**WASHOE COUNTY DEPARTMENT OF SOCIAL SERVICES**

**APPLICATION FOR ASSISTANCE**

**LOW INCOME HOUSING TRUST FUND (LIHTF)/ VOCA/ FLEXIBLE HOUSING**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case#\_\_\_\_\_\_\_\_\_\_\_\_\_

**List the all adult (18+) household members currently living in the home and then list all other current household members under 18. If you need additional space for more household members, please attach an additional sheet of paper with the requested information for each household member.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (last, first)** | **Marital Status** | **Race** | **Sex****M/F** | **DOB** | **Social Security Number** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Address | City | State | Zip | Phone |
| Mailing Address | City | State | Zip | Msg. Phone |

Is applicant currently homeless:\_\_\_\_\_\_\_ If yes, please explain their current living situation:

Has the applicant been homeless at any time in the last three years? Yes \_\_\_\_\_ No\_\_\_\_\_

If so, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the applicant is a Victim of Crime, what type of crime was reported (self report):

Check all that apply:

\_\_\_\_\_\_\_Child Physical Abuse

\_\_\_\_\_\_\_Child Sexual Abuse

\_\_\_\_\_\_\_DUI/DWI Crashes (by others not the VOCA applicant)

\_\_\_\_\_\_\_Domestic Violence

\_\_\_\_\_\_\_Adult Sexual Assault

\_\_\_\_\_\_\_Elder Abuse

\_\_\_\_\_\_\_Adults Molested As Children

\_\_\_\_\_\_\_Survivors of Homicide Victims

\_\_\_\_\_\_\_Robbery

\_\_\_\_\_\_\_Assault

\_\_\_\_\_\_\_Stalking

Other :

Was applicant informed of their right to report and offered assistance if they wish to report?

Yes \_\_\_\_\_ No\_\_\_\_\_ N/A\_\_\_\_\_\_\_ Reporting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference or Report #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim of Crimes over 60 years and older that are reporting Elder Abuse:

Was an EPS Report Filed with ADSD? Yes \_\_\_\_\_ No\_\_\_\_\_ Reporting Party: \_\_\_\_\_\_\_\_\_\_\_\_

Applicant needing assistance in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for (circle or list all that apply): **RENT/MORTGAGE DEPOSIT UTILITIES PAST DUE RENT**

**OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Does the applicant live in low-income housing: Yes\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

Will the funds be used to secure low income housing? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Does the applicant have a medical issue that requires immediate assistance? Please Explain below:

Does the applicant have an eviction notice? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

If so, please provide a copy with application.

The reason the applicant is behind or unable to pay their rent/mortgage, deposit or utilities and number of months the applicant is late on the rent/mortgage?:

Will the applicant be sustainable once assistance is provided and how?

Has any household member received LIHTF or VOCA assistance before?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If so, please detail whom you received the assistance from and for what months the assistance was received for:

Please detail any other information that you feel might be useful to determine eligibility for requested funding:

**CURRENT GROSS INCOME OR PROJECTED GROSS INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| **Income Type**(employment, child support, TANF, Social Security, Unemployment, ect.) | **Name of Household member receiving the income** | **Date received or how often received** (monthly, weekly, biweekly, bimonthly ect) | **Gross Monthly Amount** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**CURRENT RESOURCE INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Account** (checking, savings) | **Name of Owner** | **Bank or Company Name** | **Account#** | **Current Balance** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
|  |  |  |  |  |

**EMPLOYMENT HISTORY (2-year history – please attach separate sheet if needed)**

|  |  |  |
| --- | --- | --- |
| **Employer Name** | **Start Date** | **End Date (if any)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4.  |  |  |  |

**LIVING HISTORY \*Start with most recent residence (2-year history – please attach separate sheet if needed)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Address** | **Start Date** | **End Date (if Any)** | **Reason for leaving** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

***Verification of Income Statement (LIHTF)***

***All Adult Household members read and sign this statement***

***This is to certify that my/our total gross income is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a month, which includes any benefits or assistance and provides for a family of \_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

***To the best of my knowledge, the above statements are true and correct.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Applicant Signature Date**

At or below 60% of Median Income (Circle # **currently** in HH for income limits):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Monthly Income Less Than | $2225 | $2540 | $2860 | $3175 | $3430 | $3685 | $3940 | $4195 |

Rents cannot exceed Fair Market Rents below (adjusted annually for Reno/Sparks area):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # of Bedrooms | Efficiency | 1 Br. | 2 Br. | 3 Br. | 4 Br. | 5 Br | 6 Br |  |
| Fair Market rent | $574 | $711 | $931 | $1357 | $1625 | $1869 | $2113 |  |

**LIHTF/FLEXIBLE HOUSING APPLICATION INSTRUCTIONS AND ELIGIBILTY CHECKLIST**

Please complete the first 5 pages of this application and be sure to have all adult household members’ sign the application or it will be considered incomplete. Please attach all requested documentation listed below. Any application received without the necessary documentation will not be accepted for review of eligibility until all items are received. ***\*Please note that the required documents listed below are not inclusive and additional verifications may be requested, depending on circumstances.***

**IDENTIFICATION FOR ALL HOUSEHOLD MEMBERS**:

-Government issued ID or Drivers License

-Birth Certificate for minor children

**LANDLORD INFORMATION**:

-W-9 (Washoe County form only) completed by property manager/owner (attached).

-Washoe County Vendor application completed by property manager/owner (attached).

-Section 8 Resident Worksheet **and** Calculation Sheet or Housing award letter (if receiving).

-**Current** Rental/Lease agreement (can be unsigned to submit application) **OR**

-Lending agreement/mortgage statement

**INCOME (must provide proof of all income that apply):**

-Current Pay stubs for the last 30 days (if available) **OR**

-For new jobs only: Letter from employer that includes all: Start date, hourly wage, number of hours worked per week and if position is temporary or permanent.

-Award letter from Unemployment

-Social Security Award letter

-Proof of other income: ex. Child Support, spousal support, self-employment, ect.

-30 day transaction printout for all bank accounts

**CURRENT UTILITY BILL \*Only needed if requesting Utility assistance.**

**VOCA APPLICATION INSTRUCTIONS AND ELIGIBILTY CHECKLIST**

Please complete the first 4 pages of this application and be sure to have all adult household members’ sign the application or it will be considered incomplete. Please attach all requested documentation listed below. Any application received without the necessary documentation will not be accepted for review of eligibility until all items are received. ***\*Please note that the required documents listed below are not inclusive and additional verifications may be requested, depending on circumstances.***

**IDENTIFICATION FOR ALL HOUSEHOLD MEMBERS**:

-Government issued ID or Driver’s License (if available)

**IDENTIFY ANY TYPE OF INCOME SOURCE THAT VOCA CLIENT MAY HAVE (IF ANY):**

-Current Pay stubs OR

-Award letter from Unemployment

-Social Security Award letter

-other income: ex. Child Support, spousal support, self-employment, etc.

**LANDLORD INFORMATION (if applicable)**:

-W-9 (Washoe County form only) completed by property manager/owner (attached).

-Washoe County Vendor application completed by property manager/owner (attached).

-**Current** Rental/Lease agreement (can be unsigned to submit application) **OR**

-Lending agreement/mortgage statement

**VOCA Expense (request)**

**Housing**

 **Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mortgage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Short Term (Group Home/SNF) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(only up to 45 days)**

**Utilities**

 **NV Energy $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water/ Sewer/ Garbage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(TMWA/ City of Sparks or Reno)**

**Past due payments (but not late payment fee) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone**

 **Home $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Cell (case by case) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clothing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daycare/Respite $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Furniture $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of furniture needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gas and/or Car Maintenance (case by case) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Groceries (Emergency) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Repair (Detail must be related to the immediate safety and security) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Items Needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ID Card $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In Home Care (PCA)/HMKR (Case by case/explain details of need and how it relates to victimization $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VOCA Expense Cont. (request)**

**Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications (only if no insurance) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Emergency only)**

**Mental Health Counseling $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Moving (movers) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal consultation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Psychological/Psychiatric Consultation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relocation (out of state)/Flight/housing (Please make sure the individual had services set up at the location to which they are moving). (Reasonable moving expense, security deposit, utility start up)**

 **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vital Records $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Expenses (Detail) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details:**

Office Use Only:

 **LIHTF VOCA FLEXIBLE HOUSING**