

# HOUSING COUNSELING SERVICES

## SUSTAINABLE HOUSING ASSISTANCE

### RENTAL PROGRAM

#### DISTRICT OF COLUMBIA

#### Sustainable Housing Assistance Rental Program Application Information Sheet

The *Sustainable Housing Assistance Rental Program* is a 12-month flat rate rental assistance program intended to assist rent burdened individuals. Candidates must demonstrate that their current rent is over 40% of their gross income. The monthly subsidy amount is equal to 40% of the Fair Market Rent value and will vary based on unit size and household size. Candidates must be HIV+, employed, with income at or below 50% of the Area Median Income, be a resident of the DC EMA, 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 (SHARP)  
 2410 17th Street, N.W., Suite 100  
 Washington, DC 20009  
 Tel: 202.667-2681 Fax: 202.765.2763  
 Email: mhap@housingetc.org  
 Subject: Sustainable Housing Assistance Rental Program Application

#### 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: physician’s statement listing CD4 and Viral Load **or** lab report detailing CD4 and Viral Load within the last 6 months
- ❖ Verification of DC/PG/Calvert County 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 (**applicants must be housed at the time of application**)
- ❖ Documentation of all household income including Public Assistance received within the last **90** days (**applicants must be employed**)
- ❖ All documentation of all financial statements within the last 90 days. This includes bank statements (checking and saving), Cash App, PayPal, Venmo, Apple Pay, stock, bonds, cds and other financial statements.
- ❖ Picture ID for all adult (18 years or older) members of household
- ❖ Verification of all minor children (younger than 18) in household (Birth Certificates or documentation of legal custody)

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.** The subsidy amount each SHARP household receives will be based on an evaluation of household size, household composition, and unit bedroom size to determine the most appropriate stipend amount.

|                               | Household Size | 2023 MFI |
|-------------------------------|----------------|----------|
| SHARP<br>Income<br>Guidelines | 1              | \$52,750 |
|                               | 2              | \$60,300 |
|                               | 3              | \$67,850 |
|                               | 4              | \$75,350 |

**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 ( <b>I</b> )            | ___ Black/African American ( <b>B</b> ) |
| ___ Native Hawaiian or Other Pacific Islander ( <b>PI</b> ) | ___ White ( <b>W</b> )                  |
| ___ Asian   | ___ Other                               |

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

- |                     |   |
|---------------------|---|
| ___ Native Hawaiian | ___ Guamanian or Chamorro                             |
| ___ Samoan          | ___ Other Pacific Islander ( <b>please describe</b> ) |

**If Asian, please choose all that apply:**

- |                                |                              |  |                            |
|--------------------------------|------------------------------|--|----------------------------|
| ___ Asian Indian ( <b>AI</b> ) | ___ Chinese ( <b>CH</b> )    | ___ Filipino ( <b>F</b> )                  | ___ Japanese ( <b>JA</b> ) |
| ___ Korean ( <b>KR</b> )       | ___ Vietnamese ( <b>VT</b> ) | ___ Other Asian ( <b>please describe</b> ) |                            |

*Or Multi-Race*

- |  |   |
|--|---|
| ___ American Indian or Alaska Native and White ( <b>IW</b> ) | ___ Black/African American and White ( <b>BW</b> )                        |
| ___ Asian and White ( <b>AW</b> )                            | ___ American Indian/Alaska Native & Black /African American ( <b>IB</b> ) |
| ___ Other Multiple Race ( <b>O</b> )                         |   |

**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               |   |

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**

| 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                 |        |

**Section 4: Applicant Living Situation**

**Current Living Situation:**

Type of rental unit:

- Single Family Home  
 Separate Apt in multi-family property  
 Other

Regular Monthly Payment\$ \_\_\_\_\_

# of bedrooms in your unit: \_\_\_\_\_

List all residents included on the lease:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you responsible for the total rent of this unit?  
 Yes  No If no, what is your portion? \_\_\_\_\_

\_\_\_\_\_  
Name of Landlord/ Management Company

\_\_\_\_\_  
Payment Address

\_\_\_\_\_  
City/ State/ Zip

\_\_\_\_\_  
Telephone

Do you have an outstanding rental balance?  
 No  Yes If yes, how much? \_\_\_\_\_

Are you related to the landlord or property owner?  
 Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## HOUSING STABILITY PLAN

*The Sustainable Housing Assistance Rental Program provides assistance for up to 12 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 12 months that will lead to long term housing stability.**

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

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: