

HUMAN SERVICES, INC.

PATHH • Rental Assistance Program • SOAR
West Chester Area Information and Referral

RENTAL ASSISTANCE APPLICATION

1. Complete the attached application in full
2. **Submit the following with your application:**

____ verification of ALL sources of household income (pay stubs for the last 30 days, award letter from social security regarding SS, SSI, SSD, unemployment check stubs, child support check stubs, and any sources not listed)

____ Food stamp award letter

____ most recent bank statements

____ social security cards for EVERY member of the household

____ birth certificates for all children in the household

____ picture ID for all adults in the household

____ proof of eviction or homelessness

____ PFA (if applicable)- (protection from abuse order)

____ current lease or letter of intent to lease- must include: Total amount needed to move in – what utilities tenant is responsible for.

____ **all** bills for **all** adults on application (i.e. cell phone, electric, cable, water, gas, fines, loans, credit card etc:)

____ landlord name, address, and phone number

____ ESA Award letter (If you receive food stamps or cash assistance, you must apply for the emergency shelter allowance through DPW)

____ Spend down receipt to the last \$750 for adult households or \$1000 for families children

Please note: Applications cannot be processed without complete information. If there are any discrepancies in information provided or if information cannot be verified, your application will be denied. **If applying for security deposit and you move in prior to approval, your application will be denied.** Applications pending for 30 days will be denied.

Thank you for your recent inquiry about the Rental Assistance Program. This Rental Assistance Program may be used to resolve an emergency housing situation. If you are homeless, it can be applied to a security deposit. **Please note: if you move in prior to being approved, your application will be denied.** If you are facing eviction, it can be applied to back rent that is owed. If you are receiving subsidized rent, such as Section 8, Human Services, Inc. cannot assist with back rent that is owed. If you are receiving subsidized rent, such as Section 8, and are in danger of eviction or homelessness, you may apply for assistance with security deposit in order to secure alternate housing. This assistance is available to you once during a 24 month period. The **maximum** amount of assistance is \$750.00 for an adult only household and \$1,000.00 for a family.

Please be sure to fill out the application as completely and accurately as possible. Applications must be complete and truthful to be considered. Any discrepancy in information will disqualify an application automatically. Missing information will slow the process.

Be sure to sign the authorization form. This allows Human Services, Inc. to verify the information you provide on your application. If the authorization is not signed, your application will not be processed.

ELIGIBILITY FOR THIS PROGRAM IS BASED UPON STATE GUIDELINES

- (1) These guidelines are very specific and regulate areas such as the type of dwellings for which applicants can apply.
- (2) Income has to be established for at least one month and be sufficient to cover the rent and out of pocket expenses for the household.
- (3) Household income cannot exceed the federal income guidelines.
- (4) Employment income needs to be documented by pay stubs.
- (5) An award letter is required for child support, cash assistance, food stamps, and any form of social security benefits.

Return the completed application to the address listed below or fax it to 610-429-0424.

Date: ____/____/____

Name: _____
Address: _____

Phone: Home: ____-____-____
Work: ____-____-____
Cell: ____-____-____

DOB: ____/____/____ Age: ____ SS#: ____-____-____

Sex: M F Race: _____ Ethnicity: Hispanic Non-Hispanic

List all Household Members:

Name	Relationship	DOB	SS#

List all Sources of Income:

Recipient of Income	Source of Income	Monthly amount

Total: \$ _____

Comments: _____

Name: _____

Expense	Amount	Comment	Expenses	Amount	Comment
Rent/Lot Rent	\$		Medical/RX	\$	
Food	\$	FS	Medical/RX	\$	
Electric	\$		Loan	\$	
Cooking Gas	\$		Loan	\$	
Heat	\$		Credit Card	\$	
Water	\$		Credit Card	\$	
Sewer	\$		Layaway	\$	
Trash	\$		Rent to Own	\$	
Cell Phone	\$		Meals Out	\$	
Home Phone	\$		Laundry	\$	
Internet	\$		Cigarettes	\$	
Cable/Satellite	\$		Child Care	\$	
Car Payment	\$		Child Support	\$	
Car Insurance	\$		Storage	\$	
Gas for Car(s)	\$		Entertainment	\$	
Bus	\$		Alcohol	\$	
Home Insurance	\$		Paper Products	\$	
Renters Insurance	\$		Self Care	\$	
Life Insurance	\$		School Supplies	\$	
Other Insurance	\$		School Lunches	\$	
Taxes	\$		Clothing	\$	
Church/Donations	\$		Pet Supplies	\$	
Other	\$		Pet Food	\$	
Other	\$		Other	\$	

Monthly Expenses Total: \$ _____

Net Monthly Income: \$ _____

Balance(Minus/Plus): \$ _____

Total Household Income: Gross income per month: \$ _____
Net Income per month: \$ _____
Total Expenses: \$ _____
Remaining Credit/Debt: \$ _____

Comments :(Please explain the circumstances that have caused you to fall behind in rent) _____

Are you currently facing eviction? Yes No
Do you have a court ordered eviction? Yes No Date: ____/____/____
How much do you owe your landlord in past due rent? \$ _____
Are you currently receiving section 8 or subsidized housing? Yes No
Have you applied for Section 8 or subsidized housing? Yes No
If being evicted, are you going to need money towards a security deposit? Yes No

SECURITY DEPOSIT APPLICANTS

Were you evicted within 6 months of applying? Y/N Date: ____/____/____

Where are you currently residing?
Apartment House Family Shelter Streets Treatment Program
Other (please specify) _____
Are you currently living with a friend or relative? Yes No
If yes, for how long? _____
Please provide this person's name, address, and phone number:

If you have found an apartment, what is the amount required to move in? _____
Of that amount, how much do you have to put toward it? _____
Name, address and phone number of new Landlord: _____

Address of your New Apartment: _____

Do you consider yourself to be homeless? Yes No
If Yes have you been homeless for at least One year? Yes No yrs _____
Number of times you have been homeless in the Past Three Years? _____
If 4 or more times, have many months have you been homeless in the
Past Three years? mths _____
How many months have you been homeless continuously prior to applying? _____

The Following questions is for reporting purposes only. Information concerning your identity will not be provided. This information is strictly confidential. These questions are not considered part of the eligibility criteria for the Rental Assistance Program.

- Yes No Are you a Veteran?
- Yes No Are you currently receiving Mental Health Services?
- Yes No Have you been referred to Mental Health Services?
- Yes No Is any other adult receiving Mental Health Services?
- Yes No Has any other adult been referred to Mental Health Services?
- Yes No Are you currently receiving Drug/Alcohol Services?
- Yes No Have you been referred to Drug/Alcohol Services?
- Yes No Is any other adult receiving Drug/Alcohol Services?
- Yes No Has any other adult been referred to Drug/Alcohol Services?
- Yes No Are you currently receiving Domestic Violence Services?
- Yes No Have you been referred to Domestic Violence Services?
- Yes No Is any other adult receiving Domestic Violence Services?
- Yes No Has any other adult been referred to Domestic Violence Services?

If you consider yourself to be homeless, please answer the following:

What was your previous living arrangement?

How long were you there?: _____

What County were you residing in?: _____ What is the zip code: _____

Do you consider yourself to be chronically homeless: Yes No
(Chronic homelessness is described as being homeless for the past year or 4 episodes of homelessness in the past 3 years)

Please check all that apply: (Head of Household)

- | | |
|--|--|
| <input type="checkbox"/> female headed household | <input type="checkbox"/> drug/substance abuse or dependent |
| <input type="checkbox"/> alcohol dependent | <input type="checkbox"/> mental retardation |
| <input type="checkbox"/> mental health | <input type="checkbox"/> physical disability |
| <input type="checkbox"/> battered spouse | <input type="checkbox"/> veteran |

Authorization Form

I understand that Human Services, Inc. will verify all information I have provided for the Rental Assistance Program. I authorize them to contact any person(s) necessary for the purpose of verification. This may include past and present landlords, employers, or the Chester County Assistance office.

I further understand that giving false information will automatically disqualify me from the program.

I have been informed of my right to appeal any decision to the Executive Director of Human Services, Inc., the Chester County Department of Community Development, and/or the Department of Public Welfare.

I have been informed that my file may be reviewed by County and/or State offices for auditing purposes.

Applicant Signature

____/____/_____
Date

Staff Signature

____/____/_____
Date

The rental assistance program does not discriminate against any person because of their race, color, lifestyle, sexual orientation, religious creed, ancestry, national origin, sex, or disability. Any person who believes that their denial or termination of services is based on discrimination because of those reasons may appeal to the Pennsylvania Human Rights Commission