

HOUSING COUNSELING SERVICES

SUSTAINABLE HOUSING ASSISTANCE

RENTAL PROGRAM

DISTRICT OF COLUMBIA ELIGIBLE METRO AREA

Sustainable Housing Assistance Rental Program Application Information Sheet

The *Sustainable Housing Assistance Rental Program* is a 24-month flat rate rental assistance program intended to assist rent burdened individuals and incentivize saving in order to promote housing stability. Candidates must demonstrate that their current rent is over 50% of their gross income. The monthly subsidy amount is equal to 20% of the Fair Market Rent value and will vary based on household size. Candidates must be HIV+, with income at or below 500% of the federal poverty line, be a resident of the DC EMA, and agree to participate in case management and develop a Housing Stability Plan. Please submit a completed application to:

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

A completed application package will consist of the following documents:

- ❖ Sustainable Housing Assistance Rental Program Application: **All sections must be completed**
- ❖ Verification of HIV Status: Acceptable documentation include: physician’s statement confirming HIV diagnosis; lab report detailing CD4 and viral load counts (must be within the last 6 months); or confirmatory HIV test (multi-spot, P4antigen, or western-blot)
- ❖ Verification of DC Eligible Metro Area residency (current lease; current utility statement; valid ID; letter from agency)
- ❖ Copy of entire lease detailing current monthly rent
- ❖ Rental ledger showing no outstanding balance (if applicable)
- ❖ Documentation of all household income including Public Assistance received within the last **90** days (candidates must have income)
- ❖ Documentation of all household assets and financial resources (**90 days** of 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)

HCS will send the applicant a confirmation letter upon receipt of the application package. **Failure to submit all required eligibility documentation with the application and failure to answer all questions will result in the immediate denial of the application. HCS may request additional documentation to verify circumstances presented in the application.**

SHARP Assistance Amount (20% FMR)	Unit Size	2019 FMR	SHARP Assistance
	Efficiency	\$1,415	\$283
	1	\$1,454	\$290
	2	\$1,665	\$333
	3	\$2,176	\$435

SHARP Income Guidelines	Household Size	2018 Max Income
	1	\$60,700
	2	\$82,300
	3	\$103,900
	4	\$125,500

Please Note: Residents of subsidized housing are not eligible for the Sustainable Housing Assistance Rental Program. Rental unit must pass housing quality standard inspection to be eligible for subsidy. Participants will not be eligible for HOPWA (STRMU, Bridges) nor Ryan White rental and utility assistance while in the SHARP program.

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

Telephone: _____ 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 are not eligible for this program.

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)
	\$		
	\$		
	\$		
	\$		
	\$		

Emergency Contact (Whom should the program call in case of emergency?)

Name: _____ Relationship: _____

Address: _____

Street
Apt
City
State
Zip

Phone number: _____ Email: _____

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

Section 2: Applicant Demographic Information

1a. Gender: Male Female Transgendered: MTF or FTM

1b. Sex at Birth: Male Female

2. Ethnicity: Latino/Hispanic Not Latino/ Hispanic

*If Hispanic, please choose all that apply: Mexican/ Mexican American/ chicano/a Puerto Rican
 Cuban Other Hispanic, Latino/a, or Spanish Origin (please describe) _____

3. Race: (Check only one)

Single Race

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

If Native Hawaiian or Other Pacific Islander, please choose all that apply:

Native Hawaiian Guamanian or Chamorro
 Samoan Other Pacific Islander (please describe)

If Asian, please choose all that apply:

Asian Indian (AI) Chinese (CH) Filipino (F) Japanese (JA)
 Korean (KR) Vietnamese (VT) Other Asian (please describe)

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)

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

3. Marital Status

Single Married Separated Divorced Domestic Partnership

4. Current Housing Situation:

Renter Live with Family/Friends Living in transitional Other _____

5. Is anyone in your household a U.S. military veteran (not including a reservist)? Yes No

If yes, provide the veteran's name(s) _____ Discharge Status: _____

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

7. Date of HIV Diagnosis: ____/____/_____
MM DD YYYY

8. Do you currently have medical insurance? Yes (Insurance Provider _____) No

9. Date of last contact with health care provider: _____

10. Highest level of education completed: _____

11. 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

**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, et
1.	Applicant							
2.								
3.								
4.								
5.								
Please submit additional form to list other household members.						Total	Total	

- If currently employed, please list current employer: _____
- Position held: _____ Length of time with current employer: _____
- 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: \$ _____

MONTHLY HOUSEHOLD EXPENSES INFORMATION

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		Credit Cards/ Loan(s)	
Water/Sewer		Child Care		Personal Care	
Food		Child Support		Medications	
Insurance Medical/Life		Laundry		Other	
Doctor/Dentist		Clothing		Total	

HOUSING STABILITY PLAN

The Sustainable Housing Assistance Rental Program provides assistance for up to 24 months. All candidates must identify ways they can work toward long-term housing stability during that time.

Please identify the financial and housing goals you hope to achieve within the next 24 months that will lead to long term housing stability.

Area of Focus	Financial/ Housing Stability Goals	Tasks to achieve goal (If accepted into the program, what steps would you take to achieve this goal?)	Date to Complete Tasks/ Objectives
Example: Financial Planning and Savings	Save \$1,000 for an emergency savings account	1. Open a savings account 2. Save \$200 a month	1. 11/01/18 2. On-going
Employment and Income (ex: identify stable employment; complete training to increase income...etc)			
Financial Planning and Savings (ex: save \$1,000 for emergencies; save for retirement; improve money management...etc.)			
Housing (ex: identify affordable housing; relocate to safer neighborhood; save for home purchase...etc.)			
Physical Health (ex: improve health through medication compliance; maintain current health...etc.)			
Other (ex: improve mental health; maintain sobriety; pursue affordable childcare... etc.)			

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: