

Vermont Coalition of Runaway and Homeless Youth Programs
Youth Homelessness Demonstration Project
Rapid Rehousing Application

SEND VIA ENCRYPTED EMAIL TO: HUD Housing Program Coordinator at demo@wcysb.org

PROVIDE THE FOLLOWING INFORMATION FOR THE HEAD OF HOUSEHOLD:

Applicant's Preferred Name: _____

Applicant's Pronouns: _____ HMIS ID #: _____

Contract Information: Email _____

Phone _____

Alternative Contact _____

Is applicant willing to enter into an occupancy agreement/lease of at least one year? Yes No

If no, please explain: _____

Does the applicant or members of household require special accommodations? Yes No

If yes, please explain: _____

APPLICANT PREFERS TO LIVE IN THE FOLLOWING COUNTIES: *(select all that apply)*

Addison Bennington Caledonia Chittenden Essex Franklin Grand Isle

Lamoille Orange Orleans Rutland Washington Windham Windsor

If different counties than the one Sponsor Agency is located in are selected, VCRHYP will help identify potential Sponsor Agencies in those counties. If a Sponsor is identified and application approved, Household will be notified and connected to supports in that county to engage in housing search.

HOUSEHOLD INFORMATION: *(List all household members)*

Name of Applicant and Household Members	Relation to Applicant	Soc. Sec. # <i>(if available)</i>	Gender <i>(see codes below)</i>	Date of Birth <i>(MM/DD/YYYY)</i>	State/ Country of Birth
Gender Selection Codes: F = Female, M = Male, GN = Gender Non-Conforming, TF = Trans-Feminine, TM = Trans-Masculine, CR = Client Refused, DK = Client Doesn't Know, DNC = Data Not Collected					
(legal name)	SELF (Head of Household)				

APPLICANT'S INCOME INFORMATION:

Documentation Required → Please see page 5 for necessary documentation to verify income.
(Include all household members; if none check "No Income Statement")

Household Member	Income Type	Gross Income/Month
	Employment Wages (source 1)	\$
	Employment Wages (source 2)	\$
	Employment Wages (source 3)	\$
	VT DCF Reach-Up Benefits (TANF)	\$
	General Assistance	\$
	Child Support	\$
	Supplemental Social Security Income (SSI)	\$
	Supplemental Security Disability Income (SSDI)	\$
	Financial Assistance to attend school	\$
	Unemployment Benefits	\$
	Other:	\$
	Other:	\$
TOTAL Household Gross Income Per Month		\$

NO INCOME STATEMENT:

By checking this box, I certify that no one in my household has any income from any source at this time. 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 Sponsor Agency case manager. I also understand that false statements of information are grounds for termination of housing assistance, and/or tenancy, and/or retroactive rent increases.

Applicant Signature: _____ Date: _____

APPLICANT'S ASSETS: *(list all, use additional paper if necessary)*

Documentation Required → Please see page 5 for list of acceptable documentation.

Types of Assets include: Savings/Checking Accounts, Stocks, Bonds, CDs, IRA, any investments.

Household Member	Type	Institution and Town	Amount/Value
SELF			\$
			\$
			\$

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

If yes, please provide amounts and dates of disposal: _____

HOUSEHOLD EXPENSES AND INCOME EXCLUSIONS: *(Disability, Medical, Childcare)*

Documentation Required → Please see page 5 for list of acceptable documentation.

If applicant responds yes to any of the following questions, these expenses will be taken into consideration when calculating participant's income contribution to rent.

- Does any household member attend post-secondary school full time? Yes No
(If yes, provide current enrollment and financial aid information from registrar or admissions officer)
- Does any adult household member (18 or older) have unreimbursed expenses for child care so that an adult family member can work? Yes No
- Does any member of your family have unreimbursed expenses for care of a person with disabilities so that an adult family member can work? Yes No

If yes to any question above, please complete:

Household Member	Allowance Type	Documentation Attached		Monthly Payment
Self		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

**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 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.

VERIFICATION OF HOMELESSNESS

To qualify for the VCRHYP Rapid Rehousing Project the applicant head of household must meet one of the following conditions and be able to obtain supporting documentation. *Please see page 7 for list of acceptable documentation.*

- Lacking a fixed, regular, and adequate nighttime residence and be either:** (Category 1)
 - **Residing in place(s) not meant for human habitation:** street, car, tent, woods, campground, bus station, under a bridge, airport, abandoned/condemned building, etc. OR
 - **Staying in an emergency shelter:** residing in an emergency shelter program bed for individuals or families, seasonal/overflow shelter or hotel paid by charitable org, domestic violence (DV) shelter/safe home, youth emergency shelter/host home OR
 - **Staying in transitional housing:** residing in a transitional housing program specifically for homeless persons such as VCRHYP Transitional Living Program or DV transitional housing, etc.

- In a short-term institution stay:** Resided on streets or in an emergency shelter immediately prior to entering a less than 90 day stay (mental health hospital/crisis bed, jail/prison/Dept. Corrections transitional housing, substance abuse treatment facility, hospital/rehab, etc.). (Category 1)

- At imminent risk of losing housing:** Currently housed but losing housing within 14 days, including residing in own housing but being evicted; in a hotel/ motel paid by someone else (no-charitable org) but cannot continue to stay due to lack of funding or other reason; staying with friends or family but has been asked to leave. (Category 2)

- Fleeing violence:** Actively fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house. (Category 4)

DOCUMENTATION REQUIREMENTS TO VERIFY HOMELESSNESS

HUD requires a good faith effort to attain third party documentation to verify eligible homelessness. Documentation must be obtained that verifies applicant is currently experiencing Category 1, 2 or 4 definitions of homelessness.

Order of priority to document verification of homelessness:

- 1) Third party documentation,
- 2) Intake worker observations,
- 3) Self-certification from individual seeking assistance.

Examples of third-party documentation:

- HMIS data
- Statement from a relevant third party *Note: Sponsor Agency can be relevant third party*
- Discharge paperwork from hospital
- Letter from property owner/ landlord stating that that applicant is no longer able to stay
- Letter from emergency shelter
- Written referrals from other agencies such as law enforcement, emergency medical service
- Oral verification over the phone from outreach workers, law enforcement, emergency medical service
- Verification of Category 4 can include a letter from a victim service provider, social worker, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance, court records, law enforcement records or written certification by the participant to whom the violence occurred

Due diligence in obtaining verification documentation:

- Efforts to obtain verification must be documented in file including number of attempts, description of attempts (phone, email, in person, correspondence), and why attempts were unsuccessful; signed and dated by staff attempting to obtain verification as true and complete.
- A Third Party Verification statement form is included below. Additional documentation may be requested.

THIRD PARTY VERIFICATION OF HOMELESSNESS FORM

I certify that the household of (name of applicant) _____
meets the definition of homelessness as follows: *(check only one box)*

- Staying in a place not meant for habitation such as on the street, in a tent, in a vehicle, or in an abandoned building. (Obtain verification from case managers or service providers familiar with the household's situation).
- Staying in short-term emergency shelter, including motel vouchers. (Obtain verification from emergency shelter or agency staff).
- Staying in transitional housing for homeless persons. (Obtain verification from shelter or agency staff).
- Asked to leave current place of residence. (Obtain verification from landlord or property owner or manager).
- Staying in a hotel or motel paid without a voucher. (Obtain verification from hotel/motel staff including a copy of receipt or bill).
- Actively or attempting to flee domestic violence, has no other residence and lacks the resources or support network to obtain other permanent housing. (If possible, obtain verification from DV shelter staff)
- Another situation not identified above, describe: _____

Length of time in location: _____ to _____
Date Date

Third party name: _____ Relationship/Title: _____

Third party signature: _____ Date: _____

Third party agency, business name: _____

Third party phone number: _____

Third party email address: _____

Additional documentation submitted: _____



RELEASE OF CONFIDENTIAL INFORMATION

Each adult in household must sign a separate release

I, _____, (Applicant) give my consent for the mutual exchange of information between the following listed agencies/individuals, the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), Vermont State Housing Authority (VSHA), and myself 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. I understand that I can terminate this release of information at any time by emailing demo@wcysb.org. This authorization is valid for one year from date signed or until exit from this VCRHYP housing project, whichever is later.

Agency/ Business/ Employer	Address and Phone Number	Purpose:

Applicant Signature: _____ Date: _____

Date of Birth: _____ Previous Name or Alias: _____

YHDP SPONSOR AGENCY APPLICATION CERTIFICATION

YHDP SPONSOR AGENCY:

- | | |
|--|---|
| <input type="checkbox"/> Addison County Parent Child Center | <input type="checkbox"/> Northwestern Counseling & Support Services |
| <input type="checkbox"/> Capstone – <i>Circle one: LFC or LRJC</i> | <input type="checkbox"/> Washington County Youth Service Bureau |
| <input type="checkbox"/> Family Center of Washington County | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Homeless Prevention Center | |
| <input type="checkbox"/> Northeast Kingdom Community Action | |
| <input type="checkbox"/> Northeast Kingdom Youth Services | |

By signing as an authorized signer on behalf of the Sponsor Agency, I recommend the above applicant for consideration as a participant of the YHDP RRH project. Also, I acknowledge that this application is complete and accurate to the best of my knowledge and belief.

CASE MANAGER NAME: _____

SIGNATURE: _____

DATE: _____ PHONE: _____

EMAIL: _____

PARTICIPANT AUTHORIZATION

I certify that the information reported in this application is complete and true to the best of my knowledge. I understand and 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, Rapid Rehousing project.

HEAD OF HOUSEHOLD NAME: _____

HEAD OF HOUSEHOLD SIGNATURE: _____

DATE: _____ PHONE: _____

EMAIL: _____

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 my application is complete, I will know if I have been initially approved by: _____
(3 business days after submitting application) If I am notified that I am ineligible, I may appeal the decision.

I will receive my Award Notice, which outlines the amount of rent I will be responsible for, and indicate that I can begin my housing search by: (10 business days after initial approval) _____

I will have 120 days after my Award Notice to find housing using my subsidy, which is: _____

I may apply for an extension if I am unable to find housing in that time. I need to apply for an extension between 90 and 120 days after my 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. If you gain income in the first year- you will not be asked to pay more rent, but if you lose income, your rent will be adjusted so you can continue to afford it.
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 (needs to be done at least annually) and makes referrals to other service agencies.
- Creates a plan of care/ housing stability plan with you that addresses housing stability, education or employment advancement, permanent connections/ social inclusion, and physical and emotional well-being (needs to be updated at least annually).
- Offers you a minimum of one case management meeting a month, but may meet with you more to support you working towards your goals.
- Documents case contacts and services provided to you by them or a partner provider.
- Informs VCRHYP within 30 days if your income changes if:
 - a. You had no income at project entry and then gain income. Additional gains in income will not need to be reported until annual eligibility reassessment.
 - b. You lose any income; your rental subsidy amount can be adjusted to cover the loss.
- 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.
- Helps you find new housing if you lose the housing you are in.
- 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. After VCRHYP has been notified:
 - VCRHYP informs VSHA of participant completion.
 - VSHA will inform landlord of participant completion and conclusion of Housing Assistance Payment (Subsidy) contract.
 - You will have 6 months to reengage in project without needing to complete a new application.
 - Your Sponsor Agency may provide you with 6 months of case management support after you have exited the project.
- If you have any questions or concerns about your rental assistance support, you can contact demo@wcysb.org or call 802-229-9151 and as for the VCRHYP Director.

TIPS ON BEING A GOOD TENANT

As a tenant it is important to maintain a good relationship with your landlord. Your landlord is a supplier of housing, they are the owner of the apartment you are living in. The relationship with your landlord is a business relationship. The better your relationship with your landlord, the easier it is to resolve potential issues with neighbors, lease renewal, maintenance of the apartment, and to get a good reference when you are ready to move on. The following are suggestions on how to achieve and maintain a good relationship.

- Maintain communication with the landlord. If an appliance is not working or there is a problem with the unit, such as a leaky roof, heating problems then notify the landlord and your case manager. If a lightbulb needs to be replaced then that is something you can do on your own. Ask the landlord the best way to communicate with them, text, email, phone.
- Keep the apartment clean, you don't have to keep it spotless but do keep it free from garbage inside and outside of the apartment. Leave the property in the same condition as when you first arrived.
- If your landlord allows pets, pick up after them, think about your neighbors walking and children playing in the same area.
- Respect your neighbors around you; be aware of loud noise levels in the nights and mornings, know the rules and noise ordinances where you live; observe designated resident parking spaces.
- Don't tamper with smoke detectors. If your lease has a no smoking policy in the apartment then smoke outside.
- Know where and how to use the fire extinguisher.
- Pay the rent on time. Notify your landlord and case manager if you may have difficulty making an on-time payment for the month.
- Read the lease. If you have questions ask the landlord. Know if your rent covers snow removal, lawn mowing, and garbage removal. Prior to making any changes to the apartment, such as painting the walls, ask the landlord. It might be possible that you can negotiate some reduced rent for a month for your time and labor.
- If possible, obtain renters insurance. It is not the responsibility of the landlord to replace personal belongings if lost in a fire or other loss. Renters insurance provides liability protection. If someone visiting you gets hurt on the property or your toilet overflows and floods the downstairs renters' belongings then renter's insurance will cover the damage.

If you have any problems with neighbors or your landlord, talk with your case manager about it.

OVERVIEW OF RAPID REHOUSING ENROLLMENT PROCESS

1. As an applicant, you must be prioritized and referred by the VT Balance of State Continuum of Care Coordinated Entry System (CES). Admission priority will be provided to households with the most urgent need, as determined by the CES prioritization policies for RRH projects.
2. Once you have been connected with your Sponsor Agency, you will work with them to complete your application package. You and your Sponsor Agency must submit an application package to VCRHYP within 60 days of your referral. Extensions may be given on a case by case basis only through consultations with the VCRHYP Housing Projects Coordinator.
3. VCRHYP Housing Project Coordinator reviews application for completeness and project eligibility within 3 business days of receipt.
 - a. If complete, VCRHYP verifies initial program eligibility and either approves or denies application.
 - b. If incomplete, VCRHP works with you and your Sponsor Agency and to complete application or verify necessary information.
4. If approved, your application will be sent to the Vermont State Housing Authority (VSHA) who will conduct an income verification check and your rental contribution calculation within 10 business days of receipt of application and sends an **“Award Notice”** to VCRHYP, Sponsor, and regional VSHA Field Representative, which outlines:
 - i. Your rent contribution,
 - ii. Allowable rents in the county applicant is conducting housing search in,
 - iii. Your contact information for assigned Field Representative.
5. If your application is denied, VCRHYP sends **“Notice of Ineligibility”** letter to you and Sponsor Agency. **“Notice of Ineligibility”** will outline reason for determination and notify you of the appeal process should you decide to appeal VCRHYP’s decision.
6. When you receive your award notice, you should work with your Sponsor Agency and VSHA Field Representative to help you engage in housing search.
7. Once a unit is identified,
 - a. Sponsor agency helps you complete a completes a **“Request for Tenancy (RTA)”** and **“Housing Quality Standards Inspection Request”** and submits to VCRHYP, along with the lease for approval.
 - b. VSHA Field Representative will work with your Sponsor Agency and prospective Landlord to conduct a HUD Housing Quality Standards (HQS) Inspection. If unit passes inspection, you will complete the lease and **“Occupancy Agreement”**, which outlines participant and landlord responsibilities.
 - c. 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.
8. You have the right to appeal any decision made by VCRHYP or VSHA regarding your application, eligibility, or subsidy amounts. More information on the appeal process can be obtained through emailing 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 at your Sponsor Agency.

RAPID REHOUSING PROJECT APPLICATION SUBMISSION CHECKLIST

Please make sure you have all documentation requirements outlined below before submitting application to ensure people receive timely housing assistance.

- Coordinated Entry Referral Letter
- Sponsor Agency agrees to provide appropriate assistance to applicant as needed through, at minimum a monthly household visit as part of a plan to attain/maintain housing stability (Ex. housing, location/retention, access mainstream resources, income/employment assistance, etc.)
- Sponsor Agency assessed & informed each applicant of all housing options, including RRH
- Sponsor Agency provided the applicant with a complete overview of the VCRHYP YHDP – RRH project
- Applicant household meets 50% of the Area Median Income
- Application includes all documentation of income and assets
- Head of Household meets eligible HUD definitions of homelessness and has included necessary documentation
- A Release of Confidential Information is signed by each adult participant in household
- Application Certification page is signed by case manager/ Sponsor Agency representative and applicant.
- Sponsor Agency keeps on file a copy of completed application and a record of all documents