



## HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION

### INSTRUCTIONS

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#### **HOUSING ASSISTANCE PROGRAMS CHECKLIST (pg. 2)**

- ◆ This checklist will identify all required documentation that **MUST** be submitted when applying for any housing assistance program.

#### **REQUEST FORM (pg. 3)**

*This form must be completed when applying for any housing assistance program.*

- ◆ Check the appropriate program that applicant is currently enrolled or check "other" and include the name of the Program.
- ◆ Check the type of housing assistance requested. If applying for more than one program check all that apply.
- ◆ Check if applicant is a Section 8 or Shelter Plus Care recipient. Check neither if it does not apply.
- ◆ Complete client and agency's information.
- ◆ Must be signed by Applicant, Case Manager and Program Manager.

#### **DEMOGRAPHIC SHEET (pg.4)**

*This form must be completed when applying for any housing assistance program.*

- ◆ Complete Income Status, Housing Status, and Demographic Information Sections, by checking all that apply.
- ◆ Only complete On-going Section when applying for On-going Rental Assistance.
- ◆ Only complete Eviction Prevention Section when applying for Eviction Prevention.

#### **HOUSEHOLD GOODS/GIFT CARD REQUEST FORM (pg. 5 & 6)**

*Complete these forms when applying for Household Goods along with page 2 & 3.*

- ◆ If applying for household goods or utilities assistance use page 5.
- ◆ Check type of utility being requested, if applying for more than one program check all that apply.  
*(For DMH Directly Operated FSP **ONLY**)*
- ◆ If applying for gift cards use page 6, check type of gift card requested.
- ◆ Complete vendor's name, amount requested, and itemized cost.
- ◆ When applying for Household Goods list the requested items and attach merchant's invoice.
- ◆ When requesting assistance with utilities, attach utility bill.
- ◆ Must be signed by Case Manager and Program Manager.

#### **RENTAL ASSISTANCE AGREEMENT FORM (pg. 7)**

*Complete this form when applicant is enrolled in a DMH Directly Operated FSP Program along with page 2 & 3.*

- ◆ Complete month(s) of rental assistance being requested, and the regular monthly rent amount.
- ◆ Complete housing plan section.
- ◆ Must be signed by Applicant, Case Manager and Program Manager.

#### **LANDLORD VERIFICATION FORM (pg. 8)**

*This form must be completed by Landlord when applicant is applying for Security Deposit, Eviction Prevention, and/or On-Going Rental Assistance. Submit with completed application.*

- ◆ Present to Landlord for completion along with W-9 form.
- ◆ Must be signed by Applicant and Landlord.



## HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION

### CHECKLIST

#### REQUIRED DOCUMENTS

*(General requirements for any Housing Assistance Program).*

- Photo Identification **and** Social Security Card of applicant and all household members 18 years of age and older.
- Social Security Card **or** Birth Certificate for any child in the household under the age of 18.
- Applicant's Income Verification dated **within 30 days** (i.e., payroll stubs, verification of receipt of SSI, SSDI or SDI Benefits).
- If the client is a **Section 8 or Shelter Plus Care recipient**, attach one of the following items:
  - Letter of Determination\*** from the City Housing Authority, or;
  - Verification of **Lease Approval\*** from the County Housing Authority.

*\*These letters stipulate (1) tenant and landlord respective shares of rent and (2) statement that the unit has been inspected and approved.*

- If the applicant is **NOT** a **Section 8 or Shelter Plus Care** recipient, the following documents **MUST** be provided with the application:
  - Signed copy of the Lease Agreement and;
  - Verification of Property Ownership (Deed of Trust, Property Tax Bill or a notarized letter verifying ownership.)
- Completed W-9 Form by the VENDOR;** *This form is required by the Auditor-Controller and must be completed by the Vendor and included with the application if not already on file with DMH. If the case manager knows that they have sent one in the past, there is no need to do it again. If uncertain, have vendor complete the form.*

#### EVICTON PREVENTION

*(Required documents for Eviction Prevention, in addition to the general required documents indicated above).*

- Notice to Evict** with the date of eviction clearly stated. (i.e., 3 day notice, 30 day notice)
- Evidence that the applicant has resided in the unit for at least 6 months (utility bill, bank statement, etc.)

#### HOUSEHOLD GOODS

*(Required documents for Household Goods, in addition to the general required documents indicated above).*

- Original receipt or vendor's invoice. (Internet generated invoice, must submit receipt of items purchased.)
- Verification that applicant was homeless prior to moving into current residence. (If the applicant was approved for Security Deposit Assistance within the last 3 months, verification is not required.)

#### DMH - DIRECTLY OPERATED FSP AND WELLNESS CENTERS

*(Required documents for applicants enrolled in Directly Operated FSP & Wellness Center Programs for any housing assistance program, in addition to the general required documents indicated above).*

- Signed Rental Assistance Agreement Form. (FSP Only)
- Completed **CSS Request Form** must be signed by the Applicant, Case Manager, and the Mental Health Clinical Program Head. This form **MUST** accompany Housing Assistance Applications.



## HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION REQUEST FORM

Please check all that apply:

**Applicant is currently enrolled in:**  CRS  PEI/CORS  FSP  Wellness  FCCS  Other \_\_\_\_\_

**Type of assistance applicant is applying for:**

Security Deposit  Eviction Prevention  On-going Rental Assistance (DMH Directly Operated FSP requesting more than one month)

Household Goods  Utility Assistance (DMH Directly Operated FSP ONLY)  Rental Assistance

**Is applicant a recipient of:**  Section 8  Shelter Plus Care  Neither

Applicant's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Head of Household: \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_  
(If different from applicant)

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

MIS #: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Case Manager/Housing Specialist: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**The agency declares and certifies each of the following statements to be true and correct:**

1. The agency is currently providing mental health services and case management to the applicant and has verified the income and identification of all members of the applicant's household.
2. The agency has provided information to the applicant on tenant-landlord rights and tenant responsibilities, including the appropriate treatment of rental property, appropriate behavior within the neighborhood, and the importance of timely payment of rent.
3. The applicant is eligible to participate in this program and has a documented income source that can reasonably be expected to cover the proposed rent and living expenses.
4. The applicant has assured the agency that they have not received eviction prevention or security deposit assistance through the Housing Assistance Program in the last 12 months.

Applicant: \_\_\_\_\_  
Signature Date

Case Manager/  
Housing Specialist: \_\_\_\_\_  
Signature Date

Program Manager: \_\_\_\_\_  
Signature Date



**INCOME STATUS**

What is your total monthly income? \$ \_\_\_\_\_ Total monthly expenses? \$ \_\_\_\_\_

**What is your current source(s) of income? (Check all that apply.)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Employment     | <input type="checkbox"/> CaWORKS (TANF)             | <input type="checkbox"/> Unemployment Insurance           | <input type="checkbox"/> Family/Friend         |
| <input type="checkbox"/> General Relief | <input type="checkbox"/> Social Security Retirement | <input type="checkbox"/> Supplemental Security Income     | <input type="checkbox"/> None                  |
| <input type="checkbox"/> Child Support  | <input type="checkbox"/> State Disability Insurance | <input type="checkbox"/> Veteran's Administration Pension | <input type="checkbox"/> Other (Specify) _____ |

Please give a brief description of why applicant needs housing assistance: \_\_\_\_\_  
\_\_\_\_\_

**HOUSING STATUS**

**Are you currently homeless?**  Yes  No  
(If you do not have a permanent place to live, you are considered homeless)

Number of occasions of homelessness in the last 3 years: \_\_\_\_\_

**What is the length of your current episode of homelessness:**

- |  |  |
|--|--|
| <input type="checkbox"/> under 1 month | <input type="checkbox"/> 5 – 6 months  |
| <input type="checkbox"/> 1 – 2 months  | <input type="checkbox"/> 7 – 12 months |
| <input type="checkbox"/> 3 – 4 months  | <input type="checkbox"/> over 1 year   |

**Location of your current episode of homelessness:**

- |   |  |
|---|--|
| <input type="checkbox"/> SA 1 Antelope Valley     | <input type="checkbox"/> SA 5 West LA    |
| <input type="checkbox"/> SA 2 San Fernando Valley | <input type="checkbox"/> SA 6 South LA   |
| <input type="checkbox"/> SA 3 San Gabriel Valley  | <input type="checkbox"/> SA 7 South East |
| <input type="checkbox"/> SA 4 Metro               | <input type="checkbox"/> SA 8 Harbor     |

**Length of your previous episode of homelessness:**

- |  |  |
|--|--|
| <input type="checkbox"/> under 1 month | <input type="checkbox"/> 5 – 6 months  |
| <input type="checkbox"/> 1 – 2 months  | <input type="checkbox"/> 7 – 12 months |
| <input type="checkbox"/> 3 – 4 months  | <input type="checkbox"/> over 1 year   |

**Survival strategies that you have utilized during your episodes of homelessness** (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Shelters/Missions    | <input type="checkbox"/> Living in a Car      |
| <input type="checkbox"/> Abandon House        | <input type="checkbox"/> Family/Friend        |
| <input type="checkbox"/> Hospital             | <input type="checkbox"/> Garage               |
| <input type="checkbox"/> Motels/Agency Paying | <input type="checkbox"/> Motels/Client Paying |

**What circumstance(s) led to your current homelessness?**

- |  |  |
|--|--|
| <input type="checkbox"/> Reduction in Benefits       | <input type="checkbox"/> Family/Friend Unable to Provide Aid |
| <input type="checkbox"/> Problems with Landlord      | <input type="checkbox"/> Loss of Job                         |
| <input type="checkbox"/> Victim of Domestic Violence | <input type="checkbox"/> Acute Illness                       |
| <input type="checkbox"/> Crime Victim                | <input type="checkbox"/> Problems with Tenants or Spouse     |
| <input type="checkbox"/> Substance Abuse             | <input type="checkbox"/> Disability                          |
| <input type="checkbox"/> Eviction                    | <input type="checkbox"/> Hospitalization                     |
| <input type="checkbox"/> Jail                        | <input type="checkbox"/> Other _____                         |

**DEMOGRAPHIC INFORMATION**

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>Gender:</b><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | <b>Marital Status:</b><br><input type="checkbox"/> Separated<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed<br><input type="checkbox"/> Single<br><input type="checkbox"/> Never Married | <b>Family Type:</b><br><input type="checkbox"/> Single Adult<br><input type="checkbox"/> Adult w/child<br><input type="checkbox"/> Adult w/children<br><input type="checkbox"/> Two Adults<br><input type="checkbox"/> Two Adults w/child<br><input type="checkbox"/> Two Adults w/children | <b># of Children:</b><br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5 or more | <b>If without minor children, is the applicant?</b><br><input type="checkbox"/> Pregnant<br><input type="checkbox"/> Frail Elderly | <b>Ethnicity:</b><br><input type="checkbox"/> African-American<br><input type="checkbox"/> Asian/Pacific Islander<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> Other |
|--|--|---|---|--|--|

Please check and list other co-occurring disorders:

- Medical/Physical Condition \_\_\_\_\_  Substance Abuse \_\_\_\_\_  Other \_\_\_\_\_

**ONGOING RENTAL ASSISTANCE**

FSP applicants ONLY (must be filled out if applying for Ongoing Rental Assistance)

**Type of housing to which you are requesting a subsidy:**

- Sober Living
- Shared/Collaborative Housing
- Residential Treatment Program
- Transitional Housing
- Apartment
- Other \_\_\_\_\_

Requested length of subsidy in months: \_\_\_\_\_

**EVICTON PREVENTION REQUEST:**

(must be filled out If applying for eviction prevention)

**Does the client:**

- Rent  Own Monthly rent/mortgage \$ \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

**Amount behind in rent/mortgage: \$** \_\_\_\_\_

*Note: The payment of rent in arrears cannot exceed one month's rent plus a reasonable documented late charge.*

**Have you received one of the following?** (Please state date notice was received)

- 3 Day Notice to Pay or Quit \_\_\_\_\_
- 5 day Marshall Notice to Vacate \_\_\_\_\_
- 30 day Notice \_\_\_\_\_
- Unfavorable Court Judgment \_\_\_\_\_







HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION

**RENTAL ASSISTANCE AGREEMENT FORM**  
*(DMH Directly Operated FSP ONLY)*

As a condition of the Full Service Partnership Rental Assistance Program, I agree to have the County of Los Angeles Department of Mental Health issue a check payable to my landlord each month for .....months. This rental assistance payment will be in the amount of \$....., for each of the months that I am eligible.

I agree to:

- ❖ work with my Case Manager to (1) find other housing options if needed, (2) participate in establishing benefits to continue rental payments and, (3) assume responsibility of my entire monthly rent.
- ❖ Immediately notify my Case Manager of any changes in housing cost or housing composition (including receipt of any other subsidized housing, [i.e. Section 8 or any other rent contributions program]), but not later than 3 business days after the change occurs.

I agree to repay the County of Los Angeles – Department of Mental Health for all payments made on my behalf through the FSP Rental Assistance Program upon receipt of a retro-active Supplemental Security Income (SSI) check (as well as subsequent checks) or through other monies received until the balance owed to the Department of Mental Health is paid.

I understand that the rental assistance payments are temporary housing assistance issued to eligible FSP individuals and their families. I also understand that should my FSP services be discontinued within this agreement period, the rental assistance will be discontinued. I elect to accept the rental assistance payments by signing the statements below.

HousingPlan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ accept rental assistance payments and agree  
*(Participant's Name)*  
to the terms indicated above. I also understand that although DMH is making a partial or full payment of rent and the County is in no way a party to the rental agreement I have with the landlord.

\_\_\_\_\_  
Participant's Name (Print) Address, City & Zip

\_\_\_\_\_  
Participant's Signature ( ) Telephone Date

\_\_\_\_\_  
Case Manager Date Program Manager Date

COUNTY OF LOS ANGELES  
ADULT JUSTICE, HOUSING, EMPLOYMENT AND EDUCATION SERVICES  
HOUSING ASSISTANCE PROGRAMS - UNIVERSAL APPLICATION



**LANDLORD VERIFICATION FORM**

(To be completed by Landlord)

*Please Print*

I intend to rent a unit/shared room to: \_\_\_\_\_

The property is located at \_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_ \_\_\_\_\_  
City Zip Code

**Type of Request:**

Security Deposit    Ongoing Rental Assistance (Directly Operated FSP ONLY)    Eviction Prevention

**Please complete if applying for Security Deposit OR Rental Assistance.**

Security deposit amount:                 \$ \_\_\_\_\_

Regular months rent:                     \$ \_\_\_\_\_

Tenant's subsidized rent portion: \$ \_\_\_\_\_

**Please complete if applying for Eviction Prevention.**

Rent:   \$ \_\_\_\_\_

Late charges (as stated in lease):     \$ \_\_\_\_\_

Tenant's subsidized rent portion: \$ \_\_\_\_\_

**Apartment/House is:**      Furnished      Unfurnished

**Rent Includes:**              Electricity      Water      Gas      Trash

**DATE TENANCY BEGAN/WILL BEGIN:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please make checks payable to:** \_\_\_\_\_  
(Checks to be made only to the property owners or authorized Management Company)

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(or designee)

I understand that this is a Federal and/or State funded program and that abuse of this program is an offense. I certify under penalty of jury that all information that I have provided on this form is true and correct.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

This form is not an agreement but only a confirmation of the amount of monies reflected in the rent/lease agreement and does not hold the County liable for any damages to the property as caused by the tenant.

**DO NOT WRITE IN THIS BOX (For Office Use Only)**

Amount Approved for payment: \$ \_\_\_\_\_ Initialed By: \_\_\_\_\_