

Application for Client Participation in Housing Education & Leasing Partnership (H.E.L.P.)

Please fill out application in its entirety and submit to:
El Ada Community Action Partnership
Attn: HELP Program
jenglennelada@cableone.net or Fax: 208.368.7290
Office Phone:208.345.2820 ext.25

Referring Agency Information:

Is the Client homeless? Yes No

Agency referring this client: _____

Program: _____

Case Manager/advocate from Participating Agency: _____

Phone: _____ Fax: _____

Email: _____

How long have you worked with the applicant? _____ (years) _____ (months)

Case management/housing advocacy is an important component of the H.E.L.P program and referring agencies agree to provide or coordinate the following:

- intensive support services provided via home visiting to reinforce education and support tenant success
- Eviction prevention assistance should tenants encounter financial difficulties
- Mediation and problem solving to address non-financial issues which threaten housing stability
- Follow-up with Housing Providers to ensure that issues have been addressed and resolved.

Will you be providing ongoing support services? ___ Yes, for how long? ___ No ___

If no, are you available for consultation or mediation in the future if a housing crisis arises? ___ Yes ___ No

Do you or a representative of your agency agree to conduct a home visit at least one time per month for the duration of the client's participation in the H.E.L.P. program? ___ Yes ___ No

Case Management/Housing Advocate Signature: _____

Date: _____

Agencies should keep a copy of this form for their records. The information below is being collected for program monitoring and reporting to funders. Client's identifying information will be kept confidential unless otherwise authorized by the client.

Head of Household Information: Total Household Size _____

(Head of household):				DOB	SSN
Last	First	M.I.	Gender	/ /	

City of Boise
Division of Housing and Community Development
ANNUAL INCOME

ANNUAL HOUSEHOLD INCOME DETERMINATION WORKSHEET

Use for Hourly Employment:

Household Member #1 _____

Job #1:
Hourly Wage: \$ _____ X Hours Per Week _____ = _____ Weekly Income (a)

Job #2:
Hourly Wage: \$ _____ X Hours Per Week _____ = _____ Weekly Income (b)

(a) + (b) x 4.33 = _____ Sub-Monthly Gross (line c)

(line c) + **Any Other Income** (SSI, Child Support, Alimony, etc.) _____ = Monthly Gross

Monthly Gross x 12 = _____ Annual Income

Household Member #2 _____

Job #1:
Hourly Wage: \$ _____ X Hours Per Week _____ = _____ Weekly Income (a)

Job #2:
Hourly Wage: \$ _____ X Hours Per Week _____ = _____ Weekly Income (b)

(a) + (b) x 4.33 = _____ Sub-Monthly Gross (line c)

(line c) + **Any Other Income** (SSI, Child Support, Alimony, etc.) _____ = Monthly Gross

Monthly Gross x 12 = _____ Annual Income

Did you collect source documents for income verification? ___ Yes ___ No

Are the source documents for income verification from the last 30 days? ___ Yes ___ No

Total Annual Household Gross Monthly Amount \$ _____ (line C from Household Member 1+ 2)

Total anticipated Annual Household Gross Annual Amount \$ _____ (Total Annual Household) x 12

Family/Household Size: _____

- Low Income below 30% of median income as the annual household income is less than \$ _____
- Low-Mod Income 30-50% of median income as the annual household income is less than \$ _____
- Moderate Income over 50-80% of median income as the annual household income is less than \$ _____
- High Income over 80% (not eligible for Housing Education Leasing Partnership assistance)

I certify the applicant(s) is a/are City of Boise resident(s) and meet(s) current HUD Dollar Home fund program income guidelines.

Signature

Date

**HOUSING EDUCATION LEASING PARTNERSHIP
ANNUAL HOUSEHOLD INCOME DETERMINATION WORKSHEET**

*Use for individuals who are **Salaried**: If individual has part-time work in addition to a salary, please use the hourly calculations worksheet for that portion of income.*

Household Member #1 _____

Monthly Salary: \$ _____

Monthly Gross x 12 = _____ Annual Income

Household Member #2 _____

Monthly Salary: \$ _____

Monthly Gross x 12 = _____ Annual Income

Did you collect source documents for income verification? ___ Yes ___ No

Are the source documents for income verification from the last 30 days? ___ Yes ___ No

Total Annual Household Gross Monthly Amount \$ _____ (a) (Household Member 1 +2)

Total anticipated Annual Household Gross Annual Amount \$ _____ (a) x 12

Family/Household Size: _____

- Low Income below 30% of median income as the annual household income is less than \$ _____
- Low-Mod Income 30-50% of median income as the annual household income is less than \$ _____
- Moderate Income over 50-80% of median income as the annual household income is less than \$ _____
- High Income over 80% (not eligible for Housing Education Leasing Partnership assistance)

I certify the applicant(s) is a/are City of Boise resident(s) and meet(s) current HUD Dollar Home fund program income guidelines.

Signature

Date

Does this household have a housing subsidy? ___ Yes ___ No

If so, how much? _____

From whom? _____

Amount the household can afford for rent (out-of-pocket): _____

Participation in HELP - As a participant in the Project, I agree to:

- Work towards meeting my agreed upon housing and life goals
- Participate in all educational sessions (coordinated through my case manager or HELP staff) on rental responsibilities, budgeting, and/or other topics that are necessary to assist me in maintaining permanent housing
- Work with my case manager or HELP staff on any issues that could jeopardize my housing (including conflict with my landlord or neighbors, trouble paying rent, problems with my unit, etc)
- Notify my case manager or HELP staff and landlord if I plan to move from my housing

Certification of Information - I certify that, to the best of my knowledge, all answers to the above questions are true and correct. I understand any incorrect information may be considered misrepresentation or fraud and could result in me not being able to participate in the HELP program.

Print Applicant Name

Applicant's Signature

Date

Agency Signature

Date

Client phone number _____

Client email _____



AUTHORIZATION FOR MUTUAL EXCHANGE OF INFORMATION

In compliance with Idaho Administrative Code 16.05.01 and Section 3(e)(3) of the Privacy Act of 1974, 5 U.S.C. 552 a(e)(3), which states that each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested. You may retain this statement for your records.

I _____,

Authorize El-Ada Community Action Partnership (El-Ada) to engage in a mutual exchange of information about myself and/or my family and our circumstances with the individuals or agencies listed below for the purpose of relaying the following type(s) of information

_____:

Persons or agencies that I approve El-Ada to exchange my information with:

I understand that my records are protected under Federal and State regulations and cannot be disclosed without my written consent, except under certain circumstances mandated by specific laws. I understand that I may make a written request for my records and those records transmitted through this release at any time and may request an amendment to those records. I understand that I may revoke my consent at any time and that I may place limits on the type of information exchanged. This consent will expire automatically one year from the date executed, unless stated as expiring earlier below.

I place the following restrictions on this consent:

Executed this _____ day of _____, 20_____

Expires on _____ day of _____, 20_____

Signature of Client _____

Signature of Witness _____

For HELP administrative use only:

Application for Client Participation was received on _____

Client was approved, referring agency was notified on _____ by _____

Client was declined, referring agency was notified on _____ by _____

Reason for denial: _____

Staff Signature

Date