

**METROPOLITAN HOUSING ACCESS PROGRAM (MHAP)
FINANCIAL ASSISTANCE PROGRAM APPLICATION
DISTRICT OF COLUMBIA**

Financial Assistance Application Information Sheet

Applicants may apply for Housing Opportunities for Persons Living with HIV/AIDS (HOPWA) and D.C. Appropriated financial assistance by completing this application with your primary case manager and submitting a completed application package to:

Housing Counseling Services, Inc.
Metropolitan Housing Access Program
2410 17th Street, N.W., Suite 100
Washington, DC 20009
Tel: 202.667.2681
Fax: 202.667.0862

A completed application package will consist of the following documents:

- ❖ Completed (MHAP) Financial Assistance Program Application
- ❖ Verification of HIV/AIDS diagnosis of applicant (lab report or physician statement)
- ❖ Verification of District of Columbia residency (lease or mortgage statement)
- ❖ Documentation of all household income received within the last 30 days (if adult household member has no income, he/she must submit a *Zero Income Statement*)
- ❖ Documentation of all household assets and available financial resources (most recent financial statements for all financial accounts)
- ❖ Picture ID for all adults (18 years or older) members of household
- ❖ Verification of all minor children (younger than 18) in household (Birth Certificate or Social Security card)
- ❖ Verification of delinquent rental, mortgage, or utility balance (itemized statement)
- ❖ Federal W-9 Form completed by landlord/management company
- ❖ Proposed lease and rental approval letter (if applying for security deposit and/or first month's rent assistance)
- ❖ Documentation of circumstance that caused financial need (recent expenditures, hospitalization, reduction of income, unemployment, etc.)
- ❖ Case manager submitting housing application must sign Page 8

Upon receipt of the application package, HCS will send the applicant and case manager a confirmation of receipt. **Failure to submit all required eligibility documentation with the application will result in the denial of the financial assistance application. HCS may request additional documentation to verify circumstances presented in the application.** Additionally, HCS may request that the applicant meet with a HCS staff person if it is determined that there are concerns regarding housing stability or concerns regarding the circumstances of the financial assistance request.

***If you are not receiving case management services you may contact HCS for a referral for case management services.**

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Section 1: Applicant Information

Date: _____ **Unique ID:** _____

Applicant's Name: _____
Last Name First Name Middle

Current Address: _____
Street Apt. #
_____ City State Zip Code

Ward: _____

Phone No.: _____
Home Alternate

Do you currently live in a unit that is supported by a federal, state, or local housing subsidy (includes Section 8, Public Housing, TBRA, Shelter Plus Care)? ___ Yes ___ No
If yes, you are ineligible for financial assistance.

Type of financial assistance you are applying for (select all that apply):

___ Rental Delinquency ___ Security Deposit ___ First Month's Rent
___ Utility Assistance ___ Mortgage Assistance

Identify all rental assistance programs that have assisted your household within the last 12 months?

EMERGENCY CONTACT (Whom should the program call in case of emergency?)

Name: _____ **Relationship:** _____

Address: _____
Street Apt City State Zip

Phone Number (HM): _____ **(WK):** _____

Is the emergency contact aware of applicant's HIV status? ___ Yes ___ No

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Section 3: Household Composition, Income, Expenses Information, and Financial Resources

HOUSEHOLD COMPOSITION & INCOME INFORMATION

Complete this section for all persons currently in your household.

NAME	RELATION TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY NUMBER	HIV POSITIVE (Y or N)	MONTHLY GROSS INCOME	ANNUAL GROSS INCOME	SOURCES OF INCOME (Work, SSDI, TANF, etc.)
1.	Applicant						
2.							
3.							
4.							
5.							
6.							
Please submit additional form to list other household members.					Total	Total	

HOUSEHOLD EXPENSES INFORMATION

Enter expected expenses for next month for your household. This information will be used to help determine your need for financial assistance

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		Loan(s)	
Water/Sewer		Child Care		Personal Care	
Food		Child Support		Other	
Insurance Medical/Life		Laundry		Other	
Doctor/Dentist		Clothing		Other	
Medication		Credit Card(s)		Total Expenses	

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HOUSEHOLD ASSETS AND FINANCIAL RESOURCES

**List all bank/credit union accounts, retirement accounts, stocks/bonds,
and other financial resources available to your household.**

Type of Account	Financial Institution	Balance
Example: Checking	Bank of America	\$250.00
Total:		

Section 4: Detail of Financial Need

If requesting security deposit and/or first month's rent assistance, complete this section

<p>_____</p> <p>Landlord Name</p> <p>\$ _____</p> <p>Total Monthly Rent for Unit</p> <p>\$ _____</p> <p>Security Deposit Assistance Requested</p> <p>\$ _____</p> <p>First Mont's Rent Assistance Requested</p> <p>_____</p> <p>Lease Start Date</p> <p style="text-align: right;">_____</p> <p style="text-align: right;"># of bedrooms in unit</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Landlord Telephone Number</p> <p>1. Will you be responsible for the total rent for this unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, your portion \$ _____</p> <p>2. Will this unit be subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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If requesting assistance with delinquent rent/mortgage payment, complete this section

<p>_____</p> <p>Mortgage Company/Landlord Name</p> <p>\$ _____</p> <p>Amount Due</p> <p>_____</p> <p>Account Number (mortgage company)</p> <p>_____</p> <p>(MM/DD-MM/DD) _____</p> <p>Timeframe for delinquency # of bedrooms in home</p> <p>Have you received a writ for eviction or notice of foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone Number</p> <p>If applying for rental assistance:</p> <p>1. Are you the leaseholder for the unit identified on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you responsible for the total rent for the unit on page 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, your portion _____</p>
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**If requesting assistance with delinquent utility bill(s),
complete the appropriate section below**

<p>_____</p> <p>Electric Company Name</p> <p>_____ \$ _____</p> <p>Account Number Amount Due</p> <p>_____ Disconnect Notice?</p> <p>(MM/DD-MM/DD) ___ Yes ___ No</p> <p>Timeframe for delinquency</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone Number</p>
<p>_____</p> <p>Gas/Oil Company Name</p> <p>_____ \$ _____</p> <p>Account Number Amount Due</p> <p>_____ Disconnect Notice?</p> <p>(MM/DD-MM/DD) ___ Yes ___ No</p> <p>Timeframe for delinquency</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone Number</p>
<p>_____</p> <p>Water Company Name</p> <p>_____ \$ _____</p> <p>Account Number Amount Due</p> <p>_____ Disconnect Notice?</p> <p>(MM/DD-MM/DD) ___ Yes ___ No</p> <p>Timeframe for delinquency</p>	<p>_____</p> <p>Payment Address:</p> <p>_____</p> <p>City/State/Zip</p> <p>_____</p> <p>Telephone Number</p>

Total amount of financial assistance I am requesting: \$ _____

Are you able to contribute towards your current outstanding balance(s)

___ Yes, I can contribute \$ _____ towards my outstanding balance(s).

___ No, I cannot contribute towards my outstanding balance(s)

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Section 5: Description of Financial Assistance Need and Housing Stability Plan

Explain why you are in need of financial assistance at this time. Please submit documentation supporting your explanation. Use additional pages if necessary.

HOUSING STABILITY PLAN

Identify barriers you currently experience related to maintaining stable housing. Also, explain the specific steps you and your household will take towards stabilizing your housing situation to prevent the need for future financial assistance (attach additional pages if necessary).

Barriers to Housing Stability	Short Term Goals/Specific Steps I Will Take to Overcome Barriers to Housing Stability	Long Term Goals/Specific Steps I Will Take to Overcome Barriers to Housing Stability
1. _____ _____	1. _____ _____	1. _____ _____
2. _____ _____	2. _____ _____	2. _____ _____
3. _____ _____	3. _____ _____	3. _____ _____
4. _____ _____	4. _____ _____	4. _____ _____

HOUSING COUNSELING SERVICES

Section 5: 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 financial assistance 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.

Also, 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 and, if not earlier revoked, it shall terminate on exit from the Housing Program application process or five (5) years from the date of my signing this document, whichever comes first This form has been read by me or to me prior to my signing it

Client Signature:

Witness:

Date:

Date:

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Authorization of Representation/Release of Information/Consent to Counseling

The applicant authorizes that _____ (name of case manager) is permitted to represent the applicant in the process of applying to this housing program and has permission to release information and receive information related to all matters concerning the applicant in the process. In addition, the applicant authorizes Housing Counseling Services (HCS) to release information to housing and service providers operating within the HOPWA Housing system. This release may be revoked at any time verbally or in writing. I also understand that HCS, upon review of my financial assistance application, may request that I meet with a housing counselor to discuss my housing stability or to discuss concerns regarding the circumstances of my financial assistance request. Failure to meet with an HCS counselor may result in the denial of my application.

Client Signature: _____

Date: _____

Application Completed By

Application completed by
(Case manager name): _____

Organization: _____

Address: _____

Phone Number: _____

Email Address: _____

Fax Number: _____

Case Manager Signature: _____

Date: _____

By signing this application, the case manager confirms that this application was completed at the request of the applicant and in the presence of the applicant.