



Rapid Rehousing Documentation Checklist

You **MUST** have all of the following information **BEFORE** a determination of your eligibility for Rental/Utility Assistance will be decided. All items on this list must be brought to your appointment. If you have any questions, please contact our Information and Referral Specialist at ~~800-442-2000~~ **Callforhelpinc.org**
Prevention funds

Basic Applicant Information

- Application for Assistance (form provided).
- Verification of Circumstances (form provided).
- Statement of Nepotism (form provided).
- Declaration of Homelessness Eligibility by Category (form provided).
- ESG Homeless certification (form provided).
- Affidavit of Homelessness (form provided).

Verification of Why Assistance is Required

- Provide supporting documentation indicating what has caused you to become homeless. (Eviction Notice, Damage Report, etc.).**
- Provide a copy of lease and landlord information.**

Proof of all Household Income

- Verification of income for every member of the household for the past (60) days (paycheck stubs, award letters from UI, DHFS, AABD, SSI, SS, etc.).**
- SNAP approval letter or a letter stating not qualified for SNAP.**
- Verification of Income form / ESG Income Eligibility Calculation Worksheet (forms provided).
- Applicant Budget Form (form provided).

Proof of Number in Household:

- You must bring the Social Security Card, birth certificate, or IDHHS medical card for everyone who resides in your household.**

Updated 02/03/2016



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Proof of Residency (bring one of the following)

- Illinois State Identification card/Driver's License, Voters Registration card, utility bill or current medical card. The proof of Residency must have the correct address.
- Provide copies of utility bills (Electric, Gas, Sewer, and Water).
- Self-Declaration of Housing Status (form provided).

Release of Information

- Authority to Release Information form (form provided).
- HMIS Client Consent - Release of Information form (form provided).

Inspection Forms

- ESG Lead Screening Worksheet (CFH Conducts).
- ESG Housing Habitability Standards Inspection Checklist (CFH Conducts).

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CHECKLIST

- Driver's License / ID**
- Birth Certificates (All)**
- Social Security Cards (All)**
- Proof of Medical Insurance**

Proof of income

- Paystubs
- SSI/SSD
- TANF
- Food Stamps
- Child Support
- Unemployment
 - Proof applied for unemployment

Outstanding Bill

- Utility
 - Past Due Bill
 - Disconnection Notice
 - Rental Agreement or Lease
- Rent
 - Landlord Agreement or Lease
 - Eviction or Demand Letter

Proof of Hardship

The household must document a temporary economic crisis beyond its control, evidenced by at least one of the following conditions:

- Loss of employment
- Medical disability or emergency
- Loss or delay of some form of public benefit
- Natural disaster
- Substantial change in household composition
- Victimization by criminal activity
- Illegal action by a landlord
- Displacement by a government or private action
- Some other condition which constitutes a hardship comparable to the ones listed above.

Specify: _____

CALL FOR HELP INC.
APPLICATION FOR ASSISTANCE

Please Print All Information

Name: _____
 Last First Middle Maiden

Date of Birth: _____ SSN: _____

Gender: Male Female Transgender

Present Address: _____

City State

How long living at this address? _____ Phone # _____

Race: White Black/African American Hispanic/Latino
 Native American/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander Other

Marital Status: Single Married Divorced

Other Household Members? Yes No If Yes, list their information below.

Name	Age	DOB	Gender	Income

Victim of Domestic Abuse Elderly Person w/ a Disability HIV/AIDS
 Chronically Homeless Severely Mentally Ill Veteran
 Chronic Substance Abuse Other Disability _____ Health Care Insurance? Yes ___ No ___
 If yes, what's the name. _____

Source of Income: _____ Monthly Amount: _____

Other Source of income and Amount: _____

Food Stamps (SNAP) Amount: _____

Health Condition Compared to People your age: Excellent Good Very good Fair Poor

Highest Education Completed? 0-8 Some High school HS/GED Some College College Grad

Assistance Needed: Rent Utility Cutoff Notice?: _____

Number of Months Delinquent: _____

Landlord/Mortgage Company Name: _____

Address: _____
 City State

Landlord/Mortgage Company Phone: () _____

Briefly state the reason why assistance is needed: _____

**CALL FOR HELP INC.
APPLICATION FOR ASSISTANCE**

Applicant Statement: I certify that the information provided is an accurate and complete disclosure of the requested information. I authorize Call For Help Inc. to verify the above information and/or contact my Landlord/Mortgage Company for verification or additional information. I understand that filling out this application does not guarantee that my household will receive assistance of any kind.

Applicant Signature

Date

For Office Use Only

Eligible for Assistance Not Eligible for Assistance

Reason(s) for Non-Eligibility:

INTERVIEWER INFORMATION

PRINT NAME

INTERVIEWER SIGNATURE



Verification of Circumstance(s) Form

Please explain the circumstance(s) that require you to seek financial assistance:

I hereby attest that the above information is true and accurate.

I understand that completion of the application does not guarantee approval.

Signature of Applicant: _____ Date: _____

Referral Specialist: _____ Date: _____



Statement of Nepotism

Call For Help Inc. is prohibited from providing rental assistance to any person or any member of his/her immediate family, or anyone who is on the Board of Directors of Call For Help Inc. or a member of the Affordable Housing Commission. A member of the Board of Alderman, or any elected official with administrative duties related to the Affordable Housing Commission.

"Immediate Family" includes spouses, son, daughter, mother, father, brother-in-law, sister-in-law, father-in-law, mother-in-law, niece, nephew, step-parent, and/or step-child.

"Administrative Capacity" includes responsibility involving selection, hiring, supervisory or operational responsibility for the Affordable Housing Commission or any program funded by the Affordable housing Trust Fund.

By signing this document, the undersigned confirms that he or she or any members of his or her immediate family is not on the Board of Directors of Call For Help Inc., a member of the Affordable Housing Commission, a member of the Board of Alderman, or an elected official of the various municipalities in St. Clair County with Administrative responsibilities related to the Affordable Housing Commission.

Signature of Applicant: _____ Date: _____

Referral Specialist: _____ Date: _____

East St Louis / Belleville / Saint Clair County CoC 508
HOMELESS MANAGEMENT INFORMATION SYSTEM
Client Consent—Release of Information

The Homeless Management Information System (HMIS) serves the St. Clair County Continuum of Care, a group of partner agencies working together to provide services to homeless and low-income individuals and families in St. Clair County, Illinois.

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom information may be shared, in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the partner agencies and their representatives to share the following information regarding my family and me. I understand that this information is for the purpose of assessing our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following:

- My financial situation, to include the amount of my income and non-cash benefits I may receive.
- Identifying and/or historical information regarding myself and members of my household.

UNDERSTAND THAT:

- Information I give concerning physical or mental health problems will not be shared with other partner agencies in any way that identifies me.
- The partner agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS.
- Staff members of the partner agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- The partner agencies may share non-identifying information about the people they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect for 12 months unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement available at any partner agency.
- If I revoke my authorization, all information about me already in the database will remain and no new information will be entered.
- I have the right to request information about who has access to my information.

My signature shows that I agree to allow my personal and my household's personal information to be entered into HMIS. Please ask all household members and relationship to the head-of-household, sign and date.

Signature

Date

Authority to Release Information

I certify that the information that I have provided is an accurate and complete disclosure of requested information. I hereby acknowledge that the information relating to determination of eligibility requires verification and/or documentation, and by my signature I authorize others to release such information as may be required for the determination of my eligibility.

Signature of Client/Date

Signature of Caseworker/Date

I hereby authorize and give consent to access information pertaining to my minor children listed below. By my signature I authorize others to release any information required to determine my eligibility.

Names of Children:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Signature of Applicant/Date

Signature of CFH Staff/Date

Applicant Budget

Applicant's Name: _____

Date: _____

List Net Household Income

Wages	
Unemployment	
TANF/AABD	
Child Support	
Social Security	
Pension	
VA Benefits	
General Assistance	
Other	
TOTAL	

Food Stamps: _____

Projected Net Income for 30 Days

Wages	
Unemployment	
TANF/AABD	
Child Support	
Social Security	
Pension	
VA Benefits	
General Assistance	
Other	
TOTAL	\$

Food Stamps: _____

Food Stamps: Receive Applied

LIHEAP: Applied Referred

I attest to the fact this budget information is true and correct to the best of my knowledge.

Monthly Expenses	Paid Last Month	Projected Ongoing Months
Month:		
Rent/Mortgage		
Gas & Electric		
Water		
Car Payment		
Car Insurance		
Gas		
Bus Passes		
Food - Cash		
Child Care		
House/ cellphone		
Cable/Internet		
Laundromat		
Dining		
Entertainment		
Household Items		
Credit Cards		
Medical Expenses		
Rent to Own		
Education		
Other:		
Total Expenses		
Net Income		
Difference		

Applicant's Signature: _____ CFH Initials: _____ Date: _____



**Staff Certification of Eligibility
IDHS Homeless Prevention Program**

The Staff Certification of Eligibility form must be completed for each program participant upon the determination of his/her eligibility for IDHS Homeless Prevention assistance. This form must be signed and dated by Call For Help staff person who makes this determination. This form must be kept in the program participant's case file and will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

Head of Household Name:
Name(s) of Other Household Members:

Required Certifications:

Each person signing below certifies to the follows: (1) To the best of my knowledge, the program participant named above meets all eligibility criteria for IDHS Homeless Prevention assistance; (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete; (3) I am not related to the program participant through family, business or other personal ties.

Staff Signature

Date