



RAPID RESOLUTION 2021 - FINANCIAL ASSISTANCE APPLICATION

(Applications Accepted February 8, 2021-September 1, 2021)

Short-term or one-time financial help for individuals and families experiencing homelessness to achieve safe housing. All requests must be tied to a housing plan with an identified timeline to exit homelessness.

Instructions: This application should be completed together by the service provider and the household and signed by both (electronic signatures are allowed) with the applicant receiving a copy. The service provider should reach out to the fund administrator in advance of submitting the application with questions regarding preferred vendors and the payment process. Only **complete** applications (with **all** pertinent documentation attached) will be accepted.

Please submit your application package to dawn butterfield at dbutterfield@capstonevt.org.

Date Submitted:

Name of Applicant:

Date of Birth:

Names of other Household Members:

Best way to contact the applicant:

Name of Service Provider assisting with housing plan:

Contact Information for Service Provider (email and phone):

Service Provider Agency/Organization:

PLEASE CONFIRM THE APPLICANT MEETS THE FOLLOWING REQUIREMENTS:

The applicant is currently (must check one):

- Staying in a motel paid for by General Assistance Emergency Housing
- Staying at an emergency shelter
- Unsheltered

Verification of current housing status is required. Please attach documentation of housing status.

Documentation may include:

- HMIS record of emergency shelter stay
- Confirmation from Economic Services (written or verbal)
- Staff Observation and statement (written or verbal)

The applicant is participating in Coordinated Entry. Date of Assessment/Entry:

HMIS Users: Provide the HMIS Client ID Number _____, ensure you have a current Release of Information, and that "client visibility" is open in HMIS to the local COC so the fund administrator is able to see the client record.

Non-HMIS Users: Work with your local CE Lead to confirm the date of assessment or to refer the family for the assessment prior to submitting this application. Ensure you have a current Release of Information. The VT Network Against Domestic & Sexual Violence has funds available for households and this may be accessed through your local Domestic Violence agency.

PLEASE ATTACH YOUR HOUSING PLAN OR ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR PLAN *(ensure the questions are completed thoroughly, blank sections may lead to delays in your application or denial of your request):*

This financial assistance is to help people exit a motel, shelter or unsheltered living situation. If assisted, where will you go? What is your anticipated timeline for moving to this new housing situation?

How long will you be able to stay at this location? At least _____ months

If you will be able to stay at this location less than one year, where will you live after?

How will the financial assistance help you exit homelessness and enter safe housing?

If you will have housing costs after this financial assistance ends, how will you pay for those ongoing costs?

Do you (the applicant) have any income or resources you can contribute to this plan? Yes No

If yes, how much will you contribute? \$

Will your service provider help you to apply for all mainstream benefits and services, such as 3SquaresVt, LIHEAP, GA, WIC, Medicaid, VCCI, Voc Rehab, Reach Up, Unemployment, VA, SSI/SSDI, etc.?

Yes No

FINANCIAL ASSISTANCE REQUEST

All costs must be reasonable and necessary to achieve housing goals. No cash payments will be made directly to the applicant.

Total Amount Requested (\$): _____

PLEASE NOTE: ELIGIBLE ACTIVITIES FOR RAPID RESOLUTION FINANCIAL ASSISTANCE INCLUDE:

- Up to 3 months of rental assistance, and last month’s rent for new housing
 - If used for short-term rental assistance for a long-term lease, ability to sustain rent ongoing must be a consideration
- Security deposit, including extra security deposits if required to secure housing
- Transportation costs to live with family/friends, including another region or state
 - Any costs greater than \$200 should include a price comparison
- Back utility or rent payments that prevent access to new housing
 - If debt pre-dates COVID-19 (incurred prior to March 2020), the application must demonstrate that “but for” the resolution of the back debt the identified housing opportunity would not be available.
- Reducing or eliminating debt to make future rent affordable
 - This connection must be demonstrated in the budget and housing plan
- Program fees for recovery housing or other non-traditional housing option
- Offset costs for a host family or home-sharing scenario, directly paid to the host family for a commitment of housing
- Moving costs, including *essential* furnishings (see list of eligible items and maximum allowances)
- Utility deposits or assistance
- Other activities, so long as they are directly tied to a housing plan
- **Please note:**
 - While vouchers for specific items such as gas, food, and household items may be arranged, gift cards or gift certificates are NOT allowable expenses.
 - Any single item \$5,000+ should include a price comparison.
 - Rapid Resolution financial assistance of up to \$3,500 per eligible household. Larger requests will be reviewed by the Coordinated Entry partners or the State.

Please outline the items being covered in this RRHI request:

Item	Amount of Request \$	Vendor Payment Information (name, address, instructions) or indicated if details are attached	If applicable, is a price comparison included below or attached? (required for transportation requests > \$200 or single item, >\$5,000)	Is documentation of liability (e.g., lease, bill, written agreement) attached?

If your request includes funding for debt/arrears, please answer the following questions:

- 1) When was the debt incurred? _____ Pre-March 2020 _____ Post-March 2020?
- 2) If the debt was incurred post-March 2020 please provide additional details. Have you tried to negotiate a payment plan or reduced amount? How do your debt payments impact your ability to move into housing? Can you demonstrate that “but for” resolving the debt you will have a safe housing situation?

If your request includes funding for essential household items, please use the attached checklist and explain how purchasing those items supports the plan to move into and maintain housing:

For **rental assistance or utility arrears requests**, please explain if alternative funding sources (Housing Opportunity Grant program, Emergency Rental Assistance program) have been explored.

For **rental assistance** requests, please complete the attached Fair Market Rent/Rent Reasonableness form to document that the apartment meets either the FMR standard OR is reasonably priced compared to other local units. A housing inspection is not required. However, we want to be sure that your housing meets basic health and safety standards. Will your new housing meet basic health and safety standards? Yes No

If you will contribute less than 30% of your income towards housing costs, please explain:

Any extra comments?

Upon approval of a request, the Service Provider is required to provide the Local Fund Administrator with the date of exit and housing status on exit from homelessness.

By signing below, we both attest to the accuracy of information included in this application for Rapid Resolution Financial Assistance.

We agree that this financial assistance is reasonably expected to help the applicant achieve housing stability and avoid returning to homelessness.

Signature of Applicant _____ Date: _____

Signature of Service Provider _____ Date: _____

DETERMINING FAIR MARKET RENT AND RENT REASONABLENESS

If Rapid Resolution funds are used for Rental Assistance, then the apartment’s rent must meet **Fair Market Rent OR a Rent Reasonableness** standard. If the rent does not meet one of these standards, eligible households may still receive all other types of financial assistance, including: rent arrears; security deposit; utility payments/deposits; moving costs; etc. Documentation of either Fair Market Rent OR Rent Reasonableness must be included with the application when rental assistance is provided.

FAIR MARKET RENT (FMR): To meet this standard, an apartment’s rent is at or below the current HUD-published FMRs for the particular geographic region. How to determine if the rent meet HUD’s Standard:

Step 1: Find out what utilities, if any, are not included in the rent.

Step 2: Look at the Utility Allowance Schedule below. It gives an estimated cost for each utility not included in the rent

Step 3: Add those not-included utility amounts to the rent the landlord is charging.

Step 4: Compare that total to the HUD FMR **Payment Standard** for the town where the rental unit is located. If the total is **not more** than the Payment Standard, then that apartment meets the Fair Market Rent standard.

Documentation of rent reasonableness is not required for units that meet the FMR standard.

RENT REASONABLENESS

The **Rent Reasonableness** standard is designed to ensure that rents being paid are reasonable in relation to rents being charged for comparable unassisted units in the same market. The Rent reasonableness standard considers the location, quality, size, type and age of the unit, as well as any amenities, maintenance and utilities to be provided by the owner.

Some methods of documenting reasonableness include but are not limited to:

- A printout of three comparable (share the same features location, size, quality, etc.) units’ rents from Real estate ads, newspaper/internet ads, bulletin boards, property management companies, etc.
- Written verification by the owner or manager affirming that the rent is comparable to their other similar units
- Use of an annual study of rent levels in the community – using sources such as: Housingdata.org or Chamber of Commerce

VERMONT UTILITY ALLOWANCES - Single Family

Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Bottled Gas	84	118	152	186	220	220
	Electric	140	148	156	164	172	172
	Kerosene	148	161	173	185	197	209
	Fuel Oil	100	142	184	226	268	268
	Wood	139	139	144	149	154	154
Cooking	Bottled Gas	4	5	6	7	8	8
	Electric	7	8	10	11	13	13
	Other						
Other Electric		12	30	47	64	81	81
Water Heating	Bottled Gas	46	57	68	79	90	90
	Electric	12	30	47	64	81	81

RRHI - Essential Household Goods "Order Form"

Service Providers and Case Managers: please note that requests *need to connect to the Housing Plan*, and must clearly address how utilizing RRHI for these household goods is necessary to obtain and maintain housing.

Tips & Reminders

- Requests must also include a plan for purchase and payment that understands the options and limitations of the local Fund Administrator: a clear plan is the responsibility of the housing support agency and applicant.
- Seek out essential goods vouchers from agencies such as ReSource, Habitat for Humanity, or Goodwill. The household limits will go much farther!

In conversation with your participant, please indicate the items and quantities that are essential to the Housing Plan. If some items must be ordered online, include quantity and item description.

Furniture			Essential Household Supplies		
Quantity	Description/Item #		Total cost of these items not to exceed		
Bedroom			<ul style="list-style-type: none"> \$200 single person \$300 two people or couple \$400 family 		
	Mattress		Quantity	Description/Item #	
	Twin			Towels	
	Full			Sheets/pillowcases	
	Queen			Blankets	
				Pots and pans	
	Bed frame			Baking dishes	
	Twin			Oven mitts	
	Full			Cutting board	
	Queen			Mixing bowl	
				Plates	
	Pillows			Glasses Flatware	
				First aid kit	
Living/Dining Area				Shower curtain & hooks	
	Table			Other	
	Chairs			Other	

Delivery Address (if applicable): _____

To Merchant:

The items selected on this list were approved for purchase under the Rapid Resolution 2021 Financial Assistance Grant and will be paid by Capstone Community Action upon signed copy of the list, a store receipt and copy of your W-9. Capstone is a 501(c)(3), not-for-profit organization; a tax-exempt certificate will be provided upon request. **Thank you!**

_____ FCSS Director, Capstone Community Action _____
 (Date)

Merchant Signature _____ Store Name _____ (Date)

NOTICE OF NONDISCRIMINATION

Access to Rapid Resolution Financial Assistance is subject to available funds. No person shall be refused, withheld, or denied the benefits of Rapid Resolution Financial Assistance because of their race, color, national origin, religion, familial status, marital status, receipt of public assistance, sex, sexual orientation, gender identity, disability, age (subject to the Age Discrimination Act of 1975), or status as a victim of abuse, sexual assault, or stalking. The Rapid Resolution Housing Initiative shall make reasonable modifications in policies, practices, or procedures when those modifications are necessary to offer services and benefits to individuals with disabilities. Meaningful access shall be provided to persons with limited English proficiency, including persons who are hard of hearing, at no cost to applicants and participants in the Program.

WHAT IF I AM DENIED ALL OR SOME OF MY REQUEST FOR FINANCIAL ASSISTANCE?

You can appeal the denial. You can ask someone you trust to help you with your appeal.

1. Write down your request to have someone review the denial and why you are asking for a review.
2. Email or mail your appeal to **Alison Calderara** at acalderara@capstonevt.org.
3. We will respond to your appeal within 3 business days.
4. If you are not satisfied with the response, you can contact Lily Sojourner at 802-585-4365 or lily.sojourner@vermont.gov at the State of Vermont Office of Economic Opportunity.

APPENDIX A. DEFINITION OF HOMELESSNESS

**Published by HUD - November 15, 2011; Adopted by the Vermont Agency of Human Services
CRITERIA FOR DEFINING HOMELESSNESS**

Category 1: Literally Homeless

- (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (i) Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
 - (ii) Is living in supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals);
OR
 - (iii) Is exiting an institution where (s)he resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

FOR LOCAL FUND ADMINISTRATOR USE ONLY

Applicant is (CHECK ONE): Eligible Not Eligible

Documentation of eligibility is provided

 HMIS emergency shelter record

 Confirmation from Economic Services (written or verbal)

 Staff Observation or Certification

 Other:

Housing Plan is outlined or attached

For rental assistance, FMR or Rent Reasonableness is documented

Application includes a determination household’s portion, based on income and resources

Costs are reasonable and necessary to achieve housing plan goals

Transportation requests > \$200 include a price comparison

Single Item Requests > \$5,000 include a price comparison

Any debt requests incurred pre-March 2020 document how the debt impacts the ability to move from homelessness to housing on an identified timeline

Any requests for utility arrears and/or rental assistance document exploration of alternative funding if/when that funding is available

Any requests for furnishings document the connection between purchasing those goods and a household moving into and maintaining housing

Financial assistance is reasonably expected to support housing stability as described and help the household avoid returning to homelessness

Documentation is included to show that the applicant has liability for financial requests, as applicable, e.g., lease, utility bill, etc.

Vendor payment information is provided

Service Provider and Applicant Signatures

Approved Not Approved Partially Approved (add details in notes)

NOTES (include amount and for which items if partially approved):

For requests >\$3,500, attach approval by the Coordinated Entry Partnership or the Office of Economic Opportunity.

Staff Name

Signature

Date