

CHECKLIST FOR RAPID RESPONSE

Income Verification: All documentation must be no more than 30 days old.

- _____ Copy of Social Security, SSI, SSDI benefit/check
- _____ Copy of TAFDC Benefit/check
- _____ Copy of Veteran's Benefit/check
- _____ Copy of 2 consecutive unemployment checks
- _____ Third party employment verification sheet (attached)

Proof of Residency:

- _____ Copy of Utility Bill
- _____ Rent receipt
- _____ Copy of your lease

If Rental Arrears (Rent Owed) Needed:

- _____ Copy of one year rental ledger
- _____ Copy of eviction letter
- _____ Copy of Notice to Quit/Summons & Complaint

If Start-up Costs Needed (Security Deposit/1st month):

- _____ Copy of lease or letter from prospective landlord
- _____ Copy of rental agent fee, if applicable
- _____ Copy of documentation of subsidy (required only if applicant has a subsidy)
- _____ Copy of inspection report for apartment
- _____ Copy of 12 month lease
- _____ Copy of de-leaded certification
- _____ Documentation of homelessness (if currently homeless)

If approved, the following are needed before a check can be released:

Stabilization Application

APPLICANT NAME: _____ Current Address: _____

Home Phone: _____ Alternate Phone: _____

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX Male or Female	Veteran Status Yes or No	Disabled Yes or No	Disability Type (refer to options below)	SS#	Race (refer to options below)	Ethnicity (refer to options below)
	HEAD									

Is a change in the household composition expected? YES NO
 If yes, what type of change? _____ When? _____

Disability (Check All that apply) – Optional

A physical B Developmental Disability C. Mental Health D. Substance Abuse E. HIV/AIDS

Ethnicity

1. Hispanic or Latino 2. Not Hispanic or Latino

Race of Household (Check All that apply) – Optional

A. White B. Black/African American C. Asian/Pacific Islander D. American Indian/Alaskan Native E. Native Hawaiian/Other F. Other

Check All That Apply to You:

- Head of household is homeless in Somerville.
- Head of household currently working in Somerville.
- Presence of an adult or a child with a diagnosed disability including mental illness
Name of adult/child _____
- Presence of an adult or a child with a diagnosed substance abuse disorder
Name of adult/child _____
- Prior episode of homelessness in an EA shelter (DHCD Family shelter)
- Not Eligible for Emergency Assistance benefits through DHCD (Family shelter)
- History of domestic violence
Date of last occurrence of domestic violence _____
- At risk of homelessness and moving into shelter or place not meant for human habitation
- Recent economic hardship (death of primary provider, job loss, health crisis or other similar circumstances)
- None of the above applies to me or my family.

CIRCUMSTANCES (**ALL** questions must be answered)

Please describe in detail all of the following:

1. What type of assistance are you in need of?

2. How much assistance do you need (financial amount)? By what date?

3. The circumstances behind the need for assistance? **If you are behind on your rent, please describe how you became behind.**

4. Have you received assistance from any other agency? Agency? When? Amount? Why?

SUSTAINABILITY

(ALL questions must be answered)

1. How will you be able to pay your expenses after assistance?

2. Difficulties you expect in maintaining monthly expenses?

3. How much are you able to pay toward debt?

CASE MANAGEMENT (**ALL** questions must be answered)

1. Are you in need of any assistance unrelated to housing (.e.g food, clothing, furniture)?

2. Are there any aspects of your budget that you are hoping to improve or need help managing?

3. Please list the best days of the week and times that you are available to meet with an SHC case manager.

(Circle one)

1. Is any member of your household employed, part time, full-time or seasonal? **YES NO**

2. Does any member of your household expect to work during the next twelve months? **YES NO**

3. Does anyone in your household work for someone who pays them in cash? **YES NO**

5. Does any member of your household receive or expect to receive child support? **YES NO**

6. Does any member of your household receive or expect to receive alimony payments? **YES NO**

7. Is any member of your household entitled to child support payments that he/she is not receiving? **YES NO**

8. Is any member of your household not receiving alimony payments that he/she is entitled to receive? **YES NO**

9. Does any member of your household receive or expect to receive unemployment benefits? **YES NO**

10. Does any member of your household receive or expect to receive welfare payments (TAFDC, SSI or EAEDC)? **YES NO**

11. Does any member of your household receive or expect to receive Social Security benefits (SSDI or retirement)? **YES NO**

12. Does any member of your household receive or expect to receive an income from a pension or annuity? **YES NO**

13. Does any member of your household receive regular cash contributions from anyone not living in the household or from any agency? **YES NO**

14. Does any member of your household receive income from assets, including interest on checking or saving accounts, interest or dividends from certificates of deposits, stocks, bonds, or income from the rental of property? **YES NO**

15. Does any member of your household receive or expect to receive an earned income tax credit? **YES NO**

16. Do you own a home or any other real estate? **YES NO**

17. Have you sold or given away any real property or any other assets in the past two years? **YES NO**

Non- Cash Benefits

Source	YES or NO	If Applicable Type / Amount
Supplemental Nutrition Assistance Programs (SNAP) (Previously known as Food Stamps)		
Health Ins (refer to options A-E below)		
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)		
TAFDC Child Care Services		
TAFDC Transportation Services		
Other Funder TAFDC Services		
Public Housing		
Section 8		
MRVP		
Other Rental Assistance		
Temp Rental Assistance		
Other Sources		

A. Private (provided by employer)

B. Medicare C. Medicaid

D. State Children's Health

E. Veteran's

BUDGET

Income:

INCOME	MONTHLY AMOUNT	WEEKLY/BI-WEEKLY AMOUNT
Job wages	\$	\$
TAFDC, EAEDC	\$	\$
SSI, SSDI	\$	\$
Unemployment	\$	\$
Child Support	\$	\$
Food stamps	\$	\$
Other	\$	\$

Expenses:

For **ALL** expenses paid. Under the **Priority** column please rank based on the order you pay your bills.

Rank Priority	Expense	Paid to	Monthly amount	Weekly budget
	Rent		\$	\$
	Oil Heat		\$	\$
	Hot water		\$	\$
	Electricity		\$	\$
	Gas		\$	\$
	Water		\$	\$
	Home phone		\$	\$
	Cell phone		\$	\$
	Food		\$	\$
	Eating out		\$	\$
	Public Transportation		\$	\$
	Car payment		\$	\$
	Car insurance		\$	\$
	Auto Gas		\$	\$
	Childcare		\$	\$
	Back bills		\$	\$
	Cable		\$	\$
	Basic household (cleaning, laundry)		\$	\$
	Etc. (cigarettes, Other)		\$	\$

Asset Information:

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset

Household Member Name	Type and Source of Asset (e.g. checking, savings, investments)	Cash Value of Asset	Annual Income from Asset
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Landlord Verification:

List your current landlord. If you are staying in a shelter, with family or friends provide information for the most recent landlord information prior to homelessness.

Landlord's Name: _____

Address: _____

Telephone Number: _____

Are you homeless or about to become homeless due an eviction? Yes No

If answered yes, submit a copy of the Notice to Quit and/or Summons and Complaint

What is the asking rent for your apartment? \$ _____

Are there any utilities included in your rent? Yes No

List utilities included in rent: _____

Has your landlord raised your rent recently? Yes No

If yes when? _____ By how much was the rent raised? \$ _____

How many bedrooms in your current living situation? _____

How many members of your family are living with you currently? (Do not include yourself) _____

If approved for funding from the Rapid Response Program, would you be willing to participate in a follow-up survey?

This survey is voluntary and the answer below will not have any effect on decisions made in regards to applicant eligibility for the Rapid Response Program.

- YES**, I am willing to participate in a follow-up survey if I receive funding from the Rapid Response Program
- NO**, I am not willing to participate in a follow-up survey if I receive funding from the Rapid Response Program

Application Certification and Release of Information:

I/We certify the information that I have given in this application is true and correct, and I/We understand that any false statement or misrepresentation may result in the rejection of my application. **I/We authorize the Somerville Homeless Coalition to make inquiries to verify the information that I have provided in this application.** I/We authorize the Somerville Homeless Coalition to discuss this application with the Somerville Housing Assistance Committee. I understand that my records cannot be disclosed without my written consent and that I may revoke this consent at any time, although I recognize some actions may have already been taken on my behalf. I also understand that the information so released will be held in the strictest confidence by its recipient. I understand that this release form is valid for one year from the date it is signed.

Head of Household Signature

Date

Co-Head of Household Signature

Date

Other member of household over age 18

Date

Other member of household over age 18

Date

Privacy Notice for Somerville Homeless Coalition, Inc.

Brief Summary

[June 1, 2012]

[Version 2.0]

This notice describes the privacy policy of the **Somerville Homeless Coalition (SHC)**. We may amend this policy at any time.

- SHC collects personal information only when appropriate.
- SHC may use or disclose your information to provide you with services.
- SHC may also use or disclose it to comply with legal and other obligations.
- The Commonwealth of Massachusetts administers a computerized record keeping system, which is secure, encrypted and web-based, that captures information about people experiencing homelessness, near homelessness, and formerly homeless, including their service needs. The programs of SHC use the Commonwealth's *Virtual Gateway* and the *All Services Integrated System Tracker (ASIST) Efforts to Outcome (ETO) Homeless Management Information System (HMIS)* as their data management tools to collect information on the clients they serve and the services they provide.
- SHC assumes that you agree to allow us to collect information and to use or disclose it as described in this notice.
- You can inspect personal information about you that we maintain.
- You can also ask us to correct inaccurate or incomplete information.
- You can ask us about our privacy policy or practices.
- We respond to questions and complaints.
- Request and read the full notice for more details.

I, _____, a client of the Somerville Homeless Coalition, Inc., have reviewed (or it has been read to me) the above referenced Privacy Notice and fully understand its contents on this date _____.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Date: _____



SHC

Somerville Homeless Coalition Support, Housing, Community

P.O. Box 440436, Somerville, MA 02144
P: 617.623.6111 F: 617.776.7165 TTY : 617.776.0750

Homeless Prevention
Case Management
Supportive Housing
Family & Adult Shelter
Project SOUP

Date: _____

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Carol Sexton

Diane Sullivan

Thalia Tringo

Jeffrey Waxman

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Dear Employer:

The Somerville Homeless Coalition is required by federal regulation to verify the income, from all sources, for residents applying for admission or continued occupancy in our housing programs. We are requesting your cooperation in supplying the information, requested below, from your files. We assure you this information will be kept in the strictest of confidence.

A stamped, self-addressed envelope is enclosed for your use in returning this for to us. Thank you

Warning: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter with its jurisdiction.

To be completed by Employer:

Date Employment Began: _____ Date Employment Ended: _____

Has Employment Been Continuous: () YES () NO

If No Please Explain

Was Employee Terminated: () YES () NO

If YES Please Explain

Compensation Information Before Deductions:

1) Hourly Wages: _____ 2) # Hours/Week: _____ 3) Weekly Gross Wages: _____

Overtime Information:

1) Hourly Overtime Wages: _____ 2) # Overtime Hours/Week: _____

3) Is Overtime Seasonal? () YES () NO 4) # of Weeks of Overtime/Year: _____

Increase Wage Information:

1) Next Hourly Increase: _____ 2) Effective Date of Raise: _____

Comments: _____

Additional Compensation Information:

10) Tips/Week: _____ 11) Bonuses Commissions or Other Types: _____

Comments: _____

Compulsory Payroll Deductions For Health Insurance: _____

{EMPLOYER'S SIGNATURE AND TITLE}

{DATE}

To Be Completed By Applicant/Resident/Participant/Employee:

I hereby authorize the release of the information requested above to The Somerville Homeless Coalition

EMPLOYEES SIGNATURE

DATE

Print Name

Social Security Number

Date of Birth

Executive Director

Mark Alston-Follansbee

Deputy Director

Michael Libby, LCSW

Director of Programs

Lisa Davidson

Director of Development

Kathryn Benjamin

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