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) of adults: _____

# of Children in Household: _____ Age(s) of children: _____

Monthly rent payment: _____ ÷ Net Income: _____ = _____%

II. Is the applicant currently receiving, on a waiting list or been denied for other forms of housing assistance (indicate date or N/A)?

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

Case managers must access all other available programs before applying to the HAF. Please indicate the programs that have been applied to. Keep in mind that there are programs that pay specifically for the "causes" of some HAF requests: CADAP pays for drug treatments and also pays for health insurance premiums; assistance and/or arrangements can be made with utility vendors.

DSS Security Deposit Program: ☐ Received ☐ Denied Date Applied: _____

DSS Eviction Prevention: ☐ Received ☐ Denied Date Applied: _____

Other: _____ ☐ Received ☐ Denied Date Applied: _____

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 <u>not</u> 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.

Client Name (please print): _____

Client Signature: _____ Date: _____

Case Manager Name (please print): _____

Case Manager Signature: _____ Date: _____

Agency: _____ Phone: _____ Fax: _____

Address: _____

Supervisor's Signature: _____ Date: _____

Last Updated 6/16