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:

Name	SS (last 4 digits)	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*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 50% 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