

South Central Community Action Programs, Inc.

Homeless Assistance Program (HAP)

533 S. Main Street Chambersburg, PA 17201 (717) 263-5060 ext. 321 Fax: (717) 263-7060

Homeless Assistance Program (HAP) "FACTS TO KNOW"

1. The HAP program is for homeless or near homeless individuals (as defined below) who can prove they are able to be self-sufficient if they receive assistance for their current situation.
 - a. **Homeless as defined for this program:**
 - 1) live in a group shelter; domestic violence shelter; prison; mental health, drug or alcohol facility; hotel/motel paid for by public or charitable funds.
 - 2) are living in a condemned building; or
 - 3) are residing in a dangerous structure that presents life threatening conditions; e.g., no working plumbing.
 - b. **Near-homeless as defined for this program:** those with a lease and who have received a written eviction notice from their landlord or property manager.
2. Documentation is required for the HAP program. **It is the applicant's responsibility to provide the following items for all individuals living in the household:**
 - a. Proof that you have lived in Franklin County for the past 6 months.
 - b. Proof of income for the last 30 days including:
 1. Wages and salaries including profit from self-employment,
 2. Social Security, SSI for adults or children and/or Social Security survivor's benefits,
 3. Unemployment compensation and/or workers' compensation payments,
 4. TANF or General Assistance Payments, SNAP benefits,
 5. Alimony and/or child support,
 6. Military compensation; family allotments or other regular support from an absent family or household member,
 7. Private pensions; government employee pensions and regular insurance or annuity payments;
 8. College or university scholarships, grants, fellowships, and assistantships less the cost of educational expenses such as tuition, books, etc.,
 9. Dividends and/or; interest,
 10. Rental and royalties income after business expense deductions including expenses to secure the income,
 11. A copy of your taxes showing the federal Earned Income Credit (if applying between January and April)
 12. Bank Statements

- c. Copy of lease or rental agreement signed by tenant and landlord.
 - d. Eviction notice (if requesting assistance for past due rent).
 - e. Original Social Security Cards for everyone residing at the house.
 - f. Photo ID for all adult household members.
 - g. Proof that for the next 90 days you will be able to maintain your rental situation if assistance is provided.
 - h. Legibly completed Common Application for Assistance.
3. All applicants must have lived in Franklin County for six consecutive months.
4. All applicants will be required to cooperate with the Housing Assistance Program (HAP) Program Director in establishing a goal plan to address all of the factors that lead to the homeless or near-homeless condition. This goal plan is designed to assist the applicant to reach self-sufficiency as soon as possible and may include such areas as budgeting, parenting, hygiene, life skills, and accessing resources.
5. **Applicants must have an income at or below 150% of the poverty level. If your income is below 80% of the poverty guideline and you or a child living in your home is under 21 years of age, you must apply at the county assistance office first. Their number is 717-264-6121 and ask for the Emergency Shelter Program.**

Family Size	For Rental Assistance, your gross Monthly income must be under 150% of the poverty level (the monthly income listed below):	For County Assistance office Rental Assistance you must be under 80% of the poverty level (number listed below):
One (1)	\$1,508	\$804
Two (2)	\$2,030	\$1,082
Three (3)	\$2,553	\$1,361
Four (4)	\$3,075	\$1,640
Five (5)	\$3,598	\$1,916

6. **Financial assessment will be required** to determine whether income will be sufficient to pay monthly rent/utility bills for future months. **You must be able to show you are able to afford the housing for the next three months in order to qualify for assistance. Housing expenses (rent and utilities) may not exceed 70% of gross monthly income.**

- 7. If an applicant is under the age of 21 and/or has children under the age of 21 and is receiving TANF or General Assistance, he/she must contact the County Assistance Office (CAO) to apply for the Emergency Shelter Assistance (ESA). If assistance is not available at the CAO, the applicant must obtain proof of denial of assistance and provide that proof to the HAP Program Director. Households whose income is less than 80% of the poverty level will be referred to the County Assistance Office for Emergency Shelter Assistance. The ESA caseworker will refer the household back to HAP if the household needs further financial assistance.**
- 8. For those who are homeless**, a written agreement is needed with the new landlord before financial assistance is considered. **For those who are near-homeless**, a landlord agreement that the tenant may stay once the arrears have been paid is mandatory.
9. The amount of financial assistance available to each applicant will depend, in part, on the need as shown by the budget assessment and **will be determined by the HAP Program Coordinator**. Rental assistance is dependent on the applicant complying with all portions of the Service/ Responsibility Plan & the Goal Plan.
- 11.** Applicants will be asked to contribute some of the total amount of money needed for rent or utilities if it is considered possible for them to do so.
- 12.** Applicant may be required to show proof of all recent bills/debts to show where income was spent for at least 30 to 90 days prior to the appointment with the HAP case manager.
- 13.** A release of information is required on each applicant so that contact may be made with any individual or agency in order to determine eligibility and/or obtain appropriate services.
- 14.** Funding is limited and capped for a 24 month period. If a participant returns for assistance within that period, the participant will only be eligible to apply if they have attended money management or budgeting classes and followed the goal plan.
- 15. All adults must sign paperwork before any files can be processed to issue a check. We encourage all adults to attend the interview/ appointment with the Program Coordinator.**
- 16. Failure to arrive on time for your appointment or failure to have application completed will be reason to reschedule the appointment.**
- 17. SCCAP does not discriminate on the basis of race, religion, gender, age, national origin, disability or sexual orientation in the provision of services.**

By signing below I agree that I have **read and understand** the information above and have received a copy of this form. I understand that it is **my responsibility** to provide all the information requested and that if I knowingly supply false information to the Homeless Assistance Program, this will be grounds for immediate dismissal from the program and could affect future eligibility.

Signature: _____

Date: _____

Signature: _____

Date: _____

YOU MUST BRING THE FOLLOWING TO YOUR APPOINTMENT

After completing the application and gathering all required documentation you must contact the HAP Coordinator at 263-5060, ext 321 to schedule an appointment for an interview to determine your eligibility for assistance from the program. Applications will NOT be accepted at the front desk. Failure to have the required documentation will delay your determination of eligibility.

- Completed Common Application
- Proof that you have lived in Franklin County for the past 6 months (if your lease is for more than 6 months, that will suffice)
- All income for the last 30 days for all adults in the family
- Copy of your lease if you are facing eviction or rental agreement if you are homeless and moving to a new place
- Eviction notice if applying for Rental Assistance
- Social Security cards for each family member
- Photo Id for all adults
- Proof to support that for the next 90 days you will be self-sufficient.
- Bank Statements for adults in the family
- Taxes with EITC form if filing between January and April

Remember if you are applying for help with first months rent and security deposit – DO NOT sign a lease until after you have met with us. **If you sign the lease before your appointment, unfortunately you will not be eligible for assistance.**

PLEASE BRIEFLY EXPLAIN THE REASON(S) YOU ARE REQUESTING RENTAL ASSISTANCE

1. Number of adult household members that are Veterans _____
2. Number of adult household members receiving Mental Health Services _____
3. Number of adult household members receiving Drug/Alcohol Services _____
4. Number of household members receiving Domestic Violence Services _____

Rental Assistance Information

Monthly Rent \$ _____ Total Amount of Rent Owed \$ _____

How long have you lived in Franklin County? _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone: _____

Landlord's Email: _____

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Client Verification

By signing below, I am giving South Central Community Action Programs, Inc (SCCAP, Inc.) permission to use the information that I have provided regarding myself and my family for statistical purposes when applying for funding of existing and in the development of new program services.

I am aware that at no time will my name, spouse's or child's name be divulged.

All information contained in this document is used only for SCCAP, Inc. purposes in accordance with the Privacy Act of 1974. SCCAP, Inc. does not discriminate on the basis of sex, race or national origin.

 Date Signature of Applicant

Please fill in all blank boxes below as well as circle the option that best describes your household for items that have selected answers.

FIRST ENTRY BELOW SHOULD BE FOR PERSON COMPLETING FORM

First Name: _____ **Phone Number:** _____

Middle Initial: _____ **Phone Number:** _____

Last Name: _____

Birth Date: _____

Gender:	Male	Female	Marital Status:	Child	Divorced	Domestic Partner	Married	
				Separated	Single	Widow		
Ethnicity:	Hispanic/Latino	Non-Hispanic/Latino	Race:	American Indian	Asian	Black	White	
		12+ Some Secondary		Hawiaan/Pac. Islander	Multi-Race	Other		
Education:	0-8 grade	12+ Some Secondary	2 Year Degree	4 Year Degree	9-12 Non-Graduate	GED	Diploma	N/A (Child)
Health Insurance:	No	Yes	Veteran:	No	Yes			
Food Stamps:	No	Yes	Disabled:	No	Yes			
Farmer:	Farmer	Migrant	Not Farmer	Seasonal				

Address: _____

Apt/Lot: _____

City: _____

Zip: _____

State: _____

County: _____

Family Type:	Single Parent - Female	Single Parent - Male	Single Person	Two Adults/No Child	Two Parent Household	Other
Housing Situation:	Homeless	Other	Rent	Own		
Presently Employed:	Yes	No				

INCOME DATA BELOW SHOULD BE BASED ON LAST MONTH

Gross Wages:	\$	Child Support Income:	\$	Other Work Income:	\$	Social Security (Retirement):	\$
Pension Income:	\$	Veteran's Benefit Income:	\$	Temporary Aid to Families (TANF):	\$	SSI Supplemental:	\$
Workman's Compensation:	\$	Unemployment Benefits:	\$	General Assistance:	\$	SSD Disability:	\$

ADDITIONAL HOUSEHOLD MEMBERS - CIRCLE Y FOR YES, N FOR NO, OR FILL IN BLANKS USING KEY BELOW

First Name	Last Name	Date of Birth	Gender		Relation	Hispanic		Race	Education	Health Insurance		Veteran		Food Stamps		Disabled		Migrant		Currently Employed	
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
			M	F		Y	N			Y	N	Y	N	Y	N	Y	N	Y	N	Y	N

KEY: USE OPTIONS BELOW TO FILL IN BLANKS ABOVE

Relation:	Race:	Education:
Child	American Indian	0-8 Grade
Father	Asian	12+ Some Secondary
Foster Child	Black	2 Year Degree
Grandchild	White	4 Year Degree
Guardian	Hawaiian / Pacific Islander	9-12 Non-Graduate
Mother	Multi-Race	GED
Relative		Diploma
Spouse		N/A Child