

# HOUSING COUNSELING SERVICES HOUSING INDEPENDENCE THROUGH EMPLOYMENT APPLICATION

## Program Information

The *Housing Independence Through Employment Program* (HITE Program) supports highly motivated individuals in seeking increased income and improved employment opportunities with the goal of achieving their highest level of economic and housing independence. In order to be selected, participants must demonstrate aptitude, interest and experience in employment that, within one year, can lead to housing independence. The HITE Program provides individuals with financial support for housing and employment enhancements for up to 12 months. HITE participants will pay 30% of their income toward rent while engaged in this program and will be eligible for financial assistance to support career enhancement opportunities. Participants take active steps to improve employment opportunities and to engage with intensive case management.

### **HITE Program Eligibility Criteria:**

- HIV+
- DC/PG/Calvert County Resident
- Single Adult Household
- High school diploma or GED
- Income must be at or below 50% of the Area Median Income (As of October 1, 2022 household income cannot exceed \$52,750 gross)
- Must demonstrate a housing need (homeless, at risk of homelessness, housing instability, rent-burden...etc.)
- At least 24 months of educational/vocational history within the last 5 years
- Must be able to identify realistic employment goals, achievable within a 12-month period, that will lead to economic and housing independence.
- Amenable to engage in intensive case management and/or other HCS supportive services up to 4x/month

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**A completed housing services referral package will consist of the following items:**

- HITE Eligibility Application: **All sections must be completed.**
- Verification of HIV Status: physician's statement listing CD4 and Viral Load **or** lab report detailing CD4 and Viral Load within the last 6 months.
- Government issued picture ID.
- Verification of high school diploma or GED.
- Provide a resume or list of the past five years of employment/education/volunteering. experience including dates and salaries.
- Proof of current or recent employment (W-9, pay stubs, letter from employer, letter of recommendation). All documentation of all household income within the last 90 days.
- Proof of current enrollment in college or trade school (if applicable).
- All documentation of bank statements (checking and saving), Cash App, PayPal, Venmo, Apple Pay, stock, bonds, cds and other financial statements within the last 90days.
- Documentation of DC residency.
- Current Rental Ledger (if currently renting) - must have no outstanding balance
- Other documents may be requested as needed.

Please submit this application and supporting documentation by fax, email, or mail to:  
Housing Counseling Services, Inc.

Metropolitan Housing Access Program  
(MHAP)

2410 17th Street, N.W., Suite 100

Washington, DC 20009

Tel: 202.667-2681 Fax: 202.765.2763

Email: [mhap@housingetc.org](mailto:mhap@housingetc.org)

Subject: HITE Program Application

Please Note: **Residents of subsidized housing are not eligible for the Housing Independence Through Employment 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.**

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**Date:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last Name First Name Middle

**Current Address:** \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_ City State Zip Code

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Home Mobile

**Describe your current housing situation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How long have you lived in your current housing situation:** \_\_\_\_\_

**If paying rent, list monthly rent amount:** \_\_\_\_\_

**Explain your need for housing support:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Highest Level of Education Completed:** \_\_\_\_\_  
\_\_\_\_\_

**Employment History over the past 5 years (Check all that apply/ include total # of months):**

- \_\_\_ Full time employment (# of months \_\_\_\_\_)
- \_\_\_ Full time school (# of months \_\_\_\_\_)
- \_\_\_ Part time employment (# of months \_\_\_\_\_)
- \_\_\_ Part time school (# of months \_\_\_\_\_)
- \_\_\_ Volunteering (# of months \_\_\_\_\_)
- \_\_\_ Internship (# of months \_\_\_\_\_)
- \_\_\_ Other: \_\_\_\_\_ (# of months \_\_\_\_\_)

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**Are you employed:** \_\_\_ Yes \_\_\_ No **If no, list date of last employment:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_ **Pay Rate:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_

**How long with current employer:** \_\_\_\_\_

**If not employed, how do you spend your time?** \_\_\_\_\_

\_\_\_\_\_

**Describe your efforts to secure employment?** \_\_\_\_\_

\_\_\_\_\_

**Describe any educational/vocational programs you are currently participating in or recently participated in:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe your long-term career goals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe any limitations you may have in achieving career goals:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe briefly any specific assistance you need to achieve your career goals:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**The goal of the HITE program is to support highly motivated individuals with achieving economic independence through employment and housing support for a period up to 12 months. Participants must have a detailed employment and/or educational plan that will progress them toward economic independence. Participants must be prepared to take immediate steps on their employment plan and demonstrate steps they have already taken.**

**Describe your 12 month employment plan:**

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**Describe your qualities and strengths that make you a good candidate for this program:**

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**Describe what barriers are keeping you from progressing on your employment goals:**

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**I understand that this application is only a preliminary step for consideration of acceptance into the HITE Program. Submitting this application does not guarantee any sort of approval for this program. Only complete applications with detailed and realistic employment plans will be considered for further assessment. I certify that all of the information provided in this application is true and accurate. I understand that I must participate in a full assessment and that I may be required to provide additional documentation.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Employment/ Education History** (Disregard if submitting a resume)

<b>Company/Institution Name:</b>		<b>Begin Date:</b>	<b>End Date:</b>
Position:	Description:		
Average hour/week:	Reason for leaving:		
<b>Company/Institution Name:</b>		<b>Begin Date:</b>	<b>End Date:</b>
Position:	Description:		
Average hour/week:	Reason for leaving:		
<b>Company/Institution Name:</b>		<b>Begin Date:</b>	<b>End Date:</b>
Position:	Description:		
Average hour/week:	Reason for leaving:		
<b>Company/Institution Name:</b>		<b>Begin Date:</b>	<b>End Date:</b>
Position:	Description:		
Average hour/week:	Reason for leaving:		
<b>Company/Institution Name:</b>		<b>Begin Date:</b>	<b>End Date:</b>
Position:	Description:		
Average hour/week:	Reason for leaving:		
<b>Company/Institution Name:</b>		<b>Begin Date:</b>	<b>End Date:</b>
Position:	Description:		
Average hour/week:	Reason for leaving:		

**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.

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:

\_\_\_\_\_