

HOUSING OPPORTUNITY FINANCIAL ASSISTANCE APPLICATION

v. 7.1.2024

Short-term or one-time financial help for individuals and families experiencing and at-risk of homelessness to achieve safe housing. All requests must be tied to a housing plan to support immediate housing stability with an identified timeline . Financial assistance is provided to households who would become or remain homeless BUT FOR financial assistance.

In _____ (County/Service Area) _____, the Housing Opportunity Financial Assistance is administered by _____ (agency) _____.

To submit a complete application or ask a question please contact: _____ (name, email, phone #) _____.

Instructions:

This application should be completed together by the service provider and the household.

Applications must be signed by both (electronic signatures are allowed) with the applicant receiving a copy of the complete application package.

The service provider should reach out to the _____ (Local Fund Administrator Agency) _____ in advance of submitting the application with questions regarding preferred vendors and the payment process.

Only complete applications (with all required documentation attached) will be accepted.

**HOUSING OPPORTUNITY FINANCIAL ASSISTANCE
COVER PAGE**

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: _____

By signing below, we both attest to the accuracy of information included in this application for financial assistance.

- We agree that this financial assistance is reasonably expected to help the applicant achieve housing stability and BUT FOR this assistance, the applicant would become or remain homeless.
- We attest that the household has not applied for and/or received any other federal or state funding to cover any financial assistance applied for under this program.
- The applicant gives permission to the _____ (fund administrator)_____ and _____ (service provider)_____ to discuss the application for financial assistance.
- The applicant gives permission for _____ (Fund Administrator agency)_____ to share information provided on this application with Vermont state agencies for the purpose of confirming no duplication of funding. If any funding is provided through this program, it should not be applied to cover fees or expenses that have been or will be reimbursed under any other federal or state assistance program.

Signature of Applicant _____ Date: _____

Signature of Service Provider _____ Date: _____

ELIGIBILITY & COORDINATED ENTRY

See attached Definitions of Homeless and At-Risk of Homelessness.

The applicant is currently (must check A or B):

- A. Experiencing Homelessness (must check one):**
 - Staying in a motel/hotel paid for by General Assistance Emergency Housing or the DCF Transitional Housing Program
 - Staying at an emergency shelter or in a transitional housing program designated for people experiencing homelessness
 - Unsheltered, in a place not meant for human habitation, including a car or camping (primary nighttime residence)
 - Hospital or other institution where stay was less than 90 days AND just prior, was in emergency shelter, GA Emergency Housing or unsheltered

- B. Imminently or At Risk of Homelessness (must check 1, 2 and 3):**
 - 1.** Do not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, to prevent becoming homeless **AND**
 - 2.** Total annual household income of less than 50% Area Median Income **AND**
 - 3. Current situation is (must check one):**
 - Renting and have been notified that the right to occupy the current housing or living situation will be terminated within 21 days of application
 - Have moved 2 or more times due to economic hardship in the past 60 days
 - Live in a hotel or motel and the cost is not paid for by the State or a local organization
 - Staying with family or friends due to economic hardship
 - Overcrowded (in an SRO or efficiency with more than 2 people or a larger unit with more than 1.5 people/room)
 - Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or other violence against the individual or family member, that has either taken place within the applicant's primary nighttime residence or has made the individual or family afraid to return, and where there is no other residence.
 - Residence will be lost within 14 days of application and no subsequent residence has been identified
 - Exiting a publicly funded institution

If you feel you are eligible, but do not meet any of the criteria above, you may contact _____ (local fund administrator)_____.

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)
- Self-certification alone is not an allowable method of housing status documentation.

For applicants experiencing homelessness, the applicant must be participating in Coordinated Entry.

Coordinated Entry Date of Assessment/Entry: _____

HMIS Users: Provide the HMIS Client ID Number _____.

Non-HMIS Users: Work with your local CE Lead to confirm the date of assessment or to refer the applicant household 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.

INCOME & RESOURCES

INCOME & EXPENSES				
List the amounts for everyone in the household, including children, for the last 30 days.				
MONTHLY INCOME		FIRST NAME	MONTHLY EXPENSES	
Job or self-employment	\$		Food (minus 3SquaresVT)	\$
Child support/alimony	\$		Healthcare	\$
Essential Person	\$		Childcare	\$
General Assistance	\$		Child support/alimony	\$
Reach Up	\$		Credit card/loan payments	\$
Social Security Disability	\$		Car payments	\$
SSI	\$		Car insurance	\$
Unemployment benefits	\$		Vehicle gas	\$
Veteran's benefits	\$		Other transportation	\$
Other	\$		Phones	\$
TOTAL INCOME	\$		Rent	\$
TOTAL EXPENSES	\$		Toiletries/Diapers/Wipes	\$
NET INCOME (total income minus total expenses) \$			Laundry/detergent	\$
			Entertainment	\$
			Other	\$

Attach documents that verify your income:

- 1) **Third-party documentation** (e.g., most recent paystubs or other written verification from employer; federal or state tax return; interest or dividend income statement; payment statement, benefit notice, bank deposit statement or other written verification from income source).
- 2) Only if third-party documentation is not available, you may provide a self-declaration of income.

I declare that my total monthly income is (\$)_____ as described in the Income & Expenses Table above.

Please explain why self-declaration is being used instead of third-party documentation:

What is the total amount of household savings? \$_____

Has the service provider helped 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

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

1) What are your immediate goals for safe housing?

- Where do you plan to live?

- When will this housing be available to you?

- How long will this housing be available to you?
 - If less than one year, what are your longer-term housing goals?

2) What supports will you need to be successful?

- Check all that apply or describe below.

- | | |
|---|---|
| <input type="checkbox"/> Help to make living environment safe | <input type="checkbox"/> Coaching or help communicating with landlord, neighbors, or family members |
| <input type="checkbox"/> Help arranging for/supporting move | <input type="checkbox"/> Help to increase income through employment |
| <input type="checkbox"/> Education on the rights and responsibilities of tenants | <input type="checkbox"/> Help with money management |
| <input type="checkbox"/> Develop a housing support crisis plan to help if future issues arise | <input type="checkbox"/> Other help to afford and pay rent on time |
| <input type="checkbox"/> Help applying for other services and benefits (non-housing) | <input type="checkbox"/> Ongoing supportive check-ins to support my tenancy |
| <input type="checkbox"/> Help with physical, mental or substance use disorder health care needs | <input type="checkbox"/> Help to live independently |
| | <input type="checkbox"/> Other: _____ |

- Who is part of your support team?

- Do you need help finding additional support?

Please note: There are no services or treatment required to receiving Housing Opportunity financial assistance.

3) What additional barriers, if any, are you facing that will prevent you from achieving your housing goals?

- Check all that apply or describe below.

- | | |
|--|--|
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Unresolved legal issues |
| <input type="checkbox"/> Poor/no credit record | <input type="checkbox"/> Sporadic employment history |
| <input type="checkbox"/> Debt or other arrears | <input type="checkbox"/> Larger family |
| <input type="checkbox"/> Unfavorable references | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Not enough income | |
| <input type="checkbox"/> Limited English proficiency | |
| <input type="checkbox"/> Lack of valid ID | |

- What specific steps will you and your service provider take to address any barriers?

4) What are your strengths?

- Check all that apply or describe below.

- | | |
|--|---|
| <input type="checkbox"/> Positive references from previous landlords, employers or community members | <input type="checkbox"/> Support from family, faith-based or other community network |
| <input type="checkbox"/> Experience as a tenant | <input type="checkbox"/> Completion of classes (e.g., tenancy, job training) and certificates) |
| <input type="checkbox"/> Work experience, education or skills | <input type="checkbox"/> Experience with problem solving & navigating systems |
| <input type="checkbox"/> Ability to develop a rapport with landlord & neighbors | <input type="checkbox"/> My personal story – with my ability to resolve challenges and goals for the future |
| <input type="checkbox"/> Willingness/motivation to work on plan | |
| <input type="checkbox"/> Income or employment | |

- What specific steps will you and your service provider take to build on these strengths?

5) If you will have housing costs after this financial assistance ends, how will you pay for ongoing costs? If you are requesting rental assistance for a long-term lease, how will you pay for rent when assistance ends?

FINANCIAL ASSISTANCE REQUEST

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

Total Cost (\$): _____

Applicant Contribution (\$): _____

Total Amount Requested (\$): _____

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

If your request includes funding for expenses that may also be covered through other funding sources (i.e. rental assistance) please explain why alternative funding sources are not being utilized for the expenses being requested in this application.

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)	Is documentation of liability (e.g., lease, bill, written agreement) attached?

For requests to address rental arrears, has the applicant made a reasonable attempt to negotiate forgiveness or a repayment plan? Please describe.

For rental assistance requests,

- Attach documentation that the apartment meets the VSHA Voucher Payment Standards OR Rent Reasonableness Standard.

For rental assistance, security deposit, or last month's rent for a new unit,

- Attach documentation that the apartment meets the Habitability Standards

For all other housing related costs,

Will your new housing meet basic health and safety standards? Yes No

Comments:

Checklist of attachments: Please be sure that any relevant attachments are included.

- Documentation of housing status (eligibility).**
- Housing Stability Plan** (or answered questions)
- Documentation of Income**
- Documentation of liability** (*e.g., lease, bill, written agreement, invoice*)
- If applicable, a **price comparison** (*required for transportation requests > \$200*)
- For **rental assistance requests**, attach documentation that the apartment meets the VSHA Voucher Payment Standard OR Rent Reasonableness Standard.
- For **rental assistance, security deposit, or last month's rent to move into a new unit**, attach documentation that the Habitability Standards have been met

Upon approval of a request, the Service Provider is required to provide the Local Fund Administrator with the date of housing stability is achieved and housing status.

NOTICE OF NONDISCRIMINATION

Access to Financial Assistance is subject to available funds. No person shall be refused, withheld, or denied the benefits of Housing Opportunity 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. _____ (fund administrator) _____ 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:
 - i. (Executive Director or designee) email or address: _____
3. We will respond to your appeal within 3 business days.
4. If you are not satisfied with the response, you can contact Ari Kisler at (802) 760-9872 or ari.kisler@vermont.gov at the State of Vermont Office of Economic Opportunity.

ELIGIBLE ACTIVITIES FOR HOUSING OPPORTUNITY FINANCIAL ASSISTANCE INCLUDE:

Financial assistance may be used to meet a variety of essential needs, so long as it supports immediate housing stability for eligible households. In all cases, it must be determined that BUT FOR financial assistance the household would become or remain homeless. Eligible expenditures include:

- Short-term, tenant-based rental assistance for up to 3 months
- Security deposits (including last month's rent), not to exceed the value of 3 months of rent
- Utility deposits (where it is standard practice by the utility)
- Rental arrears as a one-time payment, not to exceed the value of 3 months rent
- Program fees for recovery housing or other non-traditional housing option
- Transportation costs to live with family/friends, including in another region or state

Please note:

- While vouchers for specific items such as gas may be arranged, gift cards or gift certificates are NOT allowable expenses.

AHS/HUD DEFINITION OF HOMELESSNESS

Published by HUD - November 15, 2011; Adopted by the Vermont Agency of Human Services

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CRITERIA FOR DEFINING HOMELESSNESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (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.
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; AND (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the Runaway and Homeless Youth Act (42 U.S.C. 5732a, section 387), the Head Start Act (42 U.S.C. 9832, section 637), the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2, section 41403), the Public Health Service Act (42 U.S.C. 254b(h), section 330(h)), the Food and Nutrition Act of 2008 (7 U.S.C. 2012, section 3), the Child Nutrition Act of 1966 (42 U.S.C. 1786(b), section 17(b)) or McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a, section 725); (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60-days; AND (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.
	Category 4	Fleeing/ Attempting to Flee Domestic Violence	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; AND (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

DEFINITION of “AT RISK OF HOMELESSNESS”

Published by HUD - November 15, 2011; Adopted by the Vermont Agency of Human Services

CRITERIA FOR DEFINING AT RISK OF HOMELESSNESS	Category 1	Individuals and Families	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below 30% of median family income for the county;¹ AND (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND (iii) Meets one of the following conditions: <ul style="list-style-type: none"> (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR (B) Is living in the home of another because of economic hardship; OR (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR (F) Is exiting a publicly funded institution or system of care.
	Category 2	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.
	Category 3	Families with Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

¹ Eligibility for HOP Financial Assistance is 50% HUD Area Median Income.

RENT REASONABLENESS AND FAIR MARKET RENT FORM

When rental assistance is provided, the unit must meet the Vermont State Housing Authority (VSHA) Voucher Payment Standard **OR** the Rent Reasonableness Standard.

VSHA VOUCHER PAYMENT STANDARD COMPLIANCE CERTIFICATION

Verification Calculation

How to determine if the rent meets VSHA's Voucher Payment Standard:

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

Step 2: Look at the Utility Allowance Schedule: https://www.vsha.org/wp/wp-content/uploads/2023/11/12.1.23-Multi-Family-Utility-Allowance-Schedule_final.pdf

It gives an estimated cost for each utility not included in the rent (i.e. the ones the tenant is required to pay).

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

Step 4: Compare that total to the **VSHA's Voucher Payment Standard** for the town where the rental unit is located: https://www.vsha.org/wp/wp-content/uploads/2023/11/VPS-Schedule-effective-12.1.23_final.pdf

If the total is **not more** than the Payment Standard, then that apartment meets the Voucher Payment Standard and is eligible for rent assistance, if it also meets the housing inspection and the rent is determined to be reasonable.

_____ + _____ = _____

Proposed Contract Rent + Utility Allowance = Proposed Gross Rent

The Proposed rent **does** or **does not** exceed VSHA's Voucher Payment Standard of

\$ _____.

If the proposed rent **does** exceed VSHA's Voucher Payment Standard: **skip to next page and complete the Rent Reasonableness Compliance Certification.**

If the proposed rent **does not** exceed VSHA's Voucher Payment Standard: **add a date, name, and signature at the bottom of this page and then STOP** (Rent Reasonable Compliance Certification is not required to be completed).

Date: _____

Name (of person completing the form): _____

Signature of Applicant: _____

RENT REASONABLENESS COMPLIANCE CERTIFICATION

Only required if the unit's proposed rent exceeds VSHA's Voucher Payment standard, as noted on the previous page.

The comparable rents below demonstrate that the proposed rent is, is not, reasonable.

	Proposed Unit	Unit #1	Unit #2	Unit #3
Address				
Number of Bedrooms				
Square Feet				
Type of Unit/ Construction				
Housing Condition				
Location/Accessibility				
Amenities Unit Site				
Age in Years				
Utilities (type)				
Unit Rent				
Utility Allowance				
Gross Rent				
Accessible?				

Date: _____

Name (of person completing the form): _____

Signature of Applicant: _____

<p style="text-align: center;">HABITABILITY STANDARDS FOR PERMANENT HOUSING (24 CFR part 576.403(c))</p>	<p style="text-align: center;">Meets Standard Yes/No</p>
<p>1. <i>Structure and materials:</i> The structures must be structurally sound to protect residents from the elements and not pose any threat to the health and safety of the residents.</p>	
<p>2. <i>Space and security:</i> Each resident must be provided adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.</p>	
<p>3. <i>Interior air quality:</i> Each room or space must have a natural or mechanical means of ventilation. The interior air must be free of pollutants at a level that might threaten or harm the health of residents.</p>	
<p>4. <i>Water Supply:</i> The water supply must be free from contamination.</p>	
<p>5. <i>Sanitary Facilities:</i> Residents must have access to sufficient sanitary facilities that are in proper operating condition, are private, and are adequate for personal cleanliness and the disposal of human waste.</p>	
<p>6. <i>Thermal environment:</i> The housing must have any necessary heating/cooling facilities in proper operating condition.</p>	
<p>7. <i>Illumination and electricity:</i> The structure must have adequate natural or artificial illumination to permit normal indoor activities and support health and safety. There must be sufficient electrical sources to permit the safe use of electrical appliances in the structure.</p>	
<p>8. <i>Food preparation and refuse disposal:</i> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a safe and sanitary manner.</p>	
<p>9. <i>Sanitary condition:</i> The housing must be maintained in a sanitary condition.</p>	
<p>10. <i>Fire safety:</i> All three conditions below must be met to meet this standard.</p> <p>(i) There must be a second means of exiting the building in the event of fire or other emergency.</p> <p>(ii) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.</p> <p>(iii) The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.</p>	