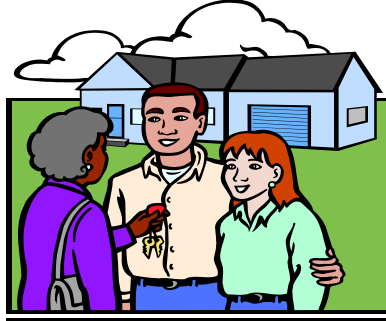


Housing Access Collaborative Rapid Re-housing Program

Family Aid Boston
727 Atlantic Avenue
Boston, Massachusetts 02111
Contact Person: Daniel Ayala
617.542.7286 x 278
Fax 617-542-9545



Required Documents

(To be submitted by the referral source)

**** You must provide verification that your family's last residency was in the City of Boston OR the shelter placement is located in the City of Boston****

Homeless Verification

Resume (all adults)

Income Verification (all household members)

Budget Worksheet

Credit Report (all adults), if available

CORI (all adults), if available

Housing Logs (subsidized waitlists)

Additional Documents (if applicable)

Job certifications (Medical assisting, CDL, HVAC etc...)

Pay stubs

*If it is determined that the perspective candidate will be an appropriate match for the Housing Access Collaborative, they will be contacted and asked to come in for an interview. All adults must be present at this interview and must be willing and able to contribute to the self sufficiency of the family. Disabled family members will be asked to participate in an appropriately designed service plan should the family be accepted into HAC.



Helping homeless families since 1916



PLEASE READ BEFORE COMPLETING THE FOLLOWING HOUSING ACCESS COLLABORATIVE (HAC) APPLICATION.

PLEASE NOTE: To be considered for the HAC program, the family's last residency must have been in the City of Boston, or their shelter placement must be in the City of Boston.

FamilyAid's Housing Access Collaborative (HAC) program is more than just a housing/rental assistance program. It is a wrap-around program that also provides intensive case management and clinical support services for you and your family. If you are only looking for help with an apartment, this is NOT the program for you.

However, if you feel you and your family could benefit from a one-year program where staff will be very closely involved in your personal lives (see Expectations, below) while you receive supportive services around budgeting, child care, employment, counseling and more, read on.

Summary of Housing Access Collaborative (HAC) Expectations

- 1) Participants have 30 days from the date of acceptance into the HAC program to find an apartment. If you are unable to find an apartment within this timeline, the HAC team will review your case. Participants must keep a Housing Log and are advised to avoid using rental agents.
- 2) Participants should NOT sign any apartment lease documents without approval of the HAC housing worker.
- 3) HAC program participants are required to meet with their case manager **every week for an hour**. For those working full-time, the last appointment is 6:00 pm, *if there is an available slot*. Otherwise, participants are required to make other arrangements with their employer.
- 4) For two-parent families, both adults are expected to meet weekly with the case manager. If one of them is unemployed, and not on Disability, s/he will meet weekly with the Career Specialist.
- 5) Any participant who is not employed full time, or is considered under-employed for long-term sustainability, must meet every week with the Career Specialist.
- 6) Case managers will schedule at least two home visits a year with participants.
- 7) Program participants are required to contribute in the HAC/FamilyAid savings program, based on her/his income. Each participant is also required to put **50% of her/his tax return** into savings.
- 8) Participants must have a landline phone or cell phone that is charged and working at all times.
- 9) Each participant is required to sign any releases of information for her/himself, and her/his children, to address issues or concerns requiring conversations with providers, referrals to services, or other resources critical to meeting the Service Plan.
- 10) Participants can be terminated at any time for non-compliance with the program's rules and regulations. **Grounds for Immediate Termination** include, but are not limited to: physical abuse or verbal threats to a FamilyAid staff member; and absence of any participant contact with FamilyAid Boston staff for 30 days.

Dear Applicant,

*Your responses to the following questions will provide HAC with an overview of you and your household, and what services and resources you may require if you are accepted into the program. **There is no such thing as a “wrong” or “bad” answer.** In order for us to best serve your family’s needs, please complete this application as accurately and completely as possible.*

Thank you!

Referral Date: _____

Referring Agency: _____

Worker’s Name: _____

Worker’s Contact # _____

Fax: _____

RAPID RE-HOUSING REFERRAL FORM

Participant Name: _____

Phone: _____

Email: _____

Primary Language: _____

Date of Birth: _____

Gender: Male ___ Female ___

Transgender ___ please specify how you self-identify: _____ Other _____

Ethnicity: Latino ___ Non-Latino ___

Race: African American ___ Alaskan Native ___ American Indian ___ Asian ___ White ___

Pacific Islander: ___ Multiracial ___ Unknown: ___ Other (describe): _____

Disabling condition? Yes ___ No ___ Please Specify: _____

Current Residence: _____

Length of stay at current residence: _____

Is this residence a shelter? Yes ___ No ___

If yes, name and phone number of case manager: _____

How long can you remain at your current residence? _____

Alternate phone # or e-mail: _____

Please list all household members, including yourself:

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Date of birth</u>	<u>Age</u>	<u>Daycare/School/Grade/Employer</u>
-------------	---------------------	---------------	----------------------	------------	--------------------------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FIVE YEAR HOUSING HISTORY:

CURRENT:

Address: _____
Landlord's Name (if applicable): _____ Are Utils included? ___yes, ___no
Date Moved in: _____ Date Moved Out: _____ # BRs _____
Who's name is on the lease? _____ Relationship: _____
Reasons for leaving: _____ Rent or portion you paid: _____
Type of subsidy used, if any: _____

TWO:

Address : _____
Landlord's Name (if applicable): _____ Are Utils included? ___yes, ___no
Date Moved in: _____ Date Moved Out: _____ # BRs _____
Who's name is on the lease? _____ Relationship: _____
Reasons for leaving: _____ Rent or portion you paid: _____
Type of subsidy used, if any: _____

THREE:

Address _____
Landlord's Name (if applicable): _____ Are Utils included? ___yes, ___no
Date Moved in: _____ Date Moved Out: _____ # BRs _____
Who's name is on the lease? _____ Relationship: _____
Reasons for leaving: _____ Rent: _____
Type of subsidy used, if any: _____
Do you have any outstanding utility arrearages? ___Yes ___ No
If yes, give name of company(ies) and amount(s) _____

Have you ever lived in subsidized or public housing? ___Yes ___ No Dates: From _____ To _____
Address: _____ City _____ Zip _____
Reasons for leaving _____

Are you currently on any waiting lists for subsidized housing? _____
If yes, Where? (provide housing log or list where you have applied)
Have you ever been evicted? ___Yes ___ No If yes, When? _____ How many times? _____
Have you ever been to housing court? ___Yes ___ No If yes, When? _____
Have you ever been homeless before? ___Yes ___ No If yes, When? _____
Most recent reason? _____

Have you ever lived in shelter before? ___Yes ___ No If so, when? From ___ / ___ / ___ To ___ / ___ / ___

Name of shelter _____

Reasons for leaving _____

Did you receive a termination notice? ___Yes ___No

When did you first apply for shelter? _____

What obstacles do you feel you face in finding housing? (check all that apply)

Lack of apartment units ___ Income or rental prices ___ Discrimination ___

Credit history problems ___ Criminal history problems ___ Other: _____

Please describe: _____

What do you believe your credit rating to be? _____

Have you or anyone in your household been found guilty of a crime? ___Yes ___ No

Name of Member(s) _____

Do you or anyone in your household have open or pending CORI cases or legal issues? ___Yes ___ No

Are you or anyone in your household required to register in a Sex Offender Registry? ___Yes ___ No

Name of Member(s) _____

INCOME STATUS

Monthly gross income: _____ net income (take-home): _____

From (check all that apply):

TANF ___ SSI ___ SSDI ___ Unemployment ___ Employment _____

Child Support ___ Other: _____

Do you own a car? Yes ___ No ___

If yes, what do you pay for a car note (monthly payment)? _____ How much still owe on the car? _____

How much do you pay in car insurance? _____ How much do you pay in gas a month? _____

Education and Employment (for all adults in the household):

Adult # 1: Highest grade completed:

9th ___ 10th ___ 11th ___ 12th ___ HS diploma ___ GED ___ Name of school/program _____

Some college ___ College Grad ___ Certificate ___ Name of school/program _____

Course of study _____ Year Completed _____

Do you have debt related to college study or certificate program? Yes ___ No ___ How much? \$ _____

Adult # 2: Highest grade completed:

9th ___ 10th ___ 11th ___ 12th ___ HS diploma ___ GED ___ Name of school/program _____

Some college ___ College Grad ___ Certificate ___ Name of school/program _____

Course of study _____ Year Completed _____

Do you have debt related to college study or certificate program? Yes ___ No ___ How much? \$ _____

Are you planning to attend college or a training program in the next year? Yes ___ No ___

If yes, please describe: _____

Current Employment Status:

Adult # 1

Full Time ___ Part Time ___ Permanent ___ Temp ___
Unemployed ___ due to disability? ___ actively seeking work? ___ other? ___
If employed, length of time at job: _____
Employer: _____
Position: _____
Pay rate: _____ hours per week _____

How many jobs have you had in the last two years? _____.

(Please attach a list of the last three places you have worked, position, salary, and reason for leaving, or include a resume.)

Do you need training in order to obtain a permanent full time job? ___ Yes ___ No

If yes, what are your areas of interest: _____

Do you need employment accessible to public transportation? ___ Yes ___ No

Do you speak any additional languages? ___ Yes ___ No

If yes, please list: _____

Adult # 2

Full Time ___ Part Time ___ Permanent ___ Temp ___
Unemployed ___ due to disability? ___ actively seeking work? ___ other? ___
If employed, length of time at job: _____
Employer: _____
Position: _____
Pay rate: _____ hours per week _____

How many jobs have you had in the last two years? _____.

(Please attach a list of the last three places you have worked, position, salary, and reason for leaving, or include a resume.)

Do you need training in order to obtain a permanent full time job? ___ Yes ___ No

If yes, what are your areas of interest: _____

Do you speak any additional languages? ___ Yes ___ No

If yes, please list: _____

Physical Health:

Medical issues of head of household and other adults _____

Medical Issues of the children: _____

List of Medications you or anyone in your family is taking: _____

Mental Health History:

Have you ever received, or are currently receiving, mental health services? ___ Yes ___ No

Diagnosis: _____

List of psychiatric medications prescribed: _____

How often do you drink alcohol? _____ How often do you use other drugs? _____

Do you feel you want/need help cutting down on use? _____

Has anyone ever told you they thought you had a problem with alcohol/drugs? _____

Do your children have any issues with alcohol or drugs? _____

What are your favorite activities for stress relief (exercise, playing with kids, shopping, etc.)?

Service Planning Information:

Are there any other agencies involved with your family (DYS, DCF, Probation, etc.)? ___Yes ___No

If yes, please list: _____

Have you or your children ever been in an abusive relationship or been at risk of violence? ___Yes ___No

If yes, please explain: _____

Do you currently feel safe? ___Yes ___No

If not, please explain: _____

Finances:

Major Expenses (indicate cost per month, if applicable)

Car Payment _____ Car Insurance _____ Gas (estimated) _____ Student loans _____

Child care expenses _____ Monthly payments towards debts _____ Other: _____

Do you have any utility debt/arrearage? ___Yes ___No If yes, please list amount(s) and names of utility companies _____

How much money do you have in savings? _____

What changes do you expect in the coming year to household income, expenses, or household composition (increase in wages, change in child's guardianship, top of BHA housing list) :

PLEASE RATE THE QUESTIONS BELOW USING THE FOLLOWING SCALE:

1-never, 2-almost never, 3-sometimes, 4-almost always, 5-always

Ability to keep appointments _____ Able to obtain/maintain employment _____

Prepared and on time for meetings _____ Saves money regularly _____

Identifies resources independently _____ Pays bills on time _____

Follows up on resources/referrals _____ Motivated to succeed _____

In addition to rental assistance, what services does your family need in order to be successful in the HAC program?

What is your greatest accomplishment?

What is your greatest struggle?

Please describe your career and/or education goals:

What steps have you already taken to achieve those goals?

BUDGET WORKSHEET

*Please complete this section based on your **ANTICIPATED BUDGET** once you find an apartment, **INCLUDING ESTIMATED RENT AND UTILITIES.***

Please fill this out in its entirety as accurately as possible.

If you don't spend money for a specific expense, please write zero "(0)" in the space provided.

Your Name: _____

Date: _____

NET INCOME

TAFDC	
Employment	
Unemployment	
SSDI	
SSI	
Child Support	
Other	
Other	

TOTAL: \$ _____

Food Stamps \$ _____

ESTIMATED EXPENSES

Notes

	MONTHLY EXPENSE (\$)	DEBT (\$)
MONTHLY RENT PAYMENT		
Groceries (amount after food stamps)		
Gas (cooking and heat)		
Oil (heat)		
Electric		
Water/Sewer		
House Phone		
Cell Phone		
T Pass		
Train fare		
Bus fare		
Cab fare		
Gasoline		
Car Payment		
Car Insurance		
Car Repairs		
Parking		
Doctor/Other Provider Co-Pays		
Medication		

BUDGET, PAGE 2	MONTHLY EXPENSE (\$)	DEBT (\$)
Birth Control		
Laundry		
Barber or Hair Salon		
Nails		
Clothing		
Toiletries		
Cleaning Supplies		
Cable/internet		
Children's Allowances		
Babysitter/Childcare		
Diapers/infant supplies		
Eating Out		
Religious/Charity Donations		
Gym/Fitness Club		
Entertainment		
Books, News Paper, school supplies, Magazines		
Lottery Tickets/Gambling		
Alcohol/Drugs		
Cigarettes		
Storage Fees		
Pet Care/Kennel Expenses		
Credit Card Payments		
Student Loan Payments		
Personal Loan Payments		
Medical Bill Debt Payments		
Money sent abroad		
Other:		
Other:		
TOTAL EXPENSES:	\$	\$

INCOME \$ _____

- (minus) EXPENSES \$ _____

Amount Remaining:

\$

IF THERE IS A NEGATIVE AMOUNT REMAINING, PLEASE TELL US WHICH EXPENSES YOU PLAN TO CHANGE AND HOW:
