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...
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:

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Amount of Financial Assistance Received</th>
<th>Date Financial Assistance Received</th>
<th>Type of Assistance (rent, mortgage or utility)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you currently have any applications for financial assistance outstanding for your current financial crisis?  ____Yes  ____No
Please provide details_________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Housing Counseling Services, Inc. – 08/04/16
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)
   a. Total number of months you have been homeless for the past 3 years: _______
   b. How many separate instances of homelessness have you experienced in the past 3 years? ______
   c. If currently homeless, briefly explain the cause of your homelessness:
      __________________________________________________________________________
   d. 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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATION TO APPLICANT</th>
<th>DATE OF BIRTH &amp; AGE</th>
<th>RACE*</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>HIV POSITIVE (Y or N)</th>
<th>MONTHLY GROSS INCOME</th>
<th>ANNUAL GROSS INCOME</th>
<th>SOURCES OF INCOME (Work, SSDI, TANF, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Applicant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>3.</td>
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</tr>
<tr>
<td>4.</td>
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<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please submit additional form to list other household members.

* 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.

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

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.

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Financial Institution</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Checking</td>
<td>Bank of America</td>
<td>$250.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total:

Section 4: Detail of Financial Need

If requesting assistance for a delinquent mortgage payment, complete this section

<table>
<thead>
<tr>
<th>Name of Mortgage Company</th>
<th>$ Regular Monthly Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$____________________

Regular Monthly Payment

$____________________

Total Amount Past Due (please attach most recent statement from mortgage company)

____________________

(MM/DD-MM/DD) # of bedrooms

Timeframe for delinquency in home

Have you received a foreclosure notice? __Yes___No (if yes, please attach)

Have you applied for a mortgage modification or any other type of mortgage relief? ____Yes ___No (if yes, attach response from mortgage company)

If you live in a condominium or cooperative, attach a current statement detailing your account balance with the coop/condo association.
<table>
<thead>
<tr>
<th>Name of landlord/management company</th>
<th>$__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment Address:</td>
<td>$__________</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>____________</td>
</tr>
<tr>
<td>Telephone</td>
<td>____________</td>
</tr>
<tr>
<td>Name of property owner</td>
<td>____________</td>
</tr>
</tbody>
</table>

**Type of rental property:**
- Single Family Home
- Separate Apt in multi-family property
- Shared housing/room rental/partial unit rental
- Rooming House/SRO
- Other ____________

# of bedrooms in your unit ____________

Are you related to the landlord or property owner?  
Yes __ No. If yes, please explain ______________

Are you the leaseholder for the unit identified on page 1?  
Yes ___ No  If no, Please explain your relationship to the leaseholder ______________

Timeframe for delinquency ____________

Are you responsible for the total rent for the unit on page 1?  
Yes ___ No  If no, what portion are you responsible for? $__________ Please explain: ______________

Have you received a writ or any court documents regarding this delinquency? ___ Yes ___ No  (if yes, please attach)

Have you signed a praecipe in court or agreed to any payment plan?  
Yes ___ No  (if yes, please attach a copy of the praecipe/plan)
If requesting assistance with delinquent utility bill(s), complete the appropriate section below

<table>
<thead>
<tr>
<th>Electric Company Name</th>
<th>Payment Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>____________________</td>
</tr>
<tr>
<td>Account Number $_________</td>
<td>Amount Due</td>
</tr>
<tr>
<td>___________________</td>
<td>Disconnect Notice? ___Yes ___No</td>
</tr>
<tr>
<td>(MM/DD-MM/DD) Timeframe for delinquency</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>___________________</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gas/Oil Company Name</th>
<th>Payment Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>____________________</td>
</tr>
<tr>
<td>Account Number $_________</td>
<td>Amount Due</td>
</tr>
<tr>
<td>___________________</td>
<td>Disconnect Notice? ___Yes ___No</td>
</tr>
<tr>
<td>(MM/DD-MM/DD) Timeframe for delinquency</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>___________________</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Water Company Name</th>
<th>Payment Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>____________________</td>
</tr>
<tr>
<td>Account Number $_________</td>
<td>Amount Due</td>
</tr>
<tr>
<td>___________________</td>
<td>Disconnect Notice? ___Yes ___No</td>
</tr>
<tr>
<td>(MM/DD-MM/DD) Timeframe for delinquency</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>___________________</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

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.
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.).

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
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).

<table>
<thead>
<tr>
<th>Barrier(s) to Housing Stability</th>
<th>Tasks to Overcome Barrier(s)</th>
<th>Housing Stability Goal(s)</th>
<th>Person Responsible for Completing Tasks</th>
<th>Date to Complete Tasks/Objectives</th>
</tr>
</thead>
</table>
| 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:

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Date of Application</th>
<th>Result of Application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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:  
Date:

Witness:  
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: ____________________________