

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 will be accepted.

Please submit your application package to Jessica Makela at jessica@hpcvt.org and provide a copy of this application to the applicant.

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? When 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 overcome exit homelessness to safe housing?

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

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

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

Please share any other information relating to this application or your housing goals?

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 (\$): _____

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

If yes, how much will you contribute (\$)? _____

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

Will the service provider help the applicant 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 REQUEST DETAILS

| 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? |
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For rental assistance requests,

- Attach documentation that the apartment meets the Fair Market Rent OR Rent Reasonableness Standard.

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

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: _____

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 **within 10 days** to:
 - i. Angus Chaney
Homeless Prevention Center
56 Howe Street, Patch Place
Building A, Box 7
Rutland, Vermont 05701
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.

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.

Essential Household Goods

Bedroom

- Mattress
- Bed frame
- Pillows

Living/Dining Room

- Table & chairs

Essential Household Supplies

(max \$200 single, \$300 couple, \$400 family)

- Essential goods vouchers from agencies such as ReSource, Habitat for Humanity, Goodwill.
- Essential items such as:
 - Towels
 - Sheets and pillowcases
 - Blankets
 - Pots, pans, baking dishes
 - Oven mitts
 - Cutting board
 - Mixing bowl
 - Plates
 - Glasses
 - Silverware
 - First aid kit
 - Shower curtain & hooks

Tips & Reminders

- Requests must be connected to a housing plan with an identified timeline from homelessness to housing.
- Requests must clearly address how utilizing RRHI for these household goods is necessary to obtain and maintain housing.
- Requests must include a plan for purchase and payment – understand the options and limitations of the local Fund Administrator – a clear plan is the responsibility of the housing support agency and applicant.