and belief, I certify that the foregoing information is true, complete and accurate. I understand that if I have provided any false information, this may result in the denial of my application. I understand that Housing Counseling Services, Inc. (HCS) may need to contact individuals and/or agencies (including landlords, mortgage companies, utility companies, employers, government agencies, and medical/support service providers) to acquire information and verify eligibility for its programs and to maintain contact with me. My signature serves as my consent for HCS to contact individuals, businesses, and/or service provider(s) necessary to document my eligibility and my need.

I also understand that information I provide during application process may be entered into the Homeless Management Information System (HMIS). HMIS allows homeless prevention service providers to coordinate serve delivery to at risk households in the region as well as track and report on individual, local, and regional service utilization and trends. I understand that MHAP staff may need to speak with me to collect additional information about my household for entry into HMIS. I understand that failure to provide information requested by HCS for HMIS may be grounds for the denial and closure of my application for housing assistance.

Further, as a participant in a program funded by the local and federal government, I understand that annual audits will be conducted to verify HCS' compliance with local and federal regulations. I authorize HCS to allow the review of my personal program file, including all verifications and documentation, by the HCS Organizational Auditor or Funding Agency Compliance Auditor/Monitor. All Auditors/Monitors are prohibited from disclosing any personal client information to any source. This authorization will remain in effect as long as an Organizational Auditor or Compliance Auditor/Monitor determines that the review of client files is necessary to complete federally mandated audits, reviews and report(s).

My consent is subject to revocation in writing by me at any time. This form has been read by me or to me prior to my signing it

Client Signature:

Witness:

Date:

Date:

Authorization of Representation/Release of Information/Consent to Counseling

The applicant authorizes that _____ (name of case manager) is permitted to represent the applicant in the process of applying to this housing program and has permission to release information and receive information related to all matters concerning the applicant in the process. In addition, the applicant authorizes Housing Counseling Services (HCS) to release information to housing and service providers operating within the HOPWA Housing system. This release may be revoked at any time verbally or in writing. I also understand that HCS, upon review of my financial assistance application, may request that I meet with a housing counselor to discuss my housing stability or to discuss concerns regarding the circumstances of my financial assistance request. Failure to meet with an HCS counselor may result in the denial of my application.

Client Signature: _____

Date: _____

Application Completed By

Application completed by
(Case manager name): _____

Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Case Manager's Signature: _____

Date: _____

By signing this application, the case manager confirms that this application was completed at the request of the applicant and in the presence of the applicant.

As this case manager's supervisor, I attest that I have reviewed this application for financial assistance. I support the Housing Stability Plan to overcome this temporary financial delinquency.

Case Manager Supervisor Name: _____

Supervisor Signature: _____

Date: _____ Phone Number: _____