Society of Samaritans HOME-ARP INTAKE APPLICATION

SECTION I: ORGANIZATION INFORMATION Section to be completed by Organization	
Organization:	Phone:
Address:	Fax:
Contact Name:	Contact Title:
Client Identifier: Grant: AMI:	Supportive Service Requested:

SECTION II: APPLICANT CONTACT INFORMATION Section to be completed by applicant and verified by organization	
Applicant Name:	Relationship to Head of Household:
Address: Rent ___ Own ___	Apartment #:
City, State, Zip Code:	County:
Email Address:	Phone:
Emergency Contact:	Phone:
Do you live in a public housing unit operated by the Montgomery County Housing Authority or receive a Section 8 voucher?	☐ Yes ☐ No
Is the property located in Montgomery County? * This information must be on file and will be verified by case worker through MCAD/Montgomery County Tax Assessor.	☐ Yes ☐ No
Lease/Rent Information: Period of Lease: _____ to _____ Amount of Rent per Month: $_____	 Date of Occupancy: _____ Unit Size (number of bedrooms): ____
Service Company Name:	Service Company Contact:
Have you received assistance before? If so, please list below.: ____ No ____ Yes From: _____	Amount for Service Requested: $

SECTION III: QUALIFYING POPULATIONS
Section to be completed by applicant or organization

Select Qualifying Population by checking off the QP and the corresponding recordkeeping requirements.

Qualifying Population (QP) Definitions	Recordkeeping Requirements
☐ **QP 1: Homeless** • Literally Homeless (MVHAA Category 1) – an individual/family who lacks a fixed, regular, and adequate nighttime residence, meaning: 1) A primary nighttime residence not designed for regular sleeping accommodations, ***or*** 2) Living in a public or private shelter, ***or*** 3) Exiting an institution for 90 days or less and resided in an emergency shelter or the like • Imminent Risk of Homelessness (MVHAA Category 2) – an individual/family who will imminently lose their primary nighttime residence, provided all three following criteria: 1) Residence will be lost within 14 days, ***and*** 2) No subsequent residence identified, ***and*** 3) Individual/Family lacks resources needed to obtain permanent housing • Homeless Under Other Federal Statutes (MVHAA Category 3) – unaccompanied youth under 25 years/families with children/youth who do not otherwise qualify as homeless under this definition 1) Defined homeless under other statutes, ***and*** 2) No lease, ownership or occupancy in 60 days, ***and*** 3) Persistent instability, ***and*** 4) Expected continued status	**Based on McKinney-Vento Homeless Assistance Act (MVHAA)** Literal Homelessness (MVHAA Category 1) o Written observation by outreach worker, ***or*** o Written referral by another housing/service provider, ***or*** o Certification of homelessness by individual or head of household If exiting an institution: o Discharge paperwork or referral, ***or*** o Written record of intake worker's due diligence to obtain evidence Imminent Risk of Homelessness (MVHHA Category 2) o A court order resulting from an eviction action, ***or*** o For individual/family leaving hotel/motel, evidence that financial resources to stay are lacking, ***or*** o A documented and verified oral statement, **AND** o Certification that no subsequent residence had been identified, ***and*** o Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing Homeless Under Other Federal Statutes (MVHAA Category 3) o Certification by the non-profit/state/local government that the individual/head of household seeking assistance met the criteria, ***and*** o Certification of no PH in the last 60 days, ***and*** o Certification by the individual or HoH and supporting documentation of moving two or more times, ***and*** o Documentation of special needs or two or more barriers
☐ **QP 2: At-Risk of Homelessness** • Individuals and Families (MVHAA Category 2) – an individual or family who: (i) Has income below 30% of AMI, ***and*** (ii) Lacks sufficient resources to prevent immediate homelessness as described in QP 1, ***and*** (iii) Meets **one** of the following conditions (A) Has moved two or more times because of economic reasons; (B) Is living in the home of another due to economic hardship (C) Was given a written Notice to Vacate within 21 dates (D) Lives in a hotel/motel, not paid by charity (E) Lives in a housing unit where more than 1.5 people per room reside (F) Is exiting a publicly funded institution or system of care (G) Otherwise instable or increase risk of homelessness • Unaccompanied Children and Youth (MVHAA Category 3) – a child or youth who does not qualify as "homeless" under this section but qualifies under another Federal statute • Families with Children and Youth (MVHAA Category 3) – an unaccompanied youth who does not qualify as homeless under the homeless definition but does under MVHAA, Section 725(2), and their parents/guardians	**Based on McKinney-Vento Homeless Assistance Act (MVHAA)** Individuals and Families (MVHAA Category 2) o A court order resulting from an eviction action, ***or*** o For individual/family leaving hotel/motel, evidence that financial resources to stay are lacking, ***or*** o A documented and verified oral statement, **AND** o Certification that no subsequent residence had been identified, ***and*** o Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing Unaccompanied Children and Youth (MVHAA Category 3) o Certification by the non-profit/state/local government that the individual/head of household seeking assistance met criteria, ***and*** o Certification of no PH in the last 60 days, ***and*** o Certification by the individual or HoH and supporting documentation of moving two or more times, ***and*** o Documentation of special needs or two or more barriers Families with Children and Youth (MVHAA Category 3) o Certification by the non-profit/state/local government that the individual/head of household seeking assistance met criteria, ***and*** o Certification of no PH in the last 60 days, ***and*** o Certification by the individual or HoH and supporting documentation of moving two or more times, ***and*** o Documentation of special needs or two or more barriers

SECTION III: QUALIFYING POPULATIONS
Section to be completed by applicant or organization

Select Qualifying Population by circling QP and check off the corresponding recordkeeping requirements.

Qualifying Population (QP) Definitions	Recordkeeping Requirements
☐ **QP 3: Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (All definitions are defined by MVHAA Category 4)** • Domestic Violence – includes felony or misdemeanor crimes of violence committed by one of the following: 1) A current or former spouse or intimate partner 2) A person with whom the victim shares a child 3) A person cohabitating/cohabitated with the victim as a spouse or intimate partner 4) A person considered a spouse according to the laws of the participating jurisdiction 5) Any other person committing violence against a person who is protected under the domestic or family violence laws in that participating jurisdiction • Dating Violence – means violence committed by a person: 1) Who has/had a social relationship of a romantic/intimate nature with the victim, ***AND*** 2) The existence of such a relationship is determined based on: a. Length of the relationship b. Type of relationship, and c. Frequency of interactions with each other • Sexual Assault – any nonconsensual sexual act proscribed by law, inclduing victim's inability to consent • Stalking – engaging in a course of conduct directed at a specific person that would cause a reasonable person to 1) Fear for their safety or the safety of others 2) Suffer emotional distress • Human Trafficking: 1) *Sex Trafficking* – recruit, harbor, provision, obtain, patronize, or solicit a person for commercial sex acts induced by force, fraud, or coercion or to a minor under 18 years of age 2) *Labor Trafficking* – recruit, harbor, provision, obtain, patronize, or solicit a person for labor or services through force, fraud, or coercion for the purpose of involuntary servitude, peonage, debt bondage, or slavery	**Based on McKinney-Vento Homeless Assistance Act** Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking (MVHAA Category 4) • *For victim service providers:* o An oral statement by the individual or head of household seeking assistance which states: ▪ they are fleeing; ▪ they have no subsequent residence; and ▪ they lack resources * Statement must be documented by a self-certification or a certification by the intake worker. • *For non-victim service providers:* o An oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the intake worker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; ***and*** o Certification by the individual or head of household that no subsequent residence has been identified; ***and*** o Self-certification or other written documentation that the individual or family lacks financial resources and support networks to obtain other permanent housing.
☐ **QP 4: Other Populations (All definitions are defined by MCHAA Category 2)** • Other Families requiring services or housing assistance to prevent homelessness – families who previously met criteria "homeless" ***and*** received time-limited assistance to become housed ***and*** are now in need of additional housing assistance or supportive services to avoid homelessness. • Other Populations with the greatest risk of housing instability: (i) Household with income below 30% AMI ***AND*** are experiencing sever cost burden, **OR** (ii) Household with income less than or equal to 50% AMI ***and*** meet one of the following: (A) Moved 2+ times due to economic hardship (B) Living in another home due to economic hardship (C) Notified to vacate within 21 days of application for assistance (D) Living in hotel/motel, not paid by charity (E) Living in residence where more than 1.5 persons per room reside (F) Exiting publicly funded institute or system of care (G) Living in housing that is unstable and an increased risk of homelessness	**Based on McKinney-Vento Homeless Assistance Act (MVHAA)** Other Families AND Other Populations (MVHAA Category 2) o A court order resulting from an eviction action, ***or*** o For individual/family leaving hotel/motel, evidence that financial resources to stay are lacking, ***or*** o A documented and verified oral statement, **AND** o Certification that no subsequent residence had been identified, ***and*** o Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing

SECTION IV: HOUSEHOLD COMPOSITION
Section to be completed by applicant

Full Name as listed on government identification	Relationship to Head of Household	Date of Birth	Gender	Student Status FT=Full Time PT=Part Time	Social Security Number	Receiving Income?
1	Head of Household		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No
2	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No
3	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No
4	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No
5	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No
6	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No
7	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No
8	☐ Co-Head ☐ Spouse ☐ Dependent ☐ Other Adult		☐ Male ☐ Female	☐ FT ☐ PT ☐ N/A		☐ Yes ☐ No

SECTION V: HOUSEHOLD DEMOGRAPHICS.
Section to be completed by applicant

The Texas Department of Housing and Community Affairs (TDHCA) requests this information for reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to provide it. You may not be discriminated against on the basis of this information, or on whether or not you choose to provide it.

Ethinicity Codes:
H – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" Apply to this Category
NH – Not Hispanic

Race Codes:
1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Pacific Islander
5. White

Disability Status:
A person with a disability has a physical or mental impairment which substantially limits one or more major life activities; or is regarded as having such an impairment. The definition of disability does not include current, illegal use of or addiction to a controlled substance.

Name	Age	Race	Ethnicity	Marital Status	Veteran Status	Disability Status	Primary Language
1				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	
2				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	
3				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	
4				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	
5				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	
6				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	
7				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	
8				☐ Single ☐ Married ☐ Divorced/Separated ☐ Common Law/Partner	☐ Yes ☐ No	☐ Yes ☐ No	

SECTION VI: HOUSEHOLD INCOME Section to be completed by applicant			
Name	**Total Monthly Income Amount**	**Source of Income**	
1	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement
2	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement
3	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement
4	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement
5	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement
6	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement
7	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement
8	$	___ Employment ___ Unemployment/Worker Comp ___ Social Security	___ Child Support ___ SNAP/TANF ___ Pension/Retirement

SECTION VI: HOUSEHOLD EMPLOYMENT Section to be completed by applicant		
Household Member Name:	**Occupation:**	**Employer:**
1		Name: _____ Address: _____ _____ Phone:
2		Name: _____ Address: _____ _____ Phone:
3		Name: _____ Address: _____ _____ Phone:
4		Name: _____ Address: _____ _____ Phone:

SECTION VIII: HOUSEHOLD EXPENSES Section to be completed by applicant			
Rent/Mortgage:	Electricity:	Water/Trash:	Gas/Propane:
Vehicle:	Gasoline/Maintenance:	Vehicle Insurance:	Telephone/Cellular:
Cable/Satellite:	Internet:	Home/Rental Insurance:	Medical Insurance:
Food:	Furniture/Appliances:	Credit Cards:	Loans:
Child/Senior Care:	Laundry/Cleaning Services:	Other:	Other:

SECTION VIII: HOUSEHOLD ASSETS Section to be completed by applicant								
Name:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Checking Account	$	$	$	$	$	$	$	$
Savings Account	$	$	$	$	$	$	$	$
Pre-paid Debit Cards	$	$	$	$	$	$	$	$
Stocks, Bonds, Mutual Funds	$	$	$	$	$	$	$	$
0Real Estate / Home	$	$	$	$	$	$	$	$
Trust Fund(s)	$	$	$	$	$	$	$	$
Mortgage Note Held	$	$	$	$	$	$	$	$
Whole Life Insurance Cash Value	$	$	$	$	$	$	$	$
Real Estate / Land	$	$	$	$	$	$	$	$
Peer-to-Peer Apps	$	$	$	$	$	$	$	$
Non-necessary Personal Property	$	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$	$
Totals:	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

SECTION IX: REQUIRED DOCUMENTS, RELEASE, NOTIFICATION, AND SIGNATURES
Section to be completed by applicant

Required Documents:

Supportive documents must be submitted with your application in order to determine eligibility for the HOME-ARP Program. Without the required documents, an application will not be processed for assistance. The documentation required is determined by the type of assistance, the qualifying population, and is not limited to the list below. For help in obtaining any of these document, please contact you assigned case worker for guidance on how to proceed.

- Identification
- Verified living situation
- History of living situation
- Time-limited assistance, if receiving
- Lack of resources and support, including need for assistance
- Federal definition verified
- Presence of special needs or barriers
- Income, including AMI
- Evidence of housing instability, including cost burden
- Age, including guardianship for minors
- Threat of harm on current living situation (minimum about of information needed)

Additional documents may be requested by your case worker

Release and Signatures:

I/We have not received the same type of financial assistance through other public services. I/We have been informed that supportive services may only be provided to individuals and families of specific qualifying populations that have not previously nor are currently receiving services through another program. I/We have also been informed that supportive services are only available to residents of Montgomery County and that the assistance is intended to benefit individuals and families based on their qualifying population status.

The applicant(s) herein certifies that all the information provided in the HOME-ARP application is complete, true and correct to the best of his/her/their knowledge. The parties agree that the electronic signatures appearing on the application are the same as handwritten signatures for the purposes of validity, enforceability and acceptability. Furthermore, the applicant acknowledges that with respect to any information provided as part of the application, he/she/they is/are subject to criminal persecution if the applicant violates, or has violated, Title 18, Section 1001 of the US Code which makes it a crime to knowningly and willfully make any false, fictitious or fraudulent statement or representation in any manner within the jurisdiction of the executive, legislative or judicial branch of the United States.

Applicant's Printed Name	**Applicant's Signature**	**Date**
Co-Applicant's Printed Name	**Co-Applicant's Signature**	**Date**

WARNING: Title 18, Section 1001 of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency in the United States as to any matter within its jursidiciton.

Reasonable accommodations to complete the application will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.

SECTION X: AUTHORIZATION FOR RELEASE OF INFORMATION
Section to be completed by applicant

Applicant Name: _____

Property Address: _____

This information is being collected in order to determine eligibility for the HOME-ARP Program. This information will be used to establish the level of benefit for which the applicant is eligible and to verify the accuracy of the information furnished. Failure to provide any information may result in delay ot rejection of eligibility and approval.

Each adult member of the household (age 18 and over) must sign this Release of Information.

The undersigned hereby authorizes _____ organization to obtain information about each member of my household, age 18 and older, from a third party regarding eligibility and continued participation in the HOME-ARP Program.

I/We understand that the current or previous information regarding me/us may be requested. Verification and inquiries that may be requested include, but are not limited to, personal identity, employment, income, assets, student status, medical or child care allowances, and utility information. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for the HOME-ARP Program.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Income from all sources (Employer, SSI, TWC, etc.)
- Housing Providers (Apts., Landlords, Property Mgrs., etc.)
- State Welfare Agencies (CPS, SS, SNAP, etc.)
- Utility Companies (electric, water and gas, etc.)
- MCG&CD
- Non-profit Agencies and their reporting systems, which may include HMIS, etc.
- Banks and Financial Institutions, including mortgage companies, lenders, etc.

I/We agree that a photocopy of this Authorization may be used for the purpose of obtaining the information listed above. The original of this form is on file and will stay in effect for one year from the date signed.

All adult members of the household will sign this form and cooperate in the eligibility verification process.

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

**Title 18, Section 1001 of the US 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

Signers above acknowledge and agree that this document may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, “electronic signature” shall include faxed versions of an original or electronically scanned and transmitted versions (e.g. via PDF) of an original signature.

XI: CONSENT TO THE RELEASE OF CONFIDENTIAL HMIS INFORMATION
Use for release of HMIS information for ALL QPs.

Applicant Name: _____ Date Completed: _____

Purpose of this Form

The purpose of this form is to allow _____ to share and receive information about you with other organizations that participate in the HMIS. This helps us coordinate services and improve the quality of care you receive.

Information to Be Shared

- The following types of information may be shared:
- Basic identifying information (name, date of birth, Social Security number)
- Contact information
- Housing history and status
- Income and benefits
- Case management notes
- Services provided and referrals
- Assessment results

Your information may be shared with authorized staff at agencies that participate in the HMIS network, including:

- Homeless service providers
- Housing agencies
- Health and behavioral health providers
- Government agencies (as required by law)

Your Rights

- You have the right to refuse to sign this form.
- You may revoke this consent at any time by submitting a written request.
- Your services will not be denied if you choose not to sign this form.
- You have the right to request a copy of this form.

Consent

I understand that:

- My information will be used to help coordinate services and improve care.
- My information will be stored securely and kept confidential.

☐ I consent to share my information as described above.

☐ I do not consent to share my information.

_____ _____

Applicant Printed Name Date

_____

Applicant Signature

_____ _____

Staff Printed Name Date

_____

Staff Signature

**Title 18, Section 1001 of the US 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.

XII: DUPLICATION OF BENEFITS SELF-CERTIFICATION
Use for certifying duplication of HOME-ARP benefits from other organizations for ALL QPs

Section 1: Provider Information

Name of Provider/Organization: _____

Contact Person: _____

Phone Number: _____ Email: _____

Address: _____

Section 2: Service Information

Program or Funding Source: _____

Description of Services Provided: _____

Client/Recipient Name(s): _____

Section 3: Certification Statement

Under penalty of perjury, I hereby certify that the services described above are not duplicated by any other provider, agency, or funding source. These services are unique, necessary, and have not been repeated using HOME-ARP funds.

I certify that the information presented is true and accurate to the best of my knowledge and belief. I understand that providing false or misleading information may result in legal action.

Section 4: Signatures

_____ _____

Applicant Printed Name Date

_____

Applicant Signature

_____ _____

Staff Printed Name Date

_____

Staff Signature

WARNING: Misrepresentation of facts in order to wrongfully obtain program funds is a serious offense that can result in criminal charges. This includes fraudulent requests for funds, representing yourself to be someone you are not, cashing fraudulently obtained checks, etc. Perpetrators of fraud will be prohibited from accessing funds in the future and may be forced to repay the funds as well as face legal action.

**Title 18, Section 1001 of the US 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. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000.