



# Rapid Rehousing Application

SEND VIA ENCRYPTED EMAIL TO: [demo@wcysb.org](mailto:demo@wcysb.org)

## SPONSOR AGENCY CONTACT INFORMATION

Case Manager's Name:			
Email:		Phone:	
Agency:			

This application is for:       RRH                                       TH                                       TH to RRH

## PROVIDE THE FOLLOWING INFORMATION FOR THE APPLICANT HEAD OF HOUSEHOLD

Applicant's Legal Name:							
Preferred Name:							
Date of Birth:							
Gender Identity: <i>Please choose only one, check box above selection.</i>							
	Male	Female	Gender Non-Conforming	Trans-Feminine	Trans-Masculine	I Prefer Not To Share	I Am Not Sure/ Don't Know
Preferred Pronouns: <i>You may choose more than one</i>							
Social Security Number: <i>If available</i>							
What Race Do You Identify As? <i>Check box above selection. If more than one, select which you wanted to be listed first by placing a 1 in box and 2 in secondary selection.</i>							
	American Indian or Alaskan Native	Asian	Black or African American	Caucasian	Native Hawaiian or Other Pacific Islander	I'm Not Sure	I Prefer Not To Answer
Do You Identify As Hispanic or Latinx?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Email:							
Phone:							
Alternative Contact? <i>another number, email address, or contact information for a person we can contact if we can't get a hold of you- optional</i>							

**APPLICANT PREFERS TO LIVE IN THE FOLLOWING COUNTY**

Select one option

- Addison     Bennington     Caledonia     Chittenden     Essex     Franklin     Grand Isle
- Lamoille     Orange     Orleans     Rutland     Washington     Windham     Windsor

**HOUSEHOLD SPECIAL NEEDS**

Is applicant willing to enter into an occupancy agreement/lease of at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No, explained below
If no, why won't a year-long lease be possible:

Does the applicant or members of household have a disability? <input type="checkbox"/> Yes, details below <input type="checkbox"/> No <i>Note: Documentation will be required for disability, see page 8 for documentation details.</i>
Disability details: Which household members have disabilities and what accommodations may be needed? <i>Note: medical expenses related to disability will be asked about below</i>

Does the applicant or members of the household require special accommodations such as a translator? <input type="checkbox"/> Yes, details below <input type="checkbox"/> No
Accommodations needed:

## HOUSEHOLD EXPENSES AND INCOME EXCLUSIONS

Documentation will be required for disability, see page 8 for documentation details.

Does the applicant or any household member currently attend **college or post-secondary training program** full-time?

Yes, explained below  No

**College/training details:** Identify household members attending full-time, which college, university or trade school they attend, enrollment date and expected graduation date.

Does any adult household member (18 or older) have out-of-pocket **expenses for child care** for a child 13 years old or younger so that an adult family member can work or seek work?

Yes, explained below  No

**Child care expenses details:** which household member has the expense, amount of care provided, average weekly cost, contact information for the care provider.

Does any member of your family have out-of-pocket **expenses to care for a person with disabilities** so that a household member can work or seek work?

Yes, explained below  No

**Care expenses for a person with disabilities:** which household member has the expense, amount of care provided, average weekly cost, contact information for the care provider.

Does any member of your family have out-of-pocket **medical expenses to care for a person with disabilities** (either for themselves or a family member residing with them)?

Yes, explained below  No

**Medical expenses for a person with disabilities details:** which household member has the expense, amount of expense, purpose of expense. Please provide documentation of expenses.

**ADDITIONAL HOUSEHOLD INFORMATION** *(List all household members)*

Name of Household Members	Date of Birth <i>(MM/DD/YYYY)</i>	Relation to Applicant	Gender <i>(see codes below)</i>	Soc. Sec. # <i>(if available)</i>	Race <i>(see codes below)</i>	Hispanic or Latinx?
<b>Gender Selection Codes:</b> <b>F</b> = Female, <b>M</b> = Male, <b>GN</b> = Gender Non-Conforming, <b>TF</b> = Trans-Feminine, <b>TM</b> = Trans-Masculine, <b>CR</b> = Client Refused, <b>DK</b> = Client Doesn't Know, <b>DNC</b> = Prefer Not To Share						
<b>Race Selection Codes:</b> <b>AIN</b> = American Indian or Alaskan Native, <b>A</b> = Asian, <b>B</b> = Black of African American, <b>C</b> = Caucasian, <b>NHPI</b> = Native Hawaiian or Pacific Islander, <b>NS</b> = Not Sure, <b>DNC</b> = Prefer Not To Share						

**ADDITIONAL INFORMATION ABOUT HOUSEHOLD MEMBERS OR SPECIAL NEEDS**

## APPLICANT'S INCOME INFORMATION

INCOME includes all earned income from jobs including full or part-time, one-time, or other earned wages, as well as financial assistance from service agencies like Reach-Up benefits, General or Emergency Assistance funds, child support, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) for you or someone you care for, unemployment benefits and any other benefits or funding received, including recurring gifts or assistance from family members.

**Documentation will need to be provided for each source which could be a letter from an employer or social service agency or pay stubs. Speak with your case manager about the best way to provide documentation of wages and income. See page 8 for documentation details.**

<b>APPLICANT ONLY- Income Type:</b>	<b>Gross Income/Month:</b> <i>average monthly pay before taxes and other deductions</i>
Employment Wages (source 1), <i>name of employer:</i>	\$
Employment Wages (source 2), <i>name of employer:</i>	\$
Employment Wages (source 3), <i>name of employer:</i>	\$
VT DCF Reach-Up Benefits (TANF/ ESD)	\$
General Assistance or other State Benefits	\$
Child Support	\$
Supplemental Security Income (SSI)	\$
Social Security Disability Insurance (SSDI)	\$
Financial Assistance to Attend School, <i>source:</i>	\$
Average Monthly Unemployment Benefits	\$
<i>List any other forms of income received and the total amount received in the last 30 days. This could include one-time employment like babysitting, any other payment that you received, or funds given to you by family or friends.</i>	
<i>Other:</i>	\$
<input type="checkbox"/> APPLICANT HAS NO INCOME AT THIS TIME (please certify on next page)	

## OTHER HOUSHOLED MEMBER INCOME

Household Member Name:	Income Type:	Gross Income/Month: <i>average monthly pay before taxes and other deductions</i>
	Employment Wages (source 1), <i>name of employer:</i>	\$
	Employment Wages (source 2), <i>name of employer:</i>	\$
	Employment Wages (source 3), <i>name of employer:</i>	\$
	VT DCF Reach-Up Benefits (TANF/ ESD)	\$
	General Assistance or other State Benefits	\$
	Child Support	\$
	Supplemental Security Income (SSI)	\$
	Social Security Disability Insurance (SSDI)	\$
	Financial Assistance to Attend School, <i>source:</i>	\$
	Average Monthly Unemployment Benefits	\$
<i>List any other forms of income received and the total amount received in the last 30 days. This could include one-time employment like babysitting, any other payment that you received, or funds given to you by family or friends.</i>		
	<i>Other:</i>	\$

## HOUSEHOLD NO INCOME STATEMENT

By checking this box, I certify that my household has no income from any source in the past 30 days. I understand that I must report any income within thirty (30) days of receiving it to the Vermont Coalition of Runaway and Homeless Youth Programs through my housing case manager. I also understand that false statements of information are grounds for application denial, termination of housing assistance and/or tenancy, and/or retroactive rent increases.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HOUSEHOLD ASSETS

ASSETS include bank accounts, trust funds, stocks, bonds, certificates of deposits (CDs), college savings accounts, retirement savings accounts, and mutual funds. We will need documentation to verify each asset listed, such as monthly statements, work with your case manager to collect and submit.

Bank Accounts			
Account Owner	Type	Institution and Town	Current Amount/Value
			\$
			\$
			\$
			\$

HOUSEHOLD HAS NO BANK ACCOUNTS AT THIS TIME

Have there been any deposits made in the past 30 days that are not anticipated to be ongoing, such as one-time payments from babysitting or gifts from family?

Yes, explained below     No

**Details of unexplained deposits in last 30 days:**

Other Assets			
Account Owner	Type	Institution and Town	Current Amount/Value
	Stocks, Trust Funds, Bonds, CDs		\$
	College savings or retirement accounts including IRAs, 401Ks or other savings		\$
	Other investments or financial assets		\$
	Other:		\$

Has applicant disposed of assets for less than market value within the past two (2) years?  Yes     No

**Details including amounts and dates of disposal:**

## APPLICANT RELEASE OF INFORMATION

*Each adult in household must sign a separate release*



To verify income and housing status, we will need to contact employers and assistance agencies. Please provide a list of the agencies, businesses, and employers and their contact information for whom you authorize your case manager, and grant administrators at VCRHYP and VSHA to communicate with to verify income, assets and housing status. This should include all income and asset sources listed in your housing application. Fill in as much contact information as you have.

I, \_\_\_\_\_, (Applicant) give consent for the mutual exchange of information between the agencies or individuals listed below and the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), Vermont State Housing Authority (VSHA), and my housing case manager through verbal, electronic or written formats. The purpose of this release is for VCRHYP and VSHA to verify income and housing status, request additional or updated application information, and make a determination of program eligibility and rental assistance levels. The applicant understands that they can terminate this release of information at any time by emailing [demo@wcysb.org](mailto:demo@wcysb.org). This authorization is valid for 15 months from the date signed or until exit from this VCRHYP housing project, whichever is sooner.

Agency/ Business/ Employer	Address and Phone Number	Contact Person

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous Name or Alias: \_\_\_\_\_



## APPLICANT CERTIFICATIONS

These certifications are only for the primary applicant. Each household member who is 18 or over will need to complete a separate release form. Please work with your case manager to complete for additional household members.

Check to Consent	Certification
	By checking this box, I certify that the information I reported as part of my household's application is complete and true to the best of my knowledge.
	By checking this box, I certify that I understand that false statements of information are grounds for application denial, termination of housing assistance and/or tenancy, and/or retroactive rent increases.
	By checking this box, I certify that I have been informed of my rights and responsibilities as a participant in the Vermont Coalition of Runaway and Homeless Youth Programs, Youth Homeless Demonstration Program housing project.
	By checking this box, I agree to the certifications above and want to apply to this housing program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIST OF ACCEPTABLE INCOME AND ASSET DOCUMENTATION –  
MUST BE PROVIDED BY APPLICANT/PARTICIPANT**

For any household member that is employed:

1. If new employment:
  - a. A recent “letter of hire” showing the number of hours worked per week and the rate of pay; OR
  - b. A payroll summary generated by the employer within the past 60 days which indicates start date.
2. If existing employment (previously verified):
  - a. Paystubs for four consecutive weeks, issued in the past 30 days.

For any household member who receives Social Security benefits:

1. A current Social Security award letter, which may be obtained by going to [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

For any household member who receives Welfare/Reach-Up/General Assistance benefits:

1. A benefit statement/award letter issued by the DCF, Economic Services Division; OR
2. A benefit history issued by DCF, Economic Services Division.

For any household member who receives unemployment benefits:

1. Two consecutive check stubs; OR
2. The award letter stating the amount of the weekly benefit.

For child support paid directly to your household by the non-custodial parent:

1. A copy of the child support order.

For child support paid through the Office of Child Support:

1. Two consecutive check stubs; OR
2. The child support order; OR
3. Correspondence from the Office of Child Support verifying the amount of support received.

For any assets held by a bank, broker, fund manager or other financial institution, including retirement, checking, savings, mutual funds, certificates of deposit, etc.:

1. A current statement issued by the financial institution.

For any household member who is 18 or older and a student:

1. Documentation issued by the educational institution showing that they are enrolled, and whether the enrollment is part time or full time, AND
2. Documentation issued by the institution showing the amount of tuition and financial aid.

For unreimbursed expenses for child care or care of a person with disabilities so that an adult family member can work:

1. Documentation from care provider showing amount of care provided and rate of care.

## **RAPID REHOUSING PROJECT APPLICATION SUBMISSION CHECKLIST**

*Please make sure you have included all documentation requirements outlined below before submitting this application.*

- Coordinated Entry Referral letter is included.
- Homelessness Verification Documentation is completed and included with application.
- Application includes all documentation of income and assets.
- A Release of Information is signed by each adult participant in household.
- Certification is signed by each adult participant in household.
- YHDP Sponsor Agency Certification is signed and sent with application.
- Agency keeps on file a copy of completed application and a record of all documents for 5 years.

# INFORMATION FOR APPLICANT

## IMPORTANT CONTACT INFORMATION AND NEXT STEPS

MY CASE MANAGER IS: \_\_\_\_\_

THEIR CONTACT INFORMATION: PHONE: \_\_\_\_\_  
Text okay? YES NO

EMAIL: \_\_\_\_\_

*Next steps:*

**If your application is complete, you will know if you have been approved or denied and receive either an Award Notice or Notice of Ineligibility by: \_\_\_\_\_.** (14 business days after submitting application) **If you are notified that you are ineligible, you may appeal the decision.**

**If approved, your case manager will set up a Tenant Briefing Meeting with you within 10 days of receiving the Award Notice. You will have 120 days after my Tenant Briefing Meeting to find housing using your subsidy.**

**You may apply for an extension if you are unable to find housing in that time. You need to apply for an extension between 90 and 120 days after your Award Notice date.**

## YOUR RESPONSIBILITIES WHEN YOU ARE HOUSED

1. Once you are housed, you must pay your rent portion on time every month per your lease agreement. If you will have difficulty paying your portion of rent on time, notify your case manager immediately.
2. You must notify your case manager of any income gains or losses.
3. If there is something requiring maintenance in your unit, you must notify the landlord in a timely manner.
4. If you plan on moving out of the unit, have been asked to leave by your landlord, or have left a unit, please notify your case manager immediately.
5. If you are having issues with your neighbors or landlord, tell your case manager.

## YOUR SPONSOR AGENCY'S RESPONSIBILITIES WHEN YOU ARE HOUSED

### **Your Sponsor Agency/ Case Manager:**

- Completes an assessment of your service needs and makes referrals to other service agencies that may help you.
- Creates a plan of care/ housing stability plan with you.
- Offers you a minimum of one case management meeting a month, but may meet with you more.
- Supports you working towards your plan of care goals.
- Documents case contacts and services provided to you by them or a partner provider.
- Informs VCRHYP within 30 days if your income changes.
- Informs VCRHYP if you have a lease or occupancy violation. Lease or occupancy violations do not mean that you will lose project eligibility unless causes fall under VCRHYP's Termination of Subsidy Assistance or Termination of Service Support Assistance to Household's policy. You may request a copy of VCRHYP's policies from your case manager, or email [demo@wcysb.org](mailto:demo@wcysb.org).
- Helps you find and maintain housing.
- When you are getting ready to move to a new unit or to exit from the project and end your subsidy:
  - Your Sponsor Agency needs to inform VCRHYP of your completion in program with 30 days prior notice if possible, and immediately upon exit if not.
  - Your Sponsor Agency may provide you with 6 months of case management support after you have exited housing.
- If you have any questions or concerns about your rental assistance support, you can contact [demo@wcysb.org](mailto:demo@wcysb.org) or call 802-229-9151 and ask for the VCRHYP Director.

## **OVERVIEW OF RAPID REHOUSING ENROLLMENT PROCESS**

1. Once you have been connected with your Sponsor Agency, you will work with them to complete your application package. You have 60 days to complete your application. Extensions may be given on a case by case basis only through consultations with your case manager and VCRHYP.
2. If your application is complete when sent, your application will be reviewed to determine eligibility and verify income and assets. You may receive requests for follow up information if there are questions.
3. If your application is denied, you will receive a **“Notice of Ineligibility”** letter. **“Notice of Ineligibility”** will outline reason for denial and notify you of the appeal process should you decide to contest VCRHYP’s decision.
4. If approved, you will receive an **“Award Notice”** within about 14 days of submittal of final application. Your Case Manager will arrange a **“Tenant Briefing Meeting”** with you and your local VT State Housing Authority Field Representative to review and complete your **“Subsidy Contract”** and help you begin your housing search.
5. Once a unit is identified,
  - a. Your Case Manager will help you complete a complete a **“Request for Tenancy (RTA)”** and **“Housing Quality Standards Inspection Request”** and submit to VCRHYP, along with an unsigned lease from the prospective landlord for approval.
  - b. The Field Representative will work with the prospective landlord to conduct the HUD Housing Quality Standards (HQS) Inspection.
    - i. If unit passes inspection, you will complete the lease and **“Occupancy Agreement”**, which outlines participant and landlord responsibilities, as well as the **“Tenancy Addendum”** which adds information to the lease about the voucher and rental assistance payments. VSHA will work with landlord to complete a **“Housing Assistance Payment (HAP) Contract”** which is an agreement between the landlord and VSHA outlining how much rent you will pay, and how much rent will be covered by your subsidy. You will receive a copy of this.
    - ii. If the unit does not pass inspection, the landlord will receive a report of the items that need to be addressed for the unit to pass and will decide to either do the repairs or not. If they choose to do the repairs, you will have to make a choice if you can wait for them to be completed or if you need to continue your housing search.
6. You have the right to appeal any decision made by VCRHYP regarding your application, eligibility, or subsidy amounts. More information on the appeal process can be obtained through emailing [demo@wcysb.org](mailto:demo@wcysb.org) or calling 802-229-9151.

**Please note: If you have any questions about this application process and/or searching for housing, talk to your case manager.**