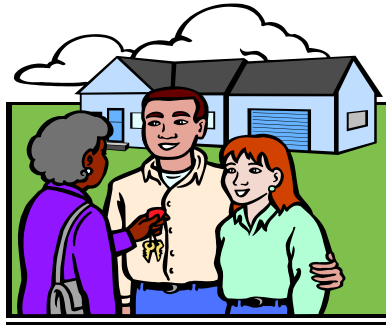


# Housing Access Collaborative Rapid Re-housing Program

Family Aid Boston  
727 Atlantic Avenue  
Boston, Massachusetts 02111  
Contact Person: Daniel Ayala  
617.542.7286 x 278  
Fax 617-542-9545



## Required Documents

(To be submitted by the referral source)

**\*\* You must provide verification that your family's last residency was in the City of Boston OR the shelter placement is located in the City of Boston \*\***

Homeless Verification

Resume (all adults)

Income Verification (all household members)

Budget Worksheet

Credit Report (all adults), if available

CORI (all adults), if available

Housing Logs (subsidized waitlists)

Additional Documents (if applicable)

Job certifications (Medical assisting, CDL, HVAC etc...)

Pay stubs

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\*If it is determined that the perspective candidate will be an appropriate match for the Housing Access Collaborative, they will be contacted and asked to come in for an interview. All adults must be present at this interview and must be willing and able to contribute to the self sufficiency of the family. Disabled family members will be asked to participate in an appropriately designed service plan should the family be accepted into HAC.



Helping homeless families since 1916



## PLEASE READ BEFORE COMPLETING THE FOLLOWING HOUSING ACCESS COLLABORATIVE (HAC) APPLICATION.

**PLEASE NOTE:** To be considered for the HAC program, the family's last residency must have been in the City of Boston, or their shelter placement must be in the City of Boston.

*FamilyAid's Housing Access Collaborative (HAC) program is more than just a housing/rental assistance program. It is a wrap-around program that also provides intensive case management and clinical support services for you and your family. If you are only looking for help with an apartment, this is NOT the program for you.*

*However, if you feel you and your family could benefit from a one-year program where staff will be very closely involved in your personal lives (see Expectations, below) while you receive supportive services around budgeting, child care, employment, counseling and more, read on.*

### Summary of Housing Access Collaborative (HAC) Expectations

- 1) Participants have 30 days from the date of acceptance into the HAC program to find an apartment. If you are unable to find an apartment within this timeline, the HAC team will review your case. Participants must keep a Housing Log and are advised to avoid using rental agents.
- 2) Participants should NOT sign any apartment lease documents without approval of the HAC housing worker.
- 3) HAC program participants are required to meet with their case manager **every week for an hour**. For those working full-time, the last appointment is 6:00 pm, *if there is an available slot*. Otherwise, participants are required to make other arrangements with their employer.
- 4) For two-parent families, both adults are expected to meet weekly with the case manager. If one of them is unemployed, and not on Disability, s/he will meet weekly with the Career Specialist.
- 5) Any participant who is not employed full time, or is considered under-employed for long-term sustainability, must meet every week with the Career Specialist.
- 6) Case managers will schedule at least two home visits a year with participants.
- 7) Program participants are required to contribute in the HAC/FamilyAid savings program, based on her/his income. Each participant is also required to put **50% of her/his tax return** into savings.
- 8) Participants must have a landline phone or cell phone that is charged and working at all times.
- 9) Each participant is required to sign any releases of information for her/himself, and her/his children, to address issues or concerns requiring conversations with providers, referrals to services, or other resources critical to meeting the Service Plan.
- 10) Participants can be terminated at any time for non-compliance with the program's rules and regulations. **Grounds for Immediate Termination** include, but are not limited to: physical abuse or verbal threats to a FamilyAid staff member; and absence of any participant contact with FamilyAid Boston staff for 30 days.

*Dear Applicant,*

*Your responses to the following questions will provide HAC with an overview of you and your household, and what services and resources you may require if you are accepted into the program. **There is no such thing as a “wrong” or “bad” answer.** In order for us to best serve your family’s needs, please complete this application as accurately and completely as possible.*

*Thank you!*

**Referral Date:** \_\_\_\_\_

**Referring Agency:** \_\_\_\_\_

**Worker’s Name:** \_\_\_\_\_

**Worker’s Contact #** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**RAPID RE-HOUSING REFERRAL FORM**

**Participant Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Primary Language:** \_\_\_\_\_

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

**Gender:** Male \_\_\_ Female \_\_\_

Transgender \_\_\_ please specify how you self-identify: \_\_\_\_\_ Other \_\_\_\_\_

**Ethnicity:** Latino \_\_\_ Non-Latino \_\_\_

**Race:** African American \_\_\_ Alaskan Native \_\_\_ American Indian \_\_\_ Asian \_\_\_ White \_\_\_

Pacific Islander: \_\_\_ Multiracial \_\_\_ Unknown: \_\_\_ Other (describe): \_\_\_\_\_

**Disabling condition?** Yes \_\_\_ No \_\_\_ Please Specify: \_\_\_\_\_

**Current Residence:** \_\_\_\_\_

**Length of stay at current residence:** \_\_\_\_\_

**Is this residence a shelter?** Yes \_\_\_ No \_\_\_

**If yes, name and phone number of case manager:** \_\_\_\_\_

**How long can you remain at your current residence?** \_\_\_\_\_

**Alternate phone # or e-mail:** \_\_\_\_\_

**Please list all household members, including yourself:**

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Date of birth</u>	<u>Age</u>	<u>Daycare/School/Grade/Employer</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**FIVE YEAR HOUSING HISTORY:**

**CURRENT:**

Address: \_\_\_\_\_  
Landlord's Name (if applicable): \_\_\_\_\_ Are Utils included? \_\_\_yes, \_\_\_no  
Date Moved in: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_ # BRs \_\_\_\_\_  
Who's name is on the lease? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_ Rent or portion you paid: \_\_\_\_\_  
Type of subsidy used, if any: \_\_\_\_\_

**TWO:**

Address : \_\_\_\_\_  
Landlord's Name (if applicable): \_\_\_\_\_ Are Utils included? \_\_\_yes, \_\_\_no  
Date Moved in: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_ # BRs \_\_\_\_\_  
Who's name is on the lease? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_ Rent or portion you paid: \_\_\_\_\_  
Type of subsidy used, if any: \_\_\_\_\_

**THREE:**

Address \_\_\_\_\_  
Landlord's Name (if applicable): \_\_\_\_\_ Are Utils included? \_\_\_yes, \_\_\_no  
Date Moved in: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_ # BRs \_\_\_\_\_  
Who's name is on the lease? \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reasons for leaving: \_\_\_\_\_ Rent: \_\_\_\_\_  
Type of subsidy used, if any: \_\_\_\_\_  
Do you have any outstanding utility arrearages? \_\_\_Yes \_\_\_ No  
If yes, give name of company(ies) and amount(s) \_\_\_\_\_  
\_\_\_\_\_

Have you ever lived in subsidized or public housing? \_\_\_Yes \_\_\_ No Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_

Are you currently on any waiting lists for subsidized housing? \_\_\_\_\_  
If yes, Where? (provide housing log or list where you have applied)  
Have you ever been evicted? \_\_\_Yes \_\_\_ No If yes, When? \_\_\_\_\_ How many times? \_\_\_\_\_  
Have you ever been to housing court? \_\_\_Yes \_\_\_ No If yes, When? \_\_\_\_\_  
Have you ever been homeless before? \_\_\_Yes \_\_\_ No If yes, When? \_\_\_\_\_  
Most recent reason? \_\_\_\_\_

Have you ever lived in shelter before?  Yes  No If so, when? From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Name of shelter \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

Did you receive a termination notice?  Yes  No

When did you first apply for shelter? \_\_\_\_\_

What obstacles do you feel you face in finding housing? (check all that apply)

Lack of apartment units  Income or rental prices  Discrimination

Credit history problems  Criminal history problems  Other: \_\_\_\_\_

Please describe: \_\_\_\_\_

What do you believe your credit rating to be? \_\_\_\_\_

Have you or anyone in your household been found guilty of a crime?  Yes  No

Name of Member(s) \_\_\_\_\_

Do you or anyone in your household have open or pending CORI cases or legal issues?  Yes  No

Are you or anyone in your household required to register in a Sex Offender Registry?  Yes  No

Name of Member(s) \_\_\_\_\_

**INCOME STATUS**

Monthly gross income: \_\_\_\_\_ net income (take-home): \_\_\_\_\_

From (check all that apply):

TANF  SSI  SSDI  Unemployment  Employment

Child Support  Other: \_\_\_\_\_

Do you own a car? Yes  No

If yes, what do you pay for a car note (monthly payment)? \_\_\_\_\_ How much still owe on the car? \_\_\_\_\_

How much do you pay in car insurance? \_\_\_\_\_ How much do you pay in gas a month? \_\_\_\_\_

**Education and Employment (for all adults in the household):**

Adult # 1: Highest grade completed:

9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  HS diploma  GED  Name of school/program \_\_\_\_\_

Some college  College Grad  Certificate  Name of school/program \_\_\_\_\_

Course of study \_\_\_\_\_ Year Completed \_\_\_\_\_

Do you have debt related to college study or certificate program? Yes  No  How much? \$ \_\_\_\_\_

Adult # 2: Highest grade completed:

9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  HS diploma  GED  Name of school/program \_\_\_\_\_

Some college  College Grad  Certificate  Name of school/program \_\_\_\_\_

Course of study \_\_\_\_\_ Year Completed \_\_\_\_\_

Do you have debt related to college study or certificate program? Yes  No  How much? \$ \_\_\_\_\_

Are you planning to attend college or a training program in the next year? Yes  No

If yes, please describe: \_\_\_\_\_

**Current Employment Status:**

**Adult # 1**

Full Time \_\_\_ Part Time \_\_\_ Permanent \_\_\_ Temp \_\_\_  
Unemployed \_\_\_ due to disability? \_\_\_ actively seeking work? \_\_\_ other? \_\_\_\_\_  
If employed, length of time at job: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Pay rate: \_\_\_\_\_ hours per week \_\_\_\_\_

How many jobs have you had in the last two years? \_\_\_\_\_.

*(Please attach a list of the last three places you have worked, position, salary, and reason for leaving, or include a resume.)*

Do you need training in order to obtain a permanent full time job? \_\_\_Yes \_\_\_No

If yes, what are your areas of interest: \_\_\_\_\_

Do you need employment accessible to public transportation? \_\_\_Yes \_\_\_No

Do you speak any additional languages? \_\_\_Yes \_\_\_No

If yes, please list: \_\_\_\_\_

**Adult # 2**

Full Time \_\_\_ Part Time \_\_\_ Permanent \_\_\_ Temp \_\_\_  
Unemployed \_\_\_ due to disability? \_\_\_ actively seeking work? \_\_\_ other? \_\_\_\_\_  
If employed, length of time at job: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Pay rate: \_\_\_\_\_ hours per week \_\_\_\_\_

How many jobs have you had in the last two years? \_\_\_\_\_.

*(Please attach a list of the last three places you have worked, position, salary, and reason for leaving, or include a resume.)*

Do you need training in order to obtain a permanent full time job? \_\_\_Yes \_\_\_No

If yes, what are your areas of interest: \_\_\_\_\_

Do you speak any additional languages? \_\_\_Yes \_\_\_No

If yes, please list: \_\_\_\_\_

**Physical Health:**

Medical issues of head of household and other adults \_\_\_\_\_

Medical Issues of the children: \_\_\_\_\_

List of Medications you or anyone in your family is taking: \_\_\_\_\_

**Mental Health History:**

Have you ever received, or are currently receiving, mental health services? \_\_\_Yes \_\_\_No

Diagnosis: \_\_\_\_\_

List of psychiatric medications prescribed: \_\_\_\_\_

How often do you drink alcohol? \_\_\_\_\_ How often do you use other drugs? \_\_\_\_\_

Do you feel you want/need help cutting down on use? \_\_\_\_\_

Has anyone ever told you they thought you had a problem with alcohol/drugs? \_\_\_\_\_

Do your children have any issues with alcohol or drugs? \_\_\_\_\_

What are your favorite activities for stress relief (exercise, playing with kids, shopping, etc.)?  
\_\_\_\_\_

**Service Planning Information:**

Are there any other agencies involved with your family (DYS, DCF, Probation, etc.)? \_\_\_Yes \_\_\_No

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Have you or your children ever been in an abusive relationship or been at risk of violence? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

Do you currently feel safe? \_\_\_Yes \_\_\_No

If not, please explain: \_\_\_\_\_

**Finances:**

Major Expenses (indicate cost per month, if applicable)

Car Payment \_\_\_\_\_ Car Insurance \_\_\_\_\_ Gas (estimated) \_\_\_\_\_ Student loans \_\_\_\_\_

Child care expenses \_\_\_\_\_ Monthly payments towards debts \_\_\_\_\_ Other: \_\_\_\_\_

Do you have any utility debt/arrearage? \_\_\_Yes \_\_\_No If yes, please list amount(s) and names of utility companies \_\_\_\_\_

How much money do you have in savings? \_\_\_\_\_

What changes do you expect in the coming year to household income, expenses, or household composition (increase in wages, change in child's guardianship, top of BHA housing list) :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RATE THE QUESTIONS BELOW USING THE FOLLOWING SCALE:**

1-never, 2-almost never, 3-sometimes, 4-almost always, 5-always

Ability to keep appointments \_\_\_\_\_ Able to obtain/maintain employment \_\_\_\_\_

Prepared and on time for meetings \_\_\_\_\_ Saves money regularly \_\_\_\_\_

Identifies resources independently \_\_\_\_\_ Pays bills on time \_\_\_\_\_

Follows up on resources/referrals \_\_\_\_\_ Motivated to succeed \_\_\_\_\_

**In addition to rental assistance, what services does your family need in order to be successful in the HAC program?**

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**What is your greatest accomplishment?**

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**What is your greatest struggle?**

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**Please describe your career and/or education goals:**

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**What steps have you already taken to achieve those goals?**

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**ESSAYS:**

*List the goals you would like to achieve over the next year if you are accepted into the HAC program, and how you will achieve them.*

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*Upon completion of the year-long HAC program, what changes/improvements would you like to see in your life and your family's life?*

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**Applicant:** \_\_\_\_\_

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

**Case Manager:** \_\_\_\_\_

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

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**PLEASE SUBMIT COMPLETED FORMS, along with income verification, homeless verification from current shelter provider, current resume or work history, and any other supporting documentation to:**

**Daniel Ayala, MSW, MPA, Rapid Re-housing Program Manager**

**Via fax at: 617-542-9545; U.S. Mail at: FamilyAid Boston, 727 Atlantic Ave, Boston, MA 02111;**

**or e-mail at: [Daniela@familyaidboston.org](mailto:Daniela@familyaidboston.org)**

**BUDGET WORKSHEET**

*Please complete this section based on your **ANTICIPATED BUDGET** once you find an apartment, **INCLUDING ESTIMATED RENT AND UTILITIES.***

*Please fill this out in its entirety as accurately as possible.*

*If you don't spend money for a specific expense, please write zero "( 0 )" in the space provided.*

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NET INCOME**

TAFDC	
Employment	
Unemployment	
SSDI	
SSI	
Child Support	
Other	
Other	

**TOTAL:**     \$ \_\_\_\_\_

**Food Stamps \$** \_\_\_\_\_

**ESTIMATED EXPENSES**

Notes

	<b>MONTHLY EXPENSE (\$)</b>	<b>DEBT (\$)</b>
MONTHLY RENT PAYMENT		
Groceries (amount after food stamps)		
Gas (cooking and heat)		
Oil (heat)		
Electric		
Water/Sewer		
House Phone		
Cell Phone		
T Pass		
Train fare		
Bus fare		
Cab fare		
Gasoline		
Car Payment		
Car Insurance		
Car Repairs		
Parking		
Doctor/Other Provider Co-Pays		
Medication		

BUDGET, PAGE 2	MONTHLY EXPENSE (\$)	DEBT (\$)
Birth Control		
Laundry		
Barber or Hair Salon		
Nails		
Clothing		
Toiletries		
Cleaning Supplies		
Cable/internet		
Children's Allowances		
Babysitter/Childcare		
Diapers/infant supplies		
Eating Out		
Religious/Charity Donations		
Gym/Fitness Club		
Entertainment		
Books, News Paper, school supplies, Magazines		
Lottery Tickets/Gambling		
Alcohol/Drugs		
Cigarettes		
Storage Fees		
Pet Care/Kennel Expenses		
Credit Card Payments		
Student Loan Payments		
Personal Loan Payments		
Medical Bill Debt Payments		
Money sent abroad		
Other:		
Other:		
<b>TOTAL EXPENSES:</b>	\$	\$

INCOME \$ \_\_\_\_\_

- (minus) EXPENSES \$ \_\_\_\_\_

Amount Remaining:  \$

***IF THERE IS A NEGATIVE AMOUNT REMAINING, PLEASE TELL US WHICH EXPENSES YOU PLAN TO CHANGE AND HOW:***

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