

**VOADV CARES PROGRAM
SCREENING FORM**

DATE: _____

NAME:	SOCIAL SECURITY #:	ADDRESS:		COUNTY:
CITY/STATE:	ZIPCODE:	PHONE #:	EMAIL:	ALT. PHONE #:

1) What type of assistance are you in need of? (Circle One)

- a. RENT (Back rent OR Relocation)
- b. UTILITY
- c. MORTGAGE

2) Have you ever applied for Mortgage, Rent, or Utility Assistance in the past 12 months? (Circle One)

- a) Yes
 - i) If yes, did you receive assistance? What type and through which agency?

- b) No

3) Are you currently receiving or on a waiting list for any type of assistance through another agency?

- i) (Explain) _____

**4) What is the source(s) of income in the household? How many people in Household ____
(Check all that apply & List the amount)**

<input type="checkbox"/> Earned Income _____	<input type="checkbox"/> SSA _____	<input type="checkbox"/> SSDI _____
<input type="checkbox"/> Unemployment benefits _____	<input type="checkbox"/> SSI _____	<input type="checkbox"/> Workman's Comp _____
<input type="checkbox"/> TANF/ GA _____	<input type="checkbox"/> VA Benefits _____	<input type="checkbox"/> Child Support _____
<input type="checkbox"/> Short-term Disability _____	<input type="checkbox"/> Long-term Disability _____	<input type="checkbox"/> Other: _____

5) What has caused your crisis? (Check all that apply)

- Medical Emergency Loss of Income Eviction Crime
- Domestic Violence Natural Disaster (Flood, Fire, etc.) Homeless
- Other (specify): _____

6) Benefits (Non- Cash) check all that apply.

<input type="checkbox"/> Food Stamps _____ Amount _____	<input type="checkbox"/> WIC _____	<input type="checkbox"/> OTHER HEALTH INSURANCE _____
<input type="checkbox"/> Medicaid _____	<input type="checkbox"/> VA MEDICAL _____	<input type="checkbox"/> SECTION 8/TRA _____
<input type="checkbox"/> Medicare _____	<input type="checkbox"/> TANF TRANSPORTATION _____	<input type="checkbox"/> OTHER TANF SERVICES _____
<input type="checkbox"/> CHIP _____	<input type="checkbox"/> Other: _____	

7) CURRENT LIVING STATUS:

- a. Street
- b. Auto
- c. Tent
- d. Shelter
- e. Abandoned Building
- f. Staying with Family
- g. Staying w/ Friend(s)
- h. Other: _____

Answer #8 **ONLY** if you are applying for Utility Assistance.

8) What is the amount that you owe? _____

- a. Do you have any money saved towards the amount owed? _____
- b. If yes, How much? _____
- c. Have you attempted a payment arrangement with your utility company? _____

Answer #9 **ONLY** if you are applying for Back Rent Assistance OR Mortgage.

9) How much is your monthly rent OR mortgage? \$ _____

- a. What is the amount that you are requesting assistance with? \$ _____
- b. Are you living in Subsidized or Section 8 housing? _____
- c. Do you have a Court Summons with Docket # on it? _____
 - i. If yes, what is the Docket #? LT- _____ When is the court date? _____
 - ii. If no, did you receive a late notice or intent to file an eviction? _____

Answer #10 **ONLY** if you are applying for Relocation Assistance.

10) Are you currently homeless/ displaced (residing in an uninhabitable place, shelter or motel) OR evicted within the past 6 months? _____

- a. Were you issued a Warrant of Removal or Notice of Ejectment/Eviction? _____
- b. When did this occur? _____
- c. Have you located a potential unit to reside in? _____ When is it available? _____
- d. What is the amount of the security deposit requested? _____
- e. How much is the monthly rent? _____

*****ALL APPLICANTS REQUESTING ASSISTANCE MUST COMPLETE THE SECTION BELOW.**

Please list everyone in the household (use additional paper if necessary). ***

NAME	NAME
DOB	DOB
Relation to applicant	Relationship to applicant
Gender	Gender
Income source/ amount	Income source/ amount
NAME	NAME
DOB	DOB
Relation to applicant	Relationship to applicant
Gender	Gender
Income source/amount	Income source/amount

******I understand that this is only a screening form and it does not guarantee I will receive funds******

Client's Signature

Date

Staff's Signature

Date

******* FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE*******

	COMMENTS	DATE
Initial contact w/ client		
Follow-up contact with client		
Check list	<input type="checkbox"/> screening form <input type="checkbox"/> verification documents <input type="checkbox"/> ID	

EFSP (FEMA) CARES Guidelines

I. Rent / Mortgage Assistant / Eviction Prevention

- Payment is in arrears or due within 10 calendar days
- Other resources have been exhausted
- The client is a resident of the home or apartment for which the rent /mortgage payment is to be paid
- Payment is limited to a maximum of (1) one month's assistance
- Assistance is provided one in a jurisdiction by a single LRO in each award phase
- The month that is paid is the current amount or part of the arrears that is still owed at the time of payment and is and is from the current award phase
- Payment must guarantee an additional 30 days of service / stay

Note: Late fees, Legal fees, fist month of new mortgage, deposits and condos fees are ineligible

- If a client has (2) two mortgages, assistance may only be given for the first mortgage for the client's residence on the principal and interest.
- Payments for mobile home and lots are eligible and can be paid to a mortgage company or a private landlord.
- If the bill is not in client's name, documentation must be provided to prove that the client is responsible to pay the bill.

II. First's Month Rent Payment / Relocation fee

- a. Can also be security but never both
- b. Relocation / Security - will only cover 1 month (not a month ½)
- c. Landlord must always include W9 (*Request for Taxpayer Identification number and certification*)
 - Moving from temporary shelter to a more permanent place
 - Is transient and plans to stay in the area for a extended period of time
 - Is being evicted because one's month payment will not forestall eviction in current housing
- First month's rent is the only situation in which the lease in the only acceptable documentation.
- EFSP will allow a one time payment of \$250 of rent/mortgage assistance where the past due balances is \$250 or more without verification. However, verification that it was received must be provided.

- **First Month's rent:**

- Cannot be provided in addition to emergency rent / mortgage assistance under item 1 above
- May be provided in addition to off site mass shelter
- May only be provided by a single LRO in a jurisdiction
- Cannot be paid more than 30 days before occupancy

III. Utility Assistance

- Limited to gas, electric, water and sewer services
- Payment is in arrears or due within 10 calendar days
- Other resources have been exhausted
- The client is a resident of the home or apartment for which the utility payment is to be paid
- Assistance is provided one in a jurisdiction by a single LRO in each award phase
- The month that is paid is the current amount or part of the arrears that is still owed at the time of payment and is from the current award phase
- Payment must guarantee an additional 30 days of service / stay
- If the bill is not in client's name, documentation must be provided to prove that the client is responsible to pay the bill.

Note: If paying from a past due notice, a breakdown of the monthly usage of charges must be obtained (a copy of current client billing & payment history by month from the utility provider). The highest one month amount may not be paid unless it is part of the currently owed payment. Where clients have made partial payments, the payment is generally applied to the oldest past due amount. The EFSP amount paid may only be a maximum of one month that is still due. Documentation of which month is being paid must be provided. Reconnection fees are eligible. Late fees, deposits and elective fees are not eligible. Not eligible if receiving assistance from another agency.

- EFSP allows a payment of \$100 or less on utility bills with a past due amount or shut off notice of \$100 or more without a monthly breakdown showing the client's billing amount. A bill is still required to show the outstanding balance, but a service period is not required.
- Utility disconnection and termination notices often do not show amounts owed by month. The monthly information must be verified with the utility company. If the service information cannot be verified with the utility company, the LRO may pay up to \$100 per individual or household provided at least \$100 is owed on the bill. This \$100 is not a cap. If an LRO wishes to pay more than \$100, the one month amount paid must be verified.

- **Metered Utility Verification Form – the bill must be attached to the metered utility verification form and the information on the bill must support it.**

Identification:

- **Valid (non expired) photo identification card for all adult household members**
- **Valid (non expired) passport**
- **Birth certificates for all household members**
- **Social Security cards**

Other forms of personal ID verification:

- **Health Insurance card**
- **State-issued identification card**
- **Military-issued identification card**
- **Permanent Resident Alien Card**
- **Non-immigrant Visa (F-1, F-2, F-3 Visas)**
- **Certificate of U.S. Naturalization**
- **Utility bill with name and address**

Approved documentation: (must be in the applicant's name)

- **Eviction notice**
- **Letter from landlord or leasing office detailing balance**
- **Past due bill or shut off notice**
- **Metered Utility Verification Form**