HCSMANAGEMENT
demonstrate
HOPWA
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Sustainable
at

 Verification

other

Documentation

(40%)

HIV
diagnosis;
Verification
Sustainable

\begin{tabular}{|l|l|l|}
\hline
SHARP & Unit & 2019 FMR & SHARP \\
Assistance & Size & & Assistance \\
Amount & Efficiency & & \\
(40% FMR) & & & \\
\hline
& & $1.415 & $566 \\
& 1 & $1.454 & $581 \\
& 2 & $1.665 & $666 \\
& 3 & $2.176 & $870 \\
\hline
\end{tabular}

\begin{tabular}{|l|l|l|}
\hline
SHARP & Household & 2018 Max \\
Income & Size & Income \\
Guidelines & & \\
\hline
& 1 & $60,700 \\
& 2 & $82,300 \\
& 3 & $103,900 \\
& 4 & $125,500 \\
\hline
\end{tabular}

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.

Housing Counseling Services, Inc. – 02/04/19
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:

<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>
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</tbody>
</table>

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

Housing Counseling Services, Inc. – 02/04/19

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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: ____________________________


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.

<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>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please submit additional form to list other household members.

<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>Entertainment</td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td></td>
<td>Car Insurance</td>
<td></td>
<td>Household Items</td>
<td></td>
</tr>
<tr>
<td>Gas/Oil</td>
<td></td>
<td>Car Repairs</td>
<td></td>
<td>Credit Cards/Loan(s)</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
<td>Other Transportation Costs</td>
<td></td>
<td></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>Medications</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>Total</td>
<td></td>
</tr>
</tbody>
</table>

1. Please list current employer: ____________________________________________
2. Position held: __________________ Length of time with current employer: __________________
3. Do you receive Child Support Payments? ______ Yes ______ No If yes, provide the dollar amount: $ ______
4. Do you receive Food Stamps? ______ Yes ______ No If yes, provide the dollar amount: $ ______

**MONTHLY HOUSEHOLD EXPENSES INFORMATION**
## Section 4: Applicant Living Situation

### Current Living Situation:

<table>
<thead>
<tr>
<th>Type of rental unit:</th>
<th>Name of Landlord/ Management Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Single Family Home</td>
<td>________________________________</td>
</tr>
<tr>
<td>___ Separate Apt in multi-family property</td>
<td></td>
</tr>
<tr>
<td>___ Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular Monthly Payment</th>
<th>Payment Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>$______________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># of bedrooms in your unit:</th>
<th>City/ State/ Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List all residents included on the lease:</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________________</td>
<td>__________________</td>
</tr>
<tr>
<td>________________________________</td>
<td>__________________</td>
</tr>
<tr>
<td>________________________________</td>
<td>__________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you responsible for the total rent of this unit?</th>
<th>Do you have an outstanding rental balance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Yes ___ No</td>
<td>___ No ___ Yes If yes, how much?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you related to the landlord or property owner?</th>
<th>If yes, please explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Yes ___ No</td>
<td>_____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If no, what is your portion?</th>
<th>___________________</th>
</tr>
</thead>
</table>

## Section 5: Explanation of Need and Housing Stability Plan

### EXPLANATION OF FINANCIAL ASSISTANCE NEED

The Sustainable Housing Assistance Rental Program is intended to temporarily reduce the rent burden for those paying over 40% of their gross income toward rent. Please explain in detail how the Sustainable Housing Assistance Rental Program can assist you with enhancing your financial and housing stability:

________________________

________________________

________________________

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________________________
**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.

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