

HOME ARP Application

Supportive Services & TBRA 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 the participant requesting HOME-ARP assistance? What Qualifying Population does the participant identify as? **Be specific and provide documentation of eligibility under one of the 4 QPs:**

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 the participants 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.*

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 HOME-ARP 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 HOME-ARP Case Manager Only:

Does participant qualify for HOME-ARP Assistance Yes ___ No ___
If yes, HOME-ARP assistance may be provided.

Type of Assistance: Supportive Services _____ **TBRA** _____ **Date Approved:** _____

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

Does participant's file adequately document household income at or below 50% of the Area Median Income (AMI)? Yes ___ No ___

To be completed by HOME-ARP 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 ___

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.

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