

## Housing Assistance Fund Use of Funds Form

Please fill out the following two pages along with standard Ryan White Client Intake Form and attach all necessary supporting documentation. Failure to submit a complete application and required documentation may result in request being denied and returned to applying case manager.

### I. Personal Household Information

# of Adults in Household: \_\_\_\_\_ Age(s) and race(s) of adults: \_\_\_\_\_

# of Adults identifying as Hispanic: \_\_\_\_\_

# of Children in Household: \_\_\_\_\_ Age(s) and race(s) of children: \_\_\_\_\_

# of children identifying as Hispanic: \_\_\_\_\_

Monthly rent payment: \_\_\_\_\_ ÷ Net monthly Income: \_\_\_\_\_ x 100 = \_\_\_\_\_ %

\*Client must be within 40-80% of net to income ration in order to qualify for housing services

For example, 800 per month for rent, divided by 1600 net monthly income x 100= 50%

**II. Is the applicant currently receiving, on a waiting list or been denied for other forms of housing assistance (indicate date or N/A)?** Case managers must access all other available programs before applying to the HAF. Please indicate the programs that have been applied to

	Receiving (Date)	Waiting List (Date)	Ineligible (Date)
Section 8	_____	_____	_____
RAP	_____	_____	_____
Shelter + Care	_____	_____	_____
211/CAN	_____	_____	_____
Other	_____	_____	_____

**If the person is not currently receiving a subsidy or on a waiting list for other housing assistance, explain why:**

**Describe the steps to be taken by applicant to keep current housing affordable in the event that this assistance is terminated:**

**Clearly describe the reason for arrearage (documentation should back up reason):**

**III. Please specify the use of funds requested.**

**A. First month's rent** Date (m/y): \_\_\_\_\_ Amount: \_\_\_\_\_

**B. Ongoing rental assistance of \$150** Date (m/y): \_\_\_\_\_ to Date (m/y): \_\_\_\_\_

**C. Arrearage** Date (m/y): \_\_\_\_\_ Amount: \_\_\_\_\_

Date (m/y): \_\_\_\_\_ Amount: \_\_\_\_\_

Total: \_\_\_\_\_

**D. One-Time Emergency Payment** Reason: \_\_\_\_\_

**Attach all of the following information. Applications without complete documentation will be denied.**

**Verification of income for all members of household.**

**Rental Verification Form** signed by landlord/property manager which verifies tenancy.

**For Arrearage: Statement from property owner/bank not to evict** if payments are brought up to date.

**Documentation** to support request (if applicable).

**Signatures:** client signatures on release form, application form (below); case manager and supervisor signatures on application form (below).

**IV. Rental Unit/Landlord/ Manager Information (Person or agency to whom check will be made out)**

Rental Unit Address: \_\_\_\_\_

Name of Landlord/Manager: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I acknowledge that all information contained in this application is true and correct to the best of my knowledge. I authorize my case manager to discuss the information contained in this application with representatives of the Housing Assistance Fund. I also promise to immediately inform my case manager of any and all changes to my income or housing status. I understand that this assistance is a one time payment if for Arrearage or First month's rental assistance.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Name (please print): \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_