

Emergency Solutions Grant (ESG) Homelessness Prevention and Rapid Re-Housing Program Application

To be completed by case manager only:

Organization:	
Case Manager:	Phone Number:

Name:		
Address:		
Phone Number:		County:
SSN:	DOB:	Race:
Age:	Sex:	Marital:

Why is participant requesting housing assistance? What incident/circumstances caused the participant to become homeless or to be "at risk of homelessness", are their other resources accessible? **Be specific and provide documentation:**

Is participant a legal resident of the United States? Yes No
If no, participate is ineligible for ESG assistance.

Household Size: _____ Number of Bedrooms: _____
 List all household members:

<u>Name</u>	<u>SS (last 4 digits)</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Copy of the full social security number should be maintained in participants' file.



Is participant currently employed? Yes No
If no, please provide unemployment documentation.

Does participant report any other source of income? Yes No
If yes, list all sources and amount of income (SS, SSI, unemployment, child support, etc.):

Are there other household members with income? Yes No
If yes, provide source of income and documentation.

Does participant have any of the following assets? Yes No
 Checking Savings IRAs CDs Interest/Dividends from checking/savings
If yes to any resources listed above, verification **must** be provided.
Provide estimated value of each asset. \$ _____
Provide participant's average household monthly income amount. \$ _____
Provide participant's average household monthly expenses (rent & utilities). \$ _____

Has participant attempted to identify other resources to secure housing assistance? Yes No
If yes, provide names of agency(s):

Type of assistance:
Amount of assistance received: \$ _____
If assistance is from another ESG Funded Agency, participant is not eligible.

Is a signed lease agreement in participants' name provided? Yes No
Is participants' rent subsidized? Yes No
If yes, then participant is not eligible for ESG rental assistance.
If participant is responsible for utilities, are they in the participants' name? Yes No
*If no, participant is **not** eligible for utility assistance.*
Was participant evicted from previous housing? Yes No
If yes, date of eviction.
Was participant previously residing in a shelter, car, tent, woods, etc.? Yes No
If participant resided in a shelter, documentation is needed.

I understand that any assistance received is temporary and I will continue to be responsible for maintaining my living expenses. Also, I agree not to sublease the rental unit as long as ESG assistance is received.

I certify that the information I have provided is true and correct to the best of my knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Participant Signature: _____ **Date:** _____



To be completed by ESG Case Manager Only:

“But For” Does participant qualify for ESG Assistance Yes ___ No ___
If yes, short term rental assistance may be provided for up to three (3) months.

Type of Assistance: RRH_____ HP_____ Date Approved: _____

Does participant’s file adequately document household income at or below 30% of the Area Median Income (AMI)? Yes ___ No ___

To be completed by ESG Case Manager Only if participant is approved.

Has rent reasonableness requirement been met? Yes ___ No ___

Have habitability standards been met? Yes ___ No ___

Has a lead-based paint inspection been conducted? Yes ___ No ___ N/A ___

Has all information been entered in HMIS/Comparable Database? Yes ___ No ___

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Case Manager: _____ ***Date:*** _____
Signature

