

HOMELESSNESS PREVENTION APPLICATION



Is this the right application for me?

If you can answer “Yes” to one of the first three questions AND QUESTION 4, you may be eligible for Homelessness Prevention Assistance:

1. Are you currently at risk of being evicted for non-payment of rent and have an eviction notice? (You must be listed on the lease agreement and have a copy of both the eviction notice and the lease to apply.)
2. Are you at risk of being evicted for non-payment of utilities and you have a utility shut off notice and your lease requires you to keep the utilities turned-on and in your name? (You must provide a copy of the utility shut-off notice and the lease agreement to apply.)
3. Are you currently doubled-up with family and friends and you are at risk of being evicted from the household? (You must have an eviction notice from the residence where you are currently doubled-up as well as a copy of the family or friend’s lease agreement.)
4. WILL YOU BECOME HOMELESS IF YOU DO NOT RECEIVE THIS ASSISTANCE AND YOU HAVE NOT IDENTIFIED ANY OTHER FINANCIAL RESOURCES OR SUITABLE HOUSING OPTIONS?

I answered “yes” to one of the first three questions and
“yes” to #4.



GUIDELINES FOR HOMELESSNESS PREVENTION FINANCIAL ASSISTANCE

- Only Douglas County residents can apply. The following will be considered verification of residency: 1) A current lease for an address in Lawrence or Douglas, County Kansas; 2) A current driver's license with a current Douglas County address where you own or rent the property – homeless shelters, service provider offices, and any address that is not an actual residence will not be accepted as proof of residency. 3) The address you resided at immediately prior to becoming homeless is a Douglas County address. The lease agreement must have been in your name or you must have owned the residence; 4) Third-party verification of working in Douglas County which would be a statement of current or guaranteed future employment from an employer located in Douglas County, pay check stubs are not an acceptable form of verification.
1. Applicants must be below 50% area median income.
 2. Applicants must complete an application form and provide all required documentation. No applications will be reviewed for eligibility without all required documentation and will be returned to the applicant. All adults in the household must complete an Authorization for Release of Information form and INITIAL EACH LINE.
 3. Applicants that are currently in a lease agreement and requesting rental and/or utility assistance must complete a Rent Comparability Form.
 4. All adults in the household must complete a Household Income/Composition form and provide all required documentation.
 5. Applicants must have an eviction notice or a utility shut-off notice.
 6. Applicants must have a signed past due rent letter from their landlord (as well as the eviction notice listed above.)
 7. For applicants who are doubled-up with friends and family and at risk of becoming homeless, an eviction notice from the owner or renter where the applicant is staying must be included with the following information: 1) the address where you are residing; 2) the date you will be evicted from the residence; 3) your name; 4) the name of the owner/renter; 5) it must be signed and dated by the person you are living with who is on the lease agreement or owns the property.
 8. Doubled-up applicants must also provide a signed copy of the lease agreement for the residence where they are staying (the applicant is not on the lease agreement.)
 9. Applicants must be able to demonstrate that **they will be homeless but for this assistance and that no other financial resources or suitable housing options are available to them.**
 10. Applicants must demonstrate that they will be stabilized by receiving this assistance.
 11. This program is not designed to assist the chronically homeless.
 12. Adults in the household **CANNOT** be registered sex offenders.
 13. Adults in the household **CANNOT** have been charged with the distribution or production of methamphetamine.
 14. Adults in the household **CANNOT** have been charged with violent or drug related criminal activity within the last five years.
 15. The assistance is strictly limited to paying rent and utility arrearages for families in a lease agreement. There will be no assistance for damages, late fees, or other assessments aside from rent and utility arrearages.
 16. Families who are doubled up may receive security deposit, utility deposit, and rental assistance.

Client Initials:

17. This program is designed to help families become stabilized who are at risk of being evicted because they are behind in their rent and/or utilities (in arrears) or who are doubled-up with friends and family and are being evicted.
18. Federal housing prohibitions and guidelines will be applied to this program as is the case with all other programs administered by the Lawrence-Douglas County Housing Authority.
19. The maximum amount of assistance is for two months prior to the date of application of rental and/or utility arrearages, not including late fees, damage fees, or other fees. The total amount of financial assistance any family can receive for Homelessness Prevention assistance (includes doubled-up) **CANNOT EXCEED** \$1,500, and will be paid directly to either a landlord or to a utility company.
20. Applications will be time and date stamped when received, and only complete applications will receive an eligibility determination. **Incomplete applications** will be returned and no eligibility determination will be made. Applications will be accepted Monday through Friday from 8:00 AM to 5:00 PM while the application process is open. Applicants will be notified of their eligibility IN WRITING, so it is important to check any mail that is received from LDCHA. *Applicants who fail to respond to their eligibility determination within five business days will be found ineligible and the funding will be offered to the next eligible applicant.* All applicants must be able to receive mail via the United States Postal Service and/or via electronic mail from the Lawrence Douglas County Housing Authority or they will be ineligible for the program
21. **Only ten applications per month will be funded**, and they will be funded on a first come, first served basis. A notice will be posted on the LDCHA web site when applications will no longer be accepted for the month, and notices will also be posted at the LDCHA Administrative Office, the Resident Services Office, and at the HPRP Program Office.
22. **NO** applications will be accepted for the month after ten applicants have been found eligible. There will be **NO WAITING LIST** for assistance. The application process will re-open on the 1st business day of each month, and will close in accordance with the above listed process for accepting applications.
23. There are strict eligibility requirements. **This is not an entitlement program, this is a stabilization program**, and only families that can demonstrate they are able to be stabilized will be funded.
24. Per the requirements of the HPRP legislation, all families wishing to receive this assistance must have an initial consultation with an HPRP housing case manager. The initial consultation requirement must be met by **all adults** in the household attending a two-hour Housing Stabilization course at LDCHA.
25. Housing Stabilization Classes are offered at 1600 Haskell Avenue the first and third Wednesday of each month from 5:30PM – 7:30PM, and child care is not available. Individuals found income and guideline eligible will be notified of the class they should attend, and must show up and participate to receive a certification of attendance.
26. If you are determined ineligible for this program **THERE IS NO APPEAL PROCESS. Depending on the reason you were found ineligible, you may have the opportunity to reapply. You will be notified in your eligibility determination letter if you are able to reapply.**

Client Initials:

HOMELESSNESS PREVENTION Application Instructions

*****Use these instructions to complete your application.*****

These forms must be filled out completely and accurately, and all supporting documentation must be included with any application submission. **Any incomplete forms will not be accepted.** An incomplete form is one that is not completely filled out and/or does not include all required supporting documentation.

Page 1

Client information: Client information must include name, social security numbers, date of birth, and the gender of each individual in the household. Adults in the household must mark whether or not they are a veteran.

You **MUST** read over the Certification/Authorization for Release of Information and all adults MUST SIGN THE FORM.

Page 2

Required Information/Documentation: All applications must include copies of social security cards, photo identification of all adults in the household, and immigration documentation (if applicable.)

Other Required Documentation:

1. If you are **at risk of being evicted for non-payment of rent or utilities and the lease and utilities are in your name**, you must include the following:
 - 1) authorization for release of information; 2) mutual release of information; 3) eviction notice (if applicable) and/or a utility shut-off notice (if applicable); 4) a copy of the lease agreement; 5) the three-page household income/composition form and supporting documentation (pay stubs, letters from non-cash benefit providers, child support documentation, etc.); 6) the past due rent certification letter signed by your landlord; 7) and a rent comparability collection form filled out completely.
2. If you are **at risk of being evicted and are doubled-up with friends or family and you are not in the lease agreement and you do not have the utilities in your name**, you must include the following: 1) authorization for release of information; 2) mutual release of information; 3) eviction notice from the family or friends where you are currently staying – the notice must include the address of the unit where you are staying, your name, the name of the lease holder or owner of the property, and it must be signed and dated by the leaseholder/property owner; 4) a copy of the lease agreement for the residence where you are doubled-up; 5) the three-page household income/composition form and supporting documentation (pay stubs, letters from non-cash benefit providers, child support documentation, etc.)

Page 3

Employment and Income: This section should match the information you provide on your Household Income and Composition Form.

Client Initials:

Page 4

Part 1 – Eligibility Check-list: Initial all areas that apply to each adult in your situation. If you are NOT a Douglas County resident, if you are NOT under 50% area median income, if you are already in subsidized housing, if you will not be stabilized after receiving this assistance, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM. You may want to reconsider applying if you cannot mark the majority of boxes in this section.

Page 5

Part 2 – Rent payment barriers: Mark all boxes that apply to your situation. **Part 3 – Current Housing and History:** Mark ONLY one box to describe your housing history.

Page 6

Part 3 - Housing History – you must fill out this section completely for your last three years of residency. It must include your dates of residency at the locations that apply AND it must include your reason for leaving (i.e., evicted for nonpayment of rent, moved to a new unit, found adequate housing.)

Part 3 – Current Housing: You must fill out this part completely, with the name of your landlord, your landlord’s address, and your landlord’s phone number – you must also list the amount you are in arrears. You should not include late fees or damage fees in this amount, only the rent you owe.

Pages 7 & 8

Part 4 – Financial Stability: You must fill this section out completely. It should match the information you provide on your Household Income and Composition Form. You must answer “yes” or “no” to each of the debt categories, and if you answer yes, list the approximate amount you owe, and the name of the individual or company you owe the debt to.

Pages 9 & 10

Part 5 – HMIS Intake Questions – If you do not mark a box in each of these sections, your application will be returned to you as incomplete.

Education: Mark only one level of completed education and one level of language skill must be marked.

Health: One option in each category must be marked.

Part 5 – HMIS Intake Questions - Health (Cont.): Mark one option for mental health.

Transportation/Child Care/Legal: One option in each category must be marked.

Page 11

Part 6 – DECLARATION OF 214 Status and Opportunity to Identify – You must fill this section out completely for each household member. If you do not fill this section out, your application will be returned to you as incomplete.

You may bring your completed application with supporting documentation to the LDCHA Administrative Offices at 1600 Haskell Avenue, Monday through Friday, 8AM – 5PM.

Client Initials:

HPRP HOMELESSNESS PREVENTION FUNDS APPLICATION – PAGE 1

Head of Household Name: _____		Sex: M F
Application Date: ____/____/____		
SSN of Client: _____ - ____ - _____	Client Date of Birth: ____/____/____	
Are you a veteran?: <input type="checkbox"/> YES <input type="checkbox"/> NO		(MO) (Day) (Year)
HOH Daytime Phone: _____		Evening Phone: _____
Current Address: _____		

Name of adults in HH _____		Sex: M F
Date of Birth: ____/____/____	SSN of Adult: _____ - ____ - _____	
(MO) (Day) (Year)		
Are you a veteran?: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Name of children in HH _____		Sex: M F	DOB: ____/____/____
SSN of Child: _____ - ____ - _____	(MO) (Day) (Year)		
Name of children in HH _____		Sex: M F	DOB: ____/____/____
SSN of Child: _____ - ____ - _____	(MO) (Day) (Year)		
Name of children in HH _____		Sex: M F	DOB: ____/____/____
SSN of Child: _____ - ____ - _____	(MO) (Day) (Year)		
Name of children in HH _____		Sex: M F	DOB: ____/____/____
SSN of Child: _____ - ____ - _____	(MO) (Day) (Year)		

If you are working with a case manager with any agency, please provide:

Name: _____ Organization: _____
 Phone Number: _____ E-Mail Address: _____

*Client Signature** _____ *Date* _____

*Please Print Name of Client** _____

*Client Signature** _____ *Date* _____

*Please Print Name of Client** _____

***CERTIFICATION (All adults must sign)/AUTHORIZATION FOR RELEASE OF INFORMATION**

I/we certify that the information given to the Lawrence-Douglas Housing Authority on this HPRP Homelessness Prevention Funds form is accurate and complete to the best of my/our knowledge. I/we understand that false statements or information is grounds for denial of eligibility, termination of housing assistance and termination of tenancy. Under penalty of perjury I/we do hereby certify to the information provided in this HPRP Homelessness Prevention Funds form. I/we authorize LDCHA to enter personal information I/we have provided on this form into MAACLink computer system that operates locally inside a secure and confidential network of trained representatives. I/we understand that my/our information will be accessed in order to assess my/our household needs and provide better services. My/Our information may be shared among agencies from which I/we have required assistance or case management.

Client Initials: _____

Required Identification and Documentation CHECK-LIST-PAGE 2

CHECK OFF EACH ITEM THAT YOU HAVE INCLUDED IN THIS APPLICATION.

IF YOU CANNOT CHECK EACH BOX,

YOUR APPLICATION IS INCOMPLETE AND IT WILL BE RETURNED TO YOU.

- Social Security Card (For ALL members of the household) YES
 - Photo ID (Adults only)* YES
 - Immigration Documents** YES N/A
- *Driver's license or other official State issued identification card listing name, date, birth, and sex. **I-94 Card

IF YOU ARE AT RISK OF BEING EVICTED FOR NON-PAYMENT OF RENT OR UTILITIES AND THE LEASE AND UTILITIES ARE IN YOUR NAME:

Auth. for Release of Information YES MUTUAL RELEASE OF INFORMATION YES

Eviction Notice YES

Lease agreement YES

Utility Bills (Electric, Gas, Water) YES N/A

Household Income/Composition YES

Rent Reasonableness Inspection YES

Past Due Rent Certification YES

IF YOU ARE AT RISK OF BEING EVICTED AND YOU ARE DOUBLED-UP LIVING WITH FAMILY OR FRIENDS AND YOU ARE NOT ON THE LEASE AGREEMENT AND DO NOT HAVE UTILITIES IN YOUR NAME:

Auth. for Release of Information YES MUTUAL RELEASE OF INFORMATION YES

Eviction Notice (FROM THE FAMILY OR FRIENDS WHERE YOU ARE CURRENTLY STAYING – THE NOTICE MUST LIST THE ADDRESS OF THE UNIT WHERE YOU ARE STAYING, IT MUST LIST YOUR NAME AND BE SIGNED AND DATED BY THE RENTER) YES

Lease agreement (A COPY OF THE LEASE AGREEMENT FOR THE RESIDENCE WHERE YOU ARE DOUBLED-UP) YES

Household Income/Composition YES

Client Initials:

Employment and Income – PAGE 3

ARE YOU CURRENTLY EMPLOYED? No Yes

Permanent Part-time Temporary Seasonal

(If yes, answer the following questions):

How many hours did you work last week? _____ hours

Current Employer Name: _____ Position: _____

Direct Supervisor: _____

Address: _____

Phone: _____ Fax: _____

HAVE YOU BEEN EMPLOYED IN THE LAST SIX MONTHS? No Yes

Permanent Part-time Temporary Seasonal

(If yes, answer the following questions):

PREVIOUS EMPLOYER: _____

(If you are NOT CURRENTLY working, check the box that applies to your current situation):

- I am unable to work due to inadequate job skills.
- I have history of temporary or seasonal work/have only worked a few jobs.
- I am receiving or awaiting disability or unemployment benefits due to a recent layoff.
- I am not working because I am involved in an educational or training program.
- I am seeking work but I am unable to find a job.

Please describe your income history.

- Income is sufficient, little or no debt outside housing costs.
- Inadequate or sporadic income
- Able to meet basic needs and manage debt with subsidy
- History of meeting basic needs and managing debt without subsidy but recently experienced sudden loss of income or increase in expenses, i.e. utilities
- History of no income.

Part 1. Eligibility Check-List – PAGE 4

*Please carefully read through the below eligibility requirements for Homelessness Prevention Assistance. **ALL ADULTS IN THE HOUSEHOLD MUST INITIAL ALL SITUATIONS that apply to your household situation.** If you are not able to INITIAL the box, you may not be eligible for funds through this program.*

_____ **The household total income for the last 30 days was under 50% of area median income** and all adult members of the household have documentation that can be verified to confirm household income (see chart on pg. 6.)

_____ The household will/does have the resources to pay full rent and/or utilities going forward after the household has received housing relocation and stabilization case management and financial assistance for rent and/or utilities.

The source of income is _____.

_____ The household is not currently receiving rental and/or utility assistance funds through another federal stimulus program and LDCHA the household grants permission for LDCHA to contact ECKAN staff to confirm this.

_____ The household will be homeless if the household does not receive this assistance AND the household has not identified any other suitable housing options.

_____ No member of the household is a registered sex offender.

_____ No member of the household has been convicted of the production or distribution of methamphetamine.

_____ No member of the household has a violent or drug related criminal history.

_____ The adults in the household have only been evicted for nonpayment of rent. (**DO NOT** initial this box if you were evicted for damages or other lease violations that might include disturbances, boarders and lodgers, or other criminal activity.)

_____ The household has received a written eviction notice or has been notified that they may be evicted for nonpayment of rent and has documentation that shows this.

_____ The household currently in arrearages (owe a debt) for rent and the arrearages (debts) are within 90 days of this application and has a written lease with the landlord that is **in the names of the adults in the household.**

_____ The household is currently in arrearages (owe a debt) for utilities that are **in my/our name** (water, gas, electric) and the arrearages are within 90 days of this application.

_____ The household is not receiving Section 8 assistance, public housing assistance, or any other form of federal housing subsidy to pay any part of rent.

Client Initials: _____

Part 2. Rent Payment Barriers – PAGE 5

Current Barriers to Paying Rent *(Review the list of barriers and mark any that apply to your situation. If any boxes are marked, please provide specifics on a separate sheet of paper.)*

- | | |
|--|--|
| <input type="checkbox"/> Job Loss Date: _____
Reason for Job Loss: _____

<input type="checkbox"/> Large family (3+ children)
<input type="checkbox"/> Single parent household
<input type="checkbox"/> Head of household under 21
<input type="checkbox"/> Suspended or lack of driver's license
<input type="checkbox"/> Insufficient/no income
<input type="checkbox"/> Insufficient savings
<input type="checkbox"/> Wage garnishments
<input type="checkbox"/> Child support payment issues
<input type="checkbox"/> Credit card debt
<input type="checkbox"/> Medical bill debt
<input type="checkbox"/> Health issues | <input type="checkbox"/> Debt owed to utility companies (water, electric, gas, telephone)
<input type="checkbox"/> Repeated or chronic homelessness
<input type="checkbox"/> Recent history of substance abuse or actively using drugs or alcohol (last 3 – 5 years)
<input type="checkbox"/> Recent criminal history
<input type="checkbox"/> Bench warrant or other legal issues
<input type="checkbox"/> Adult or child with behavioral issues
<input type="checkbox"/> History of abuse and/or battery but abuser not in the unit
<input type="checkbox"/> Recent or current abuse and/or battering (client fleeing abuser)
<input type="checkbox"/> Other _____

_____ |
|--|--|

Part 3. Current Housing and History

Please describe your overall housing history (mark box that applies to your situation.)

- I am a household of one that meets the definition of chronically homeless.
- The household has history of multiple evictions
- The household was homeless more than six months or has one eviction.
- The household maintains adequate, unsubsidized or subsidized housing or has never been homeless.
- The household is in transitional, temporary or substandard housing or current housing is unaffordable
- The household is currently homeless, or at imminent risk of becoming homeless, for the first time.

Client Initials:

Part 3. Current Housing and History – PAGE 6

What types of housing have you previously lived in during the last ***three years***? Check all that apply, and include dates of residence and reason for leaving:

Type of Residence	Dates of Residence	ADDRESS	Reason for Leaving (ie, eviction, lease up)
<input type="checkbox"/> Emergency shelter			
<input type="checkbox"/> Transitional housing for homeless persons			
<input type="checkbox"/> Permanent housing for formerly homeless persons			
<input type="checkbox"/> Psychiatric hospital or facility			
<input type="checkbox"/> Substance abuse treatment facility			
<input type="checkbox"/> Hospital (non-psychiatric)			
<input type="checkbox"/> Jail, prison or juvenile detention facility*			
<input type="checkbox"/> Residence that you rent			
<input type="checkbox"/> Residence that you own			
<input type="checkbox"/> Staying or living in a <u>family member's</u> room, apartment, or house			
<input type="checkbox"/> Staying or living in a <u>friend's</u> room, apartment, or house			
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher			
<input type="checkbox"/> Foster care home or foster care group home			
<input type="checkbox"/> Place not meant for habitation.**			

*Court records of children as young as ten years old may be open to the public.**For example, cars, parks, sidewalks, abandoned buildings, lakeside encampments without fresh water or other utilities.

<u>Current Housing Situation</u>	
Type of housing: <input type="checkbox"/> Private <input type="checkbox"/> Subsidized	Dates of Residence: _____
Landlord: _____	
Landlord Address: _____	Landlord Phone: _____
Rent: \$ _____	Who pays rent: _____
Amount in arrearages: \$ _____	
Are all adults in the household listed on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	

Client Initials:

Part 4. Financial Stability – PAGE 7

Have you and/or the children who are coming into this program with you received money from any of the following sources in the last month? List amount.

Source of Income	Amount from Source
<input type="checkbox"/> Earned Income	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Supplemental Security Income or SSI	
<input type="checkbox"/> Social Security Disability Income (SSDI)	
<input type="checkbox"/> A veteran's disability payment	
<input type="checkbox"/> Private disability insurance	
<input type="checkbox"/> Worker's compensation	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA) (Have you received notice this is being terminated?) Yes <input type="checkbox"/> No <input type="checkbox"/> End date: _____	
<input type="checkbox"/> Retirement income from Social Security	
<input type="checkbox"/> Veteran's pension	
<input type="checkbox"/> Pension from a former job	
<input type="checkbox"/> Child support	
<input type="checkbox"/> Alimony or other spousal support	
<input type="checkbox"/> Ballard Center	
<input type="checkbox"/> LIEAP (Low Income Energy Assistance Program)	
<input type="checkbox"/> Warm Hearts	
<input type="checkbox"/> Project Deserve	
<input type="checkbox"/> ECKAN	
<input type="checkbox"/> Other source	
<input type="checkbox"/> No financial resources	
Total monthly income	
I AM BELOW 50% AREA MEDIAN INCOME. (SEE CHART.)	<input type="checkbox"/> No <input type="checkbox"/> Yes

AREA MEDIAN INCOME CHART	DOUGLAS COUNTY
NUMBER OF PERSONS IN FAMILY	50% OF MEDIAN
1	\$2,000/month
2	\$2,284/month
3	\$2,571/month
4	\$2,855/month
5	\$3,084/month
6	\$3,313/month
7	\$3,538/month
8	\$3,768/month
ADD \$312 PER MONTH FOR EACH ADD. FAM. MEM.	

Client Initials:

Source of Non-Cash Benefit – PAGE 8

Do you participate in any of the following programs? *(Check all that apply.)*

- Food stamps or money for food on a benefits card
- MEDICAID health insurance program
- MEDICARE health insurance program
- State Children’s Health Insurance Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Veteran’s Administration (VA) Medical Services
- TANF Child Care services TANF transportation services Other TANF-funded services
- Section 8, public housing, or other rental assistance Other sources _____

DEBT – YOU MUST MARK YES OR NO FOR EACH LINE AND INCLUDE AN AMOUNT AND CONTACT				
Origin of Debt	Yes	No	Amount	Contact Info
Landlord				
Gas Company				
Electric				
Telephone				
Child Support				
Water				
Local/State/Federal Taxes				
Car (Loan/Tickets)				
Student Loans				
Credit Cards				
Medical Bills				
Other				
Total				

What type of credit history do you have?
 Good Bad No credit history Unknown

Do you have a bank account? No Yes
 Checking \$ _____ Savings \$ _____ Other \$ _____

Do you have any assets (car, property, CD, IRA)? No Yes
 Details: _____

Client Initials:

Part 5. HMIS Intake Questions – PAGE 9

Education

What is the Highest Level of Education you have achieved? (Mark only one.)

- College graduate or advanced certification.
- Enrolled in GED or have high school diploma/GED
- Enrolled in additional education/training program, and I expect to finish within 18 months, to improve my employment prospects.
- Some college/certification.
- No high school diploma/GED

How would you rate your language skills? (Mark only one.)

- I am enrolled in a literacy program or English as a Second Language (ESL.)
- I have completed a literacy program and am developing a command of the English language.
- I am minimally English proficient, language is a minimal barrier to employment.
- I have full command of the English language, can read, write, speak well and it is not a barrier to employment
- No command of the English language, literacy problems are serious barriers to my employment.

Health

Please check the following as it applies to your experience with substance abuse (mark only one.)

- No history of substance abuse.
- Actively using/abusing drugs/alcohol or avoid or neglect essential life activities due to use/abuse.
- Evidence of persistent or recurrent social, occupational emotional or physical problems related to abuse.
- Actively involved in substance abuse treatment/self-help program.
- Completed treatment and no drug/alcohol abuse in the last six months.

Please check the following as it applies to your overall health situation (mark only one.)

- No disabilities or health conditions.
- Multiple disabilities and/or chronic health concerns.
- Some household members suffer from chronic health conditions/disabilities.
- Some health issues are being untreated or currently being addressed.
- Health issues are treated or have been addressed.

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Part 5. HMIS Intake Questions – PAGE 10

Please check the following as it applies to your mental health situation (mark only one.)

- Experiencing severe difficulty in essential life activities or very unstable.
- Suspected but undiagnosed mental illness and persistent problems with functioning due to mental health symptoms.
- Current mental health diagnosis and only mild to moderate difficulty in functioning due to symptoms.
- Mental health symptoms being managed through treatment and good functioning in wide range of activities.
- No history of mental illness.

Transportation/Child Care/Legal

Please check the following as it applies to your transportation situation (mark only one.)

- Transportation is available but unreliable, unpredictable, and/or unaffordable
- Transportation is available and reliable but limited and/or inconvenient or driver's license is restricted or suspended.
- Transportation is generally accessible to meet basic needs.
- Transportation is readily available and affordable and adequately insured.
- No access to transportation, public (T) or private, or have an inoperable vehicle.

Please check the following as it applies to your child care situation (Mark only one.)

- Child care is unreliable or unaffordable or inadequate supervision is a problem for child care that is available.
- Affordable, subsidized child care is not available when needed.
- Affordable, subsidized child care is available but limited.
- Reliable, affordable child care is available, with or without subsidies.
- I do not have dependent children in my household.
- Need child care but none is available/accessible and/or child is not eligible.

Please mark the following as it applies to your experience with the legal system (Mark only one.)

- No criminal history
- Ex-offender and non-compliant with probation/parole
- Ex-offender and compliant with probation/parole
- Outstanding warrants or current charges/trial pending
- Prior arrests but no felony record or has successfully completed probation/parole

Client Initials:

Part 6. Declaration of 214 Status and Opportunity to Identify –PAGE 11

The Lawrence-Douglas County Housing Authority must verify citizenship or immigration status for each household member.

In Column A of the chart below list all persons who live or will live in the assisted rental unit, starting with the head of household.

In Column B list the city, state and country where they were born.

In Column C list their immigration status. A list of eligible immigration criteria follows the chart. All non-citizens must provide a copy of their immigration documents with their application for housing assistance.

In Column D identify the race and ethnicity for each person in the household.

The Lawrence-Douglas County Housing Authority is required to record the race and ethnicity of all household members. This information is used solely for statistical purposes and to help ensure that your rights are protected under fair housing, civil rights and housing discrimination laws.

Race descriptions: White, African American, American Indian/Alaskan Native, Asian, Hawaiian/Pacific Islander, or Mixed Race. **Ethnicity descriptions:** Hispanic or Non-Hispanic.

COLUMN A HOUSEHOLD MEMBERS (FIRST, MIDDLE & LAST NAMES)	COLUMN B PLACE OF BIRTH (CITY,STATE,COUNTRY)	COLUMN C IMMIGRATION STATUS	COLUMN D RACE & ETHNICITY

ELIGIBLE IMMIGRATION STATUS CRITERIA NUMBERS (Enter in COLUMN C above if person was not born a United States Citizen)

1. Immigration status under SS101(a) (15) or 101(a) (30) of the Immigration and Naturalization Act (INA)
2. Permanent residence under S349 of INA.
3. Refugee, asylum, or conditional entry status under SS307, 208 or 203 of the INA.
4. Parole status under SS213(d) (5) of the INA
5. Threat to life or freedom under S243(h) of the INA.
6. Amnesty under S245A of the INA.

I the undersigned do hereby certify, under penalty of perjury that, to the best of my knowledge, the members of my household are citizens of the United States or have the immigration status listed above.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

Client Initials:

LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY
AUTHORIZATION FOR RELEASE OF INFORMATION FOR HPRP PROGRAM ASSISTANCE
ALL ADULTS (18 & OVER) APPLYING FOR ASSISTANCE MUST READ, INITIAL & SIGN THIS FORM

PURPOSE

The Lawrence-Douglas County Housing Authority (LDCHA), hereinafter referred to as "housing authority", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for or participation under any housing assistance program administered by the housing authority. I/we authorize the housing authority to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in assisted housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household. I/we agree that photocopies of this authorization may be used for the purpose stated herein.

INQUIRIES MAY BE MADE ABOUT (ALL ADULTS IN HOUSEHOLD MUST INITIAL EACH LINE.)

- | | |
|--|---|
| <input type="checkbox"/> Child Care Expenses | <input type="checkbox"/> Family Composition |
| <input type="checkbox"/> Handicapped Assistance Expenses | <input type="checkbox"/> Social Security Numbers |
| <input type="checkbox"/> Credit History | <input type="checkbox"/> Employment, Income, Pensions and Assets |
| <input type="checkbox"/> Identity and Marital Status | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Criminal History and Activity | <input type="checkbox"/> Residences and Rental History |
| <input type="checkbox"/> Law Enforcement Records | <input type="checkbox"/> Federal, State, Tribal or Local Benefits |
| <input type="checkbox"/> Probationary Records | <input type="checkbox"/> Community Support Assistance |
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Welfare Services |
| <input type="checkbox"/> Educational, vocational and training services | <input type="checkbox"/> Social Services |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE (Initial EACH line:)

- | | |
|--|---|
| <input type="checkbox"/> State Welfare Agencies | Providers of: |
| <input type="checkbox"/> Banks and Other Financial Institutions | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Local/State/Federal Courts | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Local/State/Federal Law Enforcement | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Credit Bureaus | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Employers, Past and Present | <input type="checkbox"/> Disability and/or Handicapped Assistance |
| <input type="checkbox"/> Schools and Colleges | <input type="checkbox"/> Medical Care/Services |
| <input type="checkbox"/> Landlords | <input type="checkbox"/> Pensions/Annuities |
| <input type="checkbox"/> Local Community Social Service Agencies | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Utility Companies | <input type="checkbox"/> Substance Abuse Treatment |

CONDITIONS

I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in LDCHA housing programs or a resident in a LDCHA rental unit. A new release will be signed each year and whenever there is a change in the adult membership of the household. I/we understand that failure to sign this authorization may be grounds for housing assistance to be denied, delayed or terminated. I/we voluntarily waive all right of recourse and release each such person from liability for providing information to the LDCHA.

PRINT NAME: _____
 SOC SEC. # _____
 DATE OF BIRTH _____
 ADDRESS _____
 SIGNATURE _____
 DATE _____

PRINT NAME: _____
 SOC SEC. # _____
 DATE OF BIRTH _____
 ADDRESS _____
 SIGNATURE _____
 DATE _____



LAWRENCE-DOUGLAS COUNTY

**HOMELESSNESS PREVENTION AND RAPID RE-HOUSING
OR E-HOUSING CONNECTION MUTUAL RELEASE OF INFORMATION
FOR UTILITY AND RENTAL ASSISTANCE**

This release of information approves communication concerning the housing needs of the family members listed herein who have been applied for the HPRP OR the e-Housing Connection program to receive rental and/or utility assistance between the service provider listed below, the Lawrence-Douglas County Housing Authority (LDCHA) HPRP Program OR e-Housing Connection Program and landlords and/or utility companies providing housing units or utility services. The purpose for this exchange of information is to assist the family to obtain or maintain housing, abide by the provisions of the HPRP housing agreement or e-Housing housing agreement, to facilitate the family's move from homelessness to housing, or to prevent a family from being evicted from current housing or to prevent the shut-off of necessary utility services. The service provider and the LDCHA HPRP program OR e-Housing Program agree to abide by the requirements of client confidentiality and security of client information applicable to their respective agencies.

I, _____ (HEAD OF HOUSEHOLD)

AUTHORIZE THE AGENCIES, UTILITY COMPANIES, AND/OR LANDLORDS THAT I HAVE INITIALED ON THE ATTACHED FORM TO RELEASE INFORMATION CONCERNING MY HOUSING AND/OR UTILITY NEEDS TO THE LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY HPRP PROGRAM STAFF OR E-HOUSING PROGRAM STAFF AND IN TURN TO SERVICE PROVIDERS LANDLORDS OR UTILITY COMPANIES ASSOCIATED WITH THE HPRP PROGRAM OR E-HOUSING PROGRAM.

UPON SIGNING A HPRP/E-HOUSING APPLICATION FOR ASSISTANCE, THE HPRP PROGRAM STAFF, AND THE LANDLORD PROVIDING MY FAMILY WITH HOUSING OR THE UTILITY COMPANY PROVIDING MY FAMILY WITH UTILITY SERVICES MAY COMMUNICATE WITH EACH OTHER AND EXCHANGE INFORMATION ABOUT THE AMOUNT OF MONEY I OWE FOR RENTAL ARREARAGES, UTILITY ARREARAGES, THE CONDITION OF MY HOUSING, MY PERFORMANCE UNDER THE HOUSING AGREEMENT AND/OR LEASE, MY COMPLIANCE WITH THE SERVICE AGREEMENT, AND OTHER INFORMATION PERTAINING TO MY HOUSING OR UTILITIES.

I RELEASE EACH PERSON FROM LIABILITY FOR PROVIDING SUCH INFORMATION TO THE LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY HPRP PROGRAM/E-HOUSING CONNECTION PROGRAM, THE _____ (SERVICE PROVIDER AGENCY) AND ANY LANDLORD OR UTILITY COMPANY.

Print Full Names of all Family Members in the Household:

APPLICABLE AGENCIES (INITIAL EACH APPLICABLE AGENCY)

LANDLORDS:

___ MY CURRENT LANDLORD OR MANAGEMENT COMPANY WHICH IS _____ *

___ THE OWNER OR LEASE-HOLDER AT THE PROPERTY WHERE I AM CURRENTLY DOUBLED-UP WHO IS _____ **

___ PROSPECTIVE LANDLORDS

UTILITY PROVIDERS:

___ THE CITY OF LAWRENCE

___ THE CITY OF EUDORA

___ THE CITY OF LECOMPTON

___ THE CITY OF BALDWIN

___ WESTAR

___ ATMOS ENERGY

___ BLACK HILLS ENERGY

___ HEET CO

___ KANSAS GAS SERVICE

SERVICE PROVIDERS:

___ ECKAN

___ THE BALLARD CENTER

___ THE DOWNTOWN PASTOR'S ALLIANCE

___ BERT NASH COMMUNITY MHC

___ INDEPENDENCE, INC.

___ COTTONWOOD, INC.

___ SALVATION ARMY

___ HCCI

___ DCCCA

___ THE SHELTER, INC.

___ THE LAWRENCE COMMUNITY SHELTER

___ SUCCESS BY 6

I RELEASE EACH PERSON AND/OR AGENCY OR COMPANY THAT I HAVE INITIALED ABOVE FROM LIABILITY FOR PROVIDING SUCH INFORMATION TO THE LAWRENCE-DOUGLAS COUNTY HOUSING AUTHORITY HPRP PROGRAM OR E-HOUSING CONNECTION PROGRAM.

SIGNATURE OF HPRP/E-HOUSING APPLICANT _____ DATE _____

SIGNATURE OF LDCHA/HPRP REPRESENTATIVE _____ DATE _____

*The management company or individual that is listed on the lease agreement where you are the lease-holder.

**The name of the head of household for the residence where you are doubled-up who is on the lease agreement or owns the property.

HOMELESSNESS PREVENTION AND RAPID RE-HOUSING HOUSEHOLD INCOME /COMPOSITION

Please complete all 3 pages

Print your name: _____ Phone number: _____

Print Head of Household name: _____ Phone number: _____

Print All Names used by Head of Household: _____

Print Head of Household address: _____

THE FOLLOWING INCOME QUESTIONS MUST BE ANSWERED FULLY AND COMPLETELY.

IS ANY MEMBER OF YOUR HOUSEHOLD – Including children:

- Yes ___ No ___ Working full-time or part-time? If yes, list **all employers** on earned income page.
- Yes ___ No ___ Expecting to work for any period of time during the next THIRTY DAYS?
- Yes ___ No ___ Working for someone who pays cash? If yes, list all sources on earned income page.
- Yes ___ No ___ Expecting a leave of absence from work due to lay-off, medical, maternity, military or any other type of leave? If yes, please provide written verification.
- Yes ___ No ___ Now receiving or expecting to receive unemployment benefits? If yes, provide copy of benefit letter.
- Yes ___ No ___ Now receiving or expecting to receive child support? If yes, provide copy of amounts received.
- Yes ___ No ___ Entitled to child support but not currently receiving?
- Yes ___ No ___ Now receiving or expecting to receive alimony/spousal support? If yes, provide copy of amounts received.
- Yes ___ No ___ Entitled to receive alimony or spousal support but not currently receiving?
- Yes ___ No ___ Now receiving or expecting to receive cash benefits from SRS? If yes, provide copy of benefit letter.
- Yes ___ No ___ Now receiving or expecting to receive food stamps from SRS? If yes, provide copy of benefit letter.
- Yes ___ No ___ Now receiving or expecting to receive any benefits from the Social Security Administration including SS, SSI or SSDI benefits? If yes, provide copy of benefit letter.
- Yes ___ No ___ Now receiving or expecting to receive income from pension or annuity? If yes, provide copy of benefit letter.
- Yes ___ No ___ Now receiving or expecting to receive regular contributions from organizations or from individuals not living in the unit? If yes, provide notarized statement of amounts received.
- Yes ___ No ___ Now receiving or expecting to receive income from assets including interest or dividends on checking accounts, savings accounts, certificates of deposit, stocks, bonds or mutual funds?
If yes, provide copies of statements, bonds or tax return.
- Yes ___ No ___ Does any household member own real estate or receive income from rental property?
If yes, provide copy of tax return.
- Yes ___ No ___ Is any member of your household age 18 or over a full-time student? If yes, provide proof of student enrollment and financial aid awarded. _____

FORMS MUST BE COMPLETELY FILLED OUT – CONTINUED ON NEXT PAGE

List all current members first, then any new members moving in or joining the family.

HOUSEHOLD MEMBERS

Household Members Name(s)	Date of Birth	Sex	Relationship	Social Security #	No Change	Add on	Remove
	/ /			- -			
	/ /			- -			
	/ /			- -			
	/ /			- -			
	/ /			- -			
	/ /			- -			

For the children listed above, give the name and address of all parents who are not members of the household. Give names formerly used by any member of the household.

SOURCES OF INCOME OVER THE LAST 30 DAYS

A. Earned Income: List all sources of income for all household members including children:

Employer 1:

Household Member Employed: _____

Employer's Name: _____ Employer's Phone #: ____ (____) _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Occupation/title: _____ Years Employed: _____ Gross Per Month: \$ _____

Employer 2:

Household Member Employed: _____

Employer's Name: _____ Employer's Phone #: ____ (____) _____

Address of Employer: _____

City: _____ State: _____ Zip Code: _____

Occupation/title: _____ Years Employed: _____ Gross Per Month: \$ _____

OTHER SOURCES OF INCOME OVER THE LAST 30 DAYS

B. I DO HEREBY CERTIFY THAT I HAVE INCOME FROM THE FOLLOWING SOURCES: (Provide documentation)

SOURCE/TYPE OF INCOME	FAMILY MEMBER	NAME & ADDRESS OF SOURCE (STREET/CITY/STATE)	MONTHLY AMOUNT
Unemployment Benefits			\$
Worker's Compensation			\$
Child Support/Alimony			\$
TANF/General Assistance			\$
Food Stamps			\$
Social Security/ SSI/SSDI			\$
Pension/Annuity/VA Benefits			\$
Cash Contributions			\$
Interest/Dividend Income			\$
Tribal Allotments/Payments			\$
Student Financial Aid			\$

C. FINANCIAL ASSETS: (ALL ADULTS MUST COMPLETE THIS SECTION) (use additional pages if necessary)

Describe and give the current value to all assets. Write "none" on the line if you do not have that type of asset.

Checking Account	_____	\$ _____
	Name of Bank	Balance
Checking Account	_____	\$ _____
	Name of Bank	Balance
Savings Account	_____	\$ _____
	Name of Bank	Balance
Savings Account	_____	\$ _____
	Name of Bank	Balance
Stocks/Bonds/Trusts	_____	\$ _____
	Name, Number & Maturity Date	Value
Stocks/Bonds/Trusts	_____	\$ _____
	Name, Number & Maturity Date	Value
Other Assets	_____	\$ _____
	Describe	Value

Has any household member disposed of any asset or property for less than fair market value during the past two (2) years?

YES NO (circle one) If yes, please complete the form on the back of this page.

D. If no income is reported, please initial here to certify that you receive ABSOLUTELY NO income: _____

Warning: Section 1001 of title 18 of the United States codes makes it a criminal offense to make willful, false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction. Under Federal Regulations the Lawrence-Douglas County Housing Authority is charged with determination and verification of complete household income for all persons receiving or applying for housing assistance. Failure to supply requested income information that is true, accurate and complete is grounds for denial and/or termination of housing assistance and may lead to a debt for overpayment of housing assistance and to prosecution for criminal fraud against the housing authority

TENANT CERTIFICATION

I/We certify that all information given to the Lawrence-Douglas Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. Under penalty of perjury I/we do hereby certify to the information provided in this Change in Household Income/Composition.

Signature of Head of Household _____ Date: _____

Signature of Other Adult _____ Date: _____

Signature of Other Adult _____ Date: _____

NOTE TO TENANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot Line (800) 424-8590

**HOMELESSNESS PREVENTION
RENT COMPARABILITY COLLECTION FORM**

Address _____ **Apartment #** _____ **# Bedrooms** _____

Tenant's Name _____ Contract rent charged _____

Owner's Name _____ Owner's Telephone Number _____

Owner's Email Address (optional) _____

UNIT TYPE _____ **Year Constructed** _____

- House
- Apartment
- Duplex/Townhome
- Multiple Units
- High Rise
- Mobile/Manufactured Home

AMENITIES/FACILITIES

- | | | | | |
|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| Yes | No | | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | Bathroom: #of baths ___full ___1/2 | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Stove | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Garbage Disposal | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Appliances | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | W/D Hookups | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Fireplace | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Attic/Ceiling Fan | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

HANDICAPPED ACCESSIBILITY

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Ramps
Bathroom Accessibility Features
Kitchen Accessibility Features

UTILITIES PAID BY

- | | |
|--------------------------|--------------------------|
| Landlord | Tenant |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Gas
Electricity
Water/Sewer
Trash Pick Up

MECHANICAL SYSTEM

- | | |
|--------------------------|--------------------------|
| Central | Window |
| <input type="checkbox"/> | <input type="checkbox"/> |
- Air condition

STAFF ONLY	STAFF NAME:	DATE:	CENSUS TRACT:
Address of comparable unit _____		Rent: _____	
Address of comparable unit _____		Rent: _____	



Homelessness Prevention and Rapid Re-Housing Program

Past Due Rent Certification

(To be Completed and Signed by the Landlord)

Tenant Name: _____

Tenant Address: _____

Dear _____:

You are behind in your rent which is due on the _____ day of each month, for the month(s) of _____ in the amount of \$_____ past due not including deposits, late fees, or other fees.

To avoid further action, please pay this amount immediately.

I agree to accept LDCHA Homelessness Prevention and Rapid Re-Housing Program funds toward up to two months' rent arrearage which were due on _____ (Date) and agree to guarantee 30 additional days of occupancy. I understand that LDCHA runs checks on the 1st and the 15th of each month and that I will accept a pledge of payment from LDCHA during the waiting period for checks to be issued. I understand that I am obligated to return these funds if I do not abide by the terms of this agreement.

Sincerely,

Signature: _____

Print Name: _____

Address: _____

Phone: _____

Email Address: _____

I have verified the above information with the above listed landlord. The landlord understands that acceptance of these funds guarantees 30 additional days of occupancy. _____(LDCHA Staff)

1600 Haskell Avenue ▲ Lawrence, KS 66044 ▲ phone: 785-842-8110 ▲ fax: 785-842-9596 ▲ housing@ldcha.org

