

HPRP – Current Status – Applicant Statement

Date Received

Referral Agency will fill in AMI Annual Income Limit and Area Fair Market Rent

Applicant Name Spouse/Partner Name

Address

City County State Zip Code

Telephone Email Address

Social Security Number

Date of Birth Ethnicity Race

Gender: Male Female Veteran? Yes No

Annualized Household Income \$ **Monthly** Household Income \$

AMI Annual Income Limit \$ **50% of Area Median Income** Area Fair Market Rent \$ **Schedule B** Applicant's Monthly Rent \$

Number in Household Number of Bedrooms Signature

Has applicant given you permission for Goldenrod Hills Community Action staff to contact them?

Yes No

Required Referral Agency
Name of Referral Agency

Required Referral Staff Person
Name of Person Making the Referral

Required Phone Number Date Referred

Required Email Address

Please give a brief narrative about the applicant's situation:

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ELIGIBILITY REQUIREMENTS

Please respond to questions/statements 1-5 – If you answer YES, please explain on page 3

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is or will household be homeless <i>but for</i> this assistance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. No appropriate subsequent housing options have been identified. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Can this person or household demonstrate that through employment or by using mainstream resources, they will have sustainable housing after completing the HPRP program? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Is the household at or below the 50% of the Area Median Income? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Check the risk factors that apply – **explain all that apply on page 2 – *staff will fill in “County Standard” amount:***

Evicted or have Eviction Notice for non-payment of rent because of a recent traumatic life event * (See below):

Utilities shut off notice or have been shut off for non-payment because of a recent traumatic life event * (See below):

Extremely low income (less than 30% of AMI): County Standard

\$
30% AMI

Homeless because home condemned, overcrowded, substandard living conditions or place not meant for human habitation:

Leaving a domestic violence situation:

(* Recent traumatic life events: such as death of a spouse or primary care provider; recent health crisis; loss of a job or a dramatic loss of income).

Is applicant receiving HUD subsidized housing? Yes No

Is the applicant receiving HUD utility assistance? Yes No

Is the applicant “income eligible” for HPRP? Yes No

Have all other resources in the area been utilized? Yes No

Resources Include:

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Explanation of your “YES” responses from page 2 -- (Put NA if you responded “NO”):

1. Is or will household be homeless ***but for*** this assistance? If you responded “YES”, please explain:

2. No appropriate subsequent housing options have been identified. If “YES,” please explain:

3. Household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing. If you responded “YES,” please explain:

4. Can this person or household demonstrate that through employment or by using mainstream resources, they will have sustainable housing after completing the HPRP program? If you responded “YES,” please explain:

5. Is the household at or below the 50% of the Area Median Income? If “YES,” please explain:

If you checked any risk factors at the bottom of page 1, please explain:

Evicted or have Eviction Notice for non-payment of rent because of a ***recent traumatic life event***.

Recent traumatic life events: such as death of a spouse or primary care provider; recent health crisis; loss of a job or a dramatic loss of income. If box is checked, explain and include the recent traumatic life event along with the date of that event:

You have a utilities shut-off notice or have been shut off for non-payment because of a ***recent traumatic life event***. Recent traumatic life events: such as death of a spouse or primary care provider; recent health crisis; loss of a job or a dramatic loss of income. If box is checked, explain and include the recent traumatic life event along with the date of that event:

Extremely low income (less than 30% of AMI) – **Self Explanatory**

Homeless because home condemned, overcrowded, substandard living conditions or place not meant for human habitation:

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Leaving a domestic violence situation: