



Step Up On Second's Guide to Housing

SECOND EDITION: Released July 2008

A Comprehensive Guide for Los Angeles City and Los Angeles County Housing Authority Rental Assistance Applications

Written and Compiled by:

Jonathan Kaufman
Housing Coordinator
Step Up On Second

AUTHOR'S NOTE

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It is with great honor that I present to you the *Step Up On Second's Guide to Housing* (Second Edition). As this is the first such comprehensive HACLA/HACoLA housing application guide of its kind, it should be expected that the this guide will undergo numerous edits in the coming months as agencies continue to work with it. Furthermore, as the applications this guide aims at illuminating are constantly being altered and adjusted, this guide will likely never realize a "final" draft. Therefore, while we at Step Up On Second work to keep this guide up-to-date, it is also imperative that as case managers and housing liaisons detect inconsistencies or stumbling blocks within this guide, that they report it to Step Up On Second's housing office to be corrected or clarified.

Thank you in advance for voicing your concerns, comments, and suggestions,

Jonathan BW Kaufman
Housing Coordinator, Step Up On Second

1328 2nd Street
Santa Monica, CA 90401
Ph: (310) 394-6889, x.12
Email: jonathan@stepuponsecond.org

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Introduction



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Introduction

Step Up On Second's Guide to Housing

An Aid for Los Angeles City and County Rental Assistance Applications

This guide is intended to help with the completion of the following Housing Authority of the City of Los Angeles (HACLA) and Housing Authority of the County of Los Angeles (HACoLA) rental assistance applications:

1. HACLA Homeless Section 8
2. HACLA Shelter Plus Care
3. HACoLA Shelter Plus Care

The application processes for each of these rental assistance programs can be very labor-intensive and time-consuming and, therefore, can be extremely discouraging for applicants and case managers alike. As most of the bureaucratic bog-down is a result of incomplete forms within the application, ensuring that the application is completed correctly the first time will result in much timelier processing; spending a little extra time upfront on the application will save weeks – if not *months* – down the line in the process of obtaining Housing Authority rental assistance. This page-by-page guide aims at breaking down these various housing applications in a way that will ensure a successful application the first time around.

This guide is broken into four sections:

1. General Rules that Apply to All of the HACLA and HACoLA Rental Assistance Applications
2. HACLA Homeless Section 8
3. HACLA Shelter Plus Care
4. HACoLA Shelter Plus Care

For Sections 2, 3, and 4, notes regarding the application are organized according to each application's respective cover-page checklist.



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Section One:
General Rules that Apply to All of the
HACLA and HCoLA Rental Assistance
Applications



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Section 1: General Rules

The following eight rules apply to each of the major rental assistance applications offered by HACLA and HACoLA. It is very important that you adhere to each of these seven rules throughout the entire application:

1. There are three automatic disqualifications for all of the HACLA and HACoLA housing assistance program applications; if an applicant fits into one or more of the following three categories, his/her application will be immediately denied:
 - a. The applicant does not fit the HUD definition of “homeless.” (Appendix A)
 - b. The applicant’s household does not include at least one legal United States resident.
 - c. The applicant does not have an open case with the Los Angeles County Department of Mental Health.
2. Every signature in an application that is being submitted to DMH/HUD must be the original. Any signed form that has been faxed in for submission will be automatically denied.
3. Unless prompted for a signature, **ALWAYS PRINT**. Never use cursive when completing these applications.
4. If a section or prompt does not apply to the applicant, write “none” in the space provided – never use “not applicable” or “n/a”.
5. Anytime an application prompts for an address (either of the applicant or of a shelter/facility), use the full and complete address (i.e. 1234 Street, City, State, Zip Code). Often times the space provided is not enough room to put the entire address. In these cases, do the best you can but do not be hesitant to continue outside of the margins. Always include the complete address.
6. There is no such thing as being too detailed about an applicant’s current housing situation.
 - a. If the applicant is homeless and an application is prompting for the applicant’s address, be as specific as possible. In this situation, possible answers include:
 - o “Homeless in streets on the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401”
 - o “Homeless in car in Santa Monica, CA 90401”
 - b. If the applicant is currently living at a shelter or transitional living facility, make it clear. When prompted with the address, include the shelter/facility’s name in the address line along with the full and complete address. Additionally, if the name of the shelter/facility does not make it clear that it is a shelter/facility (i.e. “Billy Boy’s”), include that information with the name [i.e. “Billy Boy’s (shelter)”].



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Section 1: General Rules

7. To make corrections to any part of the application, make a *single* line through the mistake, initial it, and write the correct information above the mistake. Do *not* use whiteout liquid or tape; do *not* scribble through the mistake.

8. **NEVER** have the application out of the hands of a service provider. Due to the potential ramifications of HUD fraud, never leave the application in the hands of the applicant for him/her to complete alone.



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Section Two: HACLA Homeless Section 8

Eligibility Prerequisites

- The applicant must meet the federal HUD definition of “homeless.” (Appendix A)
- The applicant must have an open case with the Los Angeles County Department of Mental Health.
- Neither the applicant nor anyone in the applicant’s household can be a lifetime sex offender registrant.
- Neither the applicant nor anyone in the applicant’s household can have a conviction for methamphetamine production on his/her criminal record.
- Neither the applicant nor anyone in the applicant’s household can have a Section 8 eviction within the last 3 years on his/her record.
- Neither the applicant nor anyone in the applicant’s household can have a drug or alcohol-related conviction within the last 12 months (1 year) on his/her criminal record, unless that individual is currently enrolled in a treatment program.
- At least one member of the applicant’s household must be a legal United States resident.



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1. **APPLICATION COVERSHEET AND CHECKLIST:** This checklist is designed to be the guide and backbone for the entire application.
 - a. Ensure that every document requested on the checklist is either included or intentionally absent.
 - i. Place a check mark to the left of the checklist item to indicate that the form is present and included in the application.
 - ii. To indicate that a document or form is intentionally absent (because it does not apply to the applicant), write “none” in the space to the left of the checklist item. The *only* checklist items in the application that have the potential of not applying to an applicant are:
 - #5: Verification of Household Income
 - #8: Consent Form to Verify Immigration Status with the INS (NC-101)
 - #15: Certification of No Social Security Number (HAPP-140)
 - #19: Social Security Card, Birth Certificate
 - #20: FSS CoP and ITSP (HUD-52650)
 - iii. Each line must have either a checkmark or “none” written on it.
 - b. When submitting the finished application, ensure that all of the documents are in the same order as they are presented on the checklist.
 - c. Be sure to complete the all of prompts at the bottom of the checklist. If the applicant has no social security number, write “none” for the “S.S. No.” prompt. The Housing Coordinator doubles as the Housing Liaison, and should sign and date the very bottom line. Be sure to enter the dates in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

2. **TRANSMITTAL FORM:** This form is designed to link the applicant with DMH and the referring agency. Even though the form allows multiple clients to be included, use a new transmittal form for each application.
 - a. *Attention:* Ignore this line and leave it blank.
 - b. *From:* Enter “DMH” and the name of the contract agency referring the applicant (i.e. “DMH / Step Up On Second”).
 - c. *Date:* Enter the date the application is being submitted. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - d. *Circle PY: 2002:* Ignore this prompt and leave it blank.
 - e. The following notes all pertain to the chart located at the bottom half of the page:
 - i. *Client's Name:* Print the applicant's full name.



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- ii. *SSN*: Enter the applicant's social security number. If the applicant has no social security number, write "none."
- iii. *Sex*: Enter either an "M" (for male) or an "F" (for female). If the applicant is transgender, the applicant must respond with the gender at birth.
- iv. *DOB*: Enter the applicant's birthdate in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

3. REQUEST FOR CRIMINAL HISTORY (RE-73S8): This form authorizes the HACLA to run a criminal history check regarding the applicant. A copy of this form must be completed and submitted by each adult member of the household.

- a. Leave the top section (everything above "Pursuant to California Penal Code . . .") blank.
- b. *Client Signature* and *Date*: Applicant must sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - i. If the applicant signed the "Client Signature" line, check the "Applicant" box below.
 - ii. If a member of the applicant's household (not the applicant) signed the "Client Signature" line, check the "Participant Since" box and leave the prompt line blank.
- c. The following notes all pertain to the chart located at the bottom half of the page:
 - i. *Driver's License/ID Number* and *State*: This must be a California-issued ID.
 - ii. *Name (Last, First, Middle)*: Be sure to follow the order and spell out the entire middle name – no initials.
 - iii. *Residence Address*: This cannot be a private address.
 - o If the applicant is currently living at a shelter, put the shelter's name and address in this line and, if it is not evident in the shelter's name, be sure to indicate that it is a shelter (so that there is no confusion that it might be a private residence).
 - o If the applicant is homeless in the streets or in his/her car, write exactly that and be as specific as possible (i.e. "Homeless in streets at the corner of Santa Monica Blvd and 2nd Street, Santa Monica, CA 90401").
- 1. Be sure to answer the prompt "How Long" in the same prompt box. This is used to denote how long the applicant has resided at that address (or how long he/she has currently been on the streets.) This is only asking about the *current* episode of homelessness (marked by either by entering a shelter or starting to live on the streets).



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- iv. *Sex*: Answer with either an “M” (for male) or an “F” (for female). If the applicant is transgender, the applicant must respond with the gender at birth.
- v. *Decent*: This asks for the applicant’s race. Follow the asterisk to the bottom of the form for details. This box must be completed with a “W” (for White), a “B” (for Black), an “H” (for Hispanic), or an “O” (for Other).
- vi. *Hair, Eyes, Height, and Weight*: Print the applicant’s information as requested. Be sure to spell out the full name of the applicant’s natural eye and hair color (i.e. “brown”).
- vii. *Birthdate*: Enter the applicant’s birthdate in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- viii. *Social Security*: Enter the applicant’s social security number. If the applicant has no social security number, write “none.”
- ix. *Other Identifying Information*: In reverse chronological order, list the applicant’s previous living sites and be as specific as possible about the locations.
 - o Include as much history as is needed to account for at least the last 60 months.
 - o If more space is required to document additional sites, include additional copies of the form. (Note: if additional copies of the form are submitted, everything between “Client Signature” and “Social Security” must still be completed on each subsequent form.)
- x. Everything below the last “Other Identifying Information” prompt should be left blank for HACLA use.

4. HOUSING ASSISTANCE APPLICATION (9 pages, HAPP-27A): This 9-page application is designed to capture the current financial situation in regards to incomes and expenses of the applicant’s household.

a. Part A (Household Composition and Characteristics)

- i. *Entity / User I.D. #*: This prompt should be ignored and left blank.
- ii. *Legal Name of Head of Household*: Print the applicant’s full name. Be sure to follow the requested order (Last, First, Middle/Maiden) and spell out the middle name(s) completely – do not use initials.
- iii. *Social Security #*: Enter the applicant’s social security number. If the applicant has no social security number, write “none.”
- iv. *Date of Birth*: Enter the applicant’s date of birth in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).



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- v. *Phone #:* Enter the applicant's full phone numbers (including area code) for home, work, and cell. If the applicant does not have a home, work, or cell telephone number, write "none" in the corresponding section(s).
- vi. *California Driver's License # or California ID #:* Enter the applicant's California ID number.
- vii. *Current Address:* This cannot be a private address. Be as specific as possible.
 - o If the applicant is currently living at a shelter, put the shelter's name and address in this line and, if it is not evident that it is a shelter, be sure to indicate that it is a shelter on this form (so that there is no confusion that it might be a private residence).
 - o If the applicant is homeless in the streets or in his/her car, write exactly that and be as specific as possible (i.e. "Homeless in streets at the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401").
- viii. *Mailing Address:* Print the applicant's complete mailing address (street, city, state, and zip code).
- ix. *Emergency Contact Information:* Print the full name, complete address (street, city, state, and zip code), full phone number (including area code), and relationship to the applicant for two people that can be contacted in an emergency.
- x. *Primary Language:* Check the line to the left of either "English," "Spanish," or "Other" to indicate the applicant's primary language. If checking "Other," specify what language is the applicant's primary language.
- xi. *Level of Education:* Circle the highest grade completed by the applicant. If circling "Other," elaborate on the line provided.
- xii. *Gender:* Check the line to the left of either "Male" or "Female" to indicate the applicant's gender of birth.
- xiii. *Ethnicity:* Check the line to the left of either "Hispanic" or "Not Hispanic."
- xiv. *Race:* Check the line to the left of the race with which the applicant most closely identifies.
- xv. *Veteran Status:* Check the line to the left of either "Yes" or "No" to indicate whether or not the applicant is a veteran of the US Military.
- xvi. *Marital Status of Head of Household:* Check the line to the left of the option that describes the applicant's marital status.
- xvii. *Current Spouse's Name:* If the applicant is currently married, write the name of the applicant's spouse. If the applicant is not currently married, write "none."



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- xviii. *List all members who live in the unit other than Head of Household:* Complete the accompanying grid to provide the information for everyone other than the applicant who will be living with the applicant if he/she receives a housing voucher through the HACLA Homeless Section 8 program. Use a different numbered line in the grid for each separate household member.
1. *Legal Name:* Print the full name of the household member. The co-head of household or spouse must occupy the #1 line.
 2. *Relationship to Head:* Print the relationship of the household member to the head of household.
 3. *Birthdate:* Enter the household member's birth date. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 4. *Age:* Enter the household member's age.
 5. *Sex M/F:* Enter either "M" (for male) or "F" (for female) to indicate the household member's gender of birth.
 6. *Social Security Number:* Enter the household member's social security number. If the household member has no social security number, write "none."
 7. *Birthplace:* Print the city and state in which the household member was born.
 8. *Race:* Print the full name of the race with which the household member most closely identifies.
 9. *Hispanic/Not Hisp:* Enter either "Hispanic" or "Not Hispanic" to indicate whether or not the household member is Hispanic.
 10. If more than the 6 numbered lines are needed to provide the information for everyone in the applicant's household, check the line directly under the grid and attach a separate sheet with the additional household member's information.
 11. After all of the household members have been entered into the grid, write "none" on the next available numbered line under the "Legal Name" prompt to indicate that everyone in the household has been accounted for.
- xix. *Reasonable Accommodation:* Check the line to the left of either "Yes" or "No" to indicate whether or not any household member will need accommodation due to a verifiable disability (including mental illness). If checking "Yes," elaborate on the line provided. **Important Note: This answer must match the information supplied on the Special Requirement(s) Questionnaire (Form S504-01B).**



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- xx. *Please list below all household members who do not have eligible immigration status:* Print the full name of any household members who do not have eligible immigration status. If the lack of eligible immigration status is not applicable to anyone in the household, write “none” on the first “Name” prompt.
- xxi. *Is there any household member temporarily absent from home?:* Answer this question by checking either “yes” or “no.”
- If checking “Yes,” complete the prompts below to provide more information.
 - If checking “No,” write “none” on the next line down (“If ‘Yes’ Name of Person”) and skip to the next section.
- b. Parts B, C, D, E, and F: For these sections, check “yes” or “no” for each of the prompts and/or provide the information requested. If checking “yes” to any of the questions, provide the requested additional information. If checking “no” or if a prompt does not apply to anyone in the applicant’s household, write “none” on the line requesting additional information and skip to the next section.
- c. Part G (Unit Information): The information provided in this section *cannot* be for a private residence and is intended to capture only the applicant’s *current* living situation.
- i. *Name, Address, Telephone:* These prompts refer to the applicant’s current landlord. Be sure to enter the complete address (street, city, state, and zip code) for the “Address” prompt.
 - If the applicant currently lives in a homeless shelter or transitional living facility, enter the name of the shelter/facility for the “Name” prompt and provide the shelter’s complete address (street, city, state, and zip code) for the “Address” prompt and full telephone number (including area code) for the “Telephone” prompt.
 - If the applicant is homeless on the streets or in a car, note that in the “Address” line in as much detail as possible (i.e. “Homeless in the streets in Santa Monica, CA 90401), and write “none” for the “Name” and “Telephone” prompts.
 - If the applicant currently lives in a domestic violence shelter, enter the shelter’s corporate name, complete address (street, city, state, and zip code), and full telephone number (including area code) in the “Name,” “Address,” and “Telephone” prompts.
 - ii. *Monthly Rent:* Enter the total monthly rent for the applicant’s unit. If the applicant is not paying any rent, write “\$0”.
 - iii. *Your Portion of Rent:* Enter the total amount that the *applicant* contributes to the monthly rent. Unless an outside agency is



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- financially contributing to the applicant's rent, this number should be the exact same as the number entered in the "Monthly Rent" prompt. If the applicant is not paying any rent, write "\$0".
- iv. *Indicate the type of housing you currently occupy:* Write an "X" on the line to the left of the type of housing that most accurately describes the applicant's current housing situation. If none of the three prompts ("House," "Apartment," or "Mobile Home") apply to the applicant, check the line to the left of the "Other: Describe" prompt and explain on the line to the right (i.e. "Homeless on streets," "Shelter," "Transitional Living Facility," etc.)
 - v. *In your opinion, is your present home decent, safe and sanitary?:* Answer this question by checking the line to the left of either "Yes" or "No." If checking "No," elaborate on the line provided below ("If no, why not").
 - vi. *Do you intend to remain in this unit if your Section 8 rental assistance is approved?:* Answer this question by checking the line to the left of either "Yes" or "No."
- d. Page 9 (Applicant Responsibilities)
- i. *Signature of Head of Household and Date:* The applicant should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - ii. *Signature of Spouse and Date*
 - o If the applicant has a spouse that will be living with him/her if the Homeless Section 8 voucher is granted, the spouse should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - o If the applicant does *not* have a spouse that will be living with him/her, write "none" for this prompt.
 - iii. Everything else on this document should be left blank.
- 5. VERIFICATION OF HOUSEHOLD INCOME:** This series of forms is designed to verify the total income of the applicant's entire household over the last 12 months. ***Therefore, every family member who has earned/received money in the last 12 months must complete a copy of every income verification form that applies to him/her.*** If one or more of the following forms do not apply to *anybody* in the household, leave it blank and do not submit it as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.



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- a. **VERIFICATION OF EMPLOYMENT AND EARNINGS (RE-6):**
- If neither the applicant nor anyone in the applicant's household has been employed in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - If the applicant and/or anyone in the applicant's household has been employed in the past 12 months, complete *only* the following sections (which are all located on the top half of the form):
 - i. In the box at the top with the "To" prompt, print the employer's full name and complete mailing address (street, city, state, and zip code).
 - ii. *Re: Employee*: Print the household member's full name.
 - iii. *Social Security #*: Enter the household member's social security number. If the household member has no social security number, write "none."
 - iv. *Signature and Date* (above the "To Be Completed By Employer" section): The household member should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - v. Everything else on this document should be left blank.
- b. **VERIFICATION OF DPSS ASSISTANCE (RE-29):**
- Regardless of whether or not anyone in the household received DPSS assistance in the past 12 month, a copy of this form must still be completed by EVERY household member. Complete *only* the following sections (which are all located in the very top section of the form):
 - i. *To*: Enter the complete address (street, city, state, and zip code) of the household member's DPSS office. If no household member has received DPSS assistance in the last 12 months, leave this box blank.
 - ii. *Name and SSN*: Print the household member's full name and social security number. If the household member has no social security number, write "none."
 - iii. *Case Name if Different*: If the household member had a DPSS case under a different name, print the full name used for the DPSS case. If this prompt does not apply to the household member, write "none" in the space provided.
 - iv. *Number in Assisted Household*: Enter the total number of household members (including the applicant) that were assisted in the DPSS case. If this prompt does not apply to the household member, write "none" in the space provided.



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- v. *Address:* Be as specific as possible and use complete addresses including the city, state, and zip code.
 - o If the household member is currently living at a shelter, print the shelter's full name and complete address (street, city, state, zip code) in this line.
 - o If the household member is homeless in the streets or in his/her car, print exactly that and be as specific as possible (i.e. "Homeless in streets at the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401").
- vi. *Client Certification:* The household member needs to sign and date on the lines provided in the "Client Certification" box. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- vii. Everything else on this document should be left blank.
- c. **CERTIFIED STATEMENT FOR SELF-EMPLOYMENT (RE-46SE):** Please note that for this section, "pan-handling" *is* considered "self-employment."
 - o If neither the applicant nor anyone in the applicant's household has been self-employed in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant's household has been self-employed in the past 12 months, complete this form in its entirety and be as specific and accurate as possible. Sign and date the prompts at the bottom of the form and be sure to enter any dates in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- d. **REQUEST FOR INFORMATION FOR UNEMPLOYMENT/DISABILITY (DE-2489):**
 - o If neither the applicant nor anyone in the applicant's household has received unemployment and/or work-related disability benefits in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant's household has received unemployment and/or work-related disability benefits in the past 12 months, complete *only* the following sections (all of which are located on the top half of the form):
 - i. *To:* This line should already read "Department of Human Resources Development," but the household member needs to complete the address. This should be the complete address (street, city, state, and zip code) of the business/organization from which the household member is receiving the unemployment or disability benefits.



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- ii. *SSA#*: Enter the household member's social security number. If the household member has no social security number, write "none."
 - iii. *DATE*: Enter today's date. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - iv. *Signature of Claimant*: Household member should sign this line.
 - v. Everything else on this document should be left blank.
- e. **VERIFICATION OF CONTRIBUTIONS RECEIVED (RE-2a)**:
- o If neither the applicant nor anyone in the applicant's household has received contributions in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant's household has received contributions in the past 12 months, complete *only* the following sections (almost all of which are located on the top half of the form):
 - i. *TO*: Print the name and complete address (street, city, state, and zip code) of the person making the contributions.
 - ii. *RE: Applicant of Resident*: Enter the household member's full name.
 - iii. *Signature and Date* (located in the middle of the form): Household member should sign and date the form. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - iv. Everything else on this document should be left blank.
- f. **RETIREMENT INCOME VERIFICATION (RE-68)**:
- o If neither the applicant nor anyone in the applicant's household has received retirement benefits in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant's household has received retirement benefits in the past 12 months, complete *only* the following sections (all of which are located on the top half of the form):
 - i. *Date and Client* (located in the top-right of the form): Enter today's date and the applicant's full name. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).



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- ii. In the space provided in the sentence at the top (“I, _____, hereby authorize . . .”), print the household member’s full name.
 - iii. *Signature and Date* (located just under the authorization): Household member should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - iv. Everything else on this document should be left blank.
- g. **VETERANS ADMINISTRATION (RE-6a):**
- o If neither the applicant nor anyone in the applicant’s household has received veteran’s benefits in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant’s household has received veteran’s benefits in the past 12 months, complete *only* the following sections (almost all of which are located on the top half of the form):
 - i. *Claimant*: Print the household member’s full name.
 - ii. *File*: Enter the household member’s file number, if known. If unknown, leave this prompt blank.
 - iii. *Claim No.*: Enter the household member’s complete claim number (VA number).
 - iv. *SSN/Serial #*: Enter the household member’s social security number. If the household member has no social security number, write “none.”
 - v. *Birth Date*: Enter the household member’s birth date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - vi. Place an “X” on the line to the right of the war the household member served. If the household member either served in a war that is not listed or did not serve in a war, write it in the prompt for “Other.”
 - vii. *By and Title*: Ignore these prompts and leave the lines blank.
 - viii. *Date and Signature of Veteran or Recipient* (located in the middle of the form): Household member should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - ix. Everything else on this document should be left blank.
- h. **VERIFICATION OF SOCIAL SECURITY BENEFITS:** There is no official form in this application regarding the verification of Social Security



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benefits, but verification is still required if it applies to the applicant or any of the household members.

- If neither the applicant nor anyone in the applicant's household has received Social Security benefits in the past 12 months, do not submit anything for this section, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
- If the applicant and/or anyone in the applicant's household has received Social Security benefits in the past 12 months, either go to the local Social Security Administration office or call 1-800-772-1213 to receive a full printout of Social Security benefits. Use that printout as the verification for this section.

i. **APPLICANT QUESTIONNAIRE (HAPP-13):** This questionnaire is intended to reiterate the criminal background check as well as to highlight any previous relationship between the applicant's household and HUD. *Every adult in the household must complete a copy of this form.*

- i. *Registrant's Name:* Print the applicant's name.
- ii. *Registration Number:* Ignore this prompt and leave this blank.
- iii. *Adult's Name:* Print the name of the household member who is completing the copy of the questionnaire.
- iv. Complete the "Date of Birth," "California ID Number," and "Social Security Number" prompts. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If the household member has no social security number, write "none."
- v. Answer question #1 by listing the full name of each state the household member completing the questionnaire has lived in since age 18.
- vi. Answer questions 2-10 by checking either the "yes" or "no" box for each question. If answering yes, provide any of the additional information requested. If checking "no" on any of the questions, be sure to write "none" on the corresponding lines requesting more information.
- vii. Sign and date the form at the bottom. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

6. AUTHORIZATION TO RELEASE INFORMATION (HAPP-86A): This form authorizes the Housing Authority to release any of the applicant's housing-related information to the Department of Mental Health.

- a. *Client #:* Ignore this prompt and leave it blank.
- b. *Legal Aid Foundation and Attorney's Name:* Leave this prompt blank and do not mark the corresponding box to the left.



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- c. *My Congressperson*: Leave this prompt blank and do not mark the corresponding box to the left.
- d. *Other (please name org)*: This is the only of the three boxes the applicant should check. On the line provided, write “Los Angeles County – Department of Mental Health” and the name of the sponsoring agency (i.e. “Step Up on Second”).
 - i. *Please Name Person*: Print the name of the housing liaison/coordinator.
- e. Complete the form by completing the “Client’s Name,” “Signature,” and “Date” prompts. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

Authorization for Request of Use/Disclosure of Protected Health Information (DMH 602): This form authorizes the Department of Mental Health to release any of the applicant’s mental health records to the Housing Authority. This is a TWO-SIDED form, and both sides must be completed in full, as follows:

Page One

- i. *Name of Client/Previous Names*: Print the applicant’s full name as well as any other legal names the applicant has used in the past.
- ii. *Birth Date*: Enter the applicant’s birth date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- iii. *MIS Number*: Enter the applicant’s MIS number.
- iv. *Street Address*
 - o If the applicant is currently residing at a shelter or transitional housing facility, print the shelter/transitional facility’s name and complete street address.
 - o If the applicant is currently homeless in the streets or car, print “Homeless in the Streets” or “Homeless in car,” which ever is accurate for the applicant.
- v. *City, State, Zip*
 - o If the applicant is currently residing at a shelter or transitional housing facility, print the shelter/transitional facility’s city, state and zip code.
 - o If the applicant is currently homeless in the streets or car, answer these prompts with as much detail as possible.
- vi. *Authorizes*: Print the agency name (i.e. Step Up On Second) and complete address.
- vii. *Information to be Released and Purpose of Disclosure*: These fields should already be filled out. Double check that the lines for (and *only* the lines for) “Assessment/Evaluation,” “Diagnosis,” and “Client’s Request” have all been checked.



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- viii. *Expiration Date:* The applicant can choose any expiration date he/she wants, but to ensure that it does not expire before the housing voucher is granted, always make the date at least one year from the application submission date.

Page Two

- i. *Contact Person / Agency Name / Address:* Print the name of the primary contact person (i.e. case manager) at the same agency that was authorized on the front page and his/her complete mailing address.
- ii. *Signature of Client / Personnel Representative and Date:* After the sentence at the bottom of the page that starts “I have had an opportunity to review . . .,” the applicant should sign and date the form. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- iii. DO NOT sign or date the “Revocation of Authorization” box.

7. CERTIFICATION OF CITIZENSHIP STATUS (NC-100A): This form is designed to capture the citizenship status of the applicant and the applicant’s household. This information is not shared with the United States Immigration and Naturalization Services and applicants (and/or household members) without legal immigration status will not automatically have their applications denied so long as at least one member of the household does have either United Status citizenship or legal immigration status. *Each of the household members age 18 years or older must complete a copy of this form.* Minors should be included on the same form as their legal guardian, by checking the “E” box and providing the appropriate information.

- a. Check the appropriate A, B, C, D, E, or F box that corresponds with the applicant’s citizenship status. If checking the “E” box, provide the requested information regarding minors. If checking the “F” box, provide the requested information regarding adult family members.
- b. Complete the “Print Name,” “Signature,” and “Date” prompts. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- c. Leave the section at the very bottom of the page (labeled “For Office Use Only”) blank.

8. CONSENT FORM TO VERIFY IMMIGRATION STATUS WITH THE I.N.S. (NC-101): This form is a follow-up to the Certification of Citizenship Status (NC-100A) form.

- o If neither the applicant nor anyone in the applicant’s household has eligible immigration status, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.



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- If the applicant or anyone in the applicant's household does have eligible immigration status, complete *only* the following sections:
 - a. *Client Number* (located at the top-right of the page): Ignore this prompt and leave it blank.
 - b. *Print Name*: Print the name(s) of the household member(s) with eligible immigration status in the applicable line (i.e. "Head of Household," "Spouse," "Family Member," or "Minor").
 - c. *Signature*: The adult household member should sign the document in this section.
 - d. *Date of Birth*: Enter the date of birth for the household member with eligible immigration status. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982)..
 - e. *Alien Registration No.*: Enter the alien registration number for the household member with eligible immigration status.
 - f. *Date*: Enter the date the form is being completed. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - g. *Signature of Responsible Adult*: If a minor in the household has eligible immigration status, the minor's legal guardian should sign the document in this section.
 - h. Everything else on this document should be left blank.

9. CERTIFICATION OF RESIDENCE IN A HOMELESS FACILITY (RE-65): This form is designed to capture only the *current* episode of homelessness.

- a. *Date*: Enter today's date. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- b. *Dear*
 - If the applicant is at a shelter or transitional living facility, put either the agency name or the name of a contact at the agency in this line.
 - If the applicant is homeless on the street or in a car, write "HACLA" in this line.
- c. In the first line of the letter at the top of the page (before it says "Applicant" in parentheses), write the full name of the applicant.
- d. *Signature and Title* (underneath "Sincerely"): This is for the case manager or housing liaison to sign and write his/her professional title.
- e. *Signature of Applicant*: The applicant should sign this line.
- f. *Applicant's Name*: Enter the applicant's full name.
- g. *Name of Facility*
 - If the applicant is at a shelter or transitional living facility, enter the agency's name in this line.
 - If the applicant is homeless on the street or in a car, write "Homeless on streets" or "Homeless in car," whichever is appropriate for the



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- applicant and be as specific as possible about the location (i.e. “Homeless in his car on the corner of _____ and _____”).
- h. *From _____ to _____*: The “from” prompt should document the date (as specific as possible) that the applicant entered into his/her *current* episode of homelessness (either by entering a shelter or starting to live on the streets). The “to” prompt should **always** say “present,” so as to indicate that it is the *current* episode of homelessness.
 - i. *Before coming to this facility, the applicant resided at*: Answer this prompt by proving the specific location the applicant resided *immediately* prior to (i.e. the night before) entering his/her current episode of homelessness.
 - o If the applicant is currently at a shelter/facility, write the name and complete address of the shelter/facility/apartment the applicant lived in immediately prior to (i.e. the night before) moving into the current shelter/facility.
 - o If the applicant is currently homeless in the street/car, write the name and complete address of shelter/facility/apartment that the applicant resided in immediately prior to (i.e. the night before) moving to the streets/car.
 - o If immediately prior to living at the current shelter/facility the applicant was living on the streets/car, document it by writing either “homeless in streets” or “homeless in car” and be as specific as possible about the location(s).
 - j. *Staff person at facility’s signature*: This line requires a signature to verify the information entered into the “Name of Facility” prompt above.
 - o If writing a shelter/facility/apartment’s name for the “Name of Facility” prompt above, a staff person from that shelter/facility/apartment must sign this line to verify the information.
 - o If writing “homeless in streets” or “homeless in car” for the “Name of Facility” prompt above, the applicant’s case manager must sign this line to verify the information.
 - k. *The names of all family members . . .*: Enter the full names of each family member currently living with the applicant (either at a shelter/facility or on the streets) that will also be living with the applicant if the Homeless Section 8 voucher is granted. If this situation does not apply to the applicant, write “none” in this line.
 - l. *If some members of the family are not in the shelter . . .*: Enter the full names of each family member who is not currently living with the applicant (either at a shelter/facility or on the streets) but who will be living with the applicant if the Homeless Section 8 voucher is granted. If this situation does not apply to the applicant, write “none” in this line.
 - m. *When will they have to vacate*: This line should **always** say “none.”



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- n. *If they have already vacated, where did they move to?:* This line should **always** say “none.”
- o. *Title / Date / Address of Facility:* These prompts all relate to the individual who signed for “Staff person at facility’s signature.” Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- p. *Type of Facility:* Again, this prompt relates to the individual who signed for “Staff person at facility’s signature.” If the facility is either an emergency shelter or a transitional house, write an “X” on the appropriate line. If the case manager had to sign because the applicant was homeless in the street/car, write in an extra option at the very bottom that reads “Mental Health Facility” and mark it with an “X.”

10. CERTIFICATION OF HOMELESSNESS (RE-65a): This form is designed to ensure that the applicant does meet the HUD definition of “homeless.” (Appendix A) This form is a follow-up with form RE-65 and therefore is intended to be used *only* to document the *current* episode of homelessness. Complete *only* the following sections (all of which are located on the top half of the form):

- a. *To:* If the applicant is currently living in a shelter/facility, write the name and complete address of the site on these lines. If the applicant is currently homeless in the street/car, write the name and complete address of the case manager or housing liaison that can verify the applicant’s current homeless status.
- b. *Date* (located at the top-right of the page): Enter today’s date. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- c. *Dear:* Enter the primary contact at the facility that can verify the applicant’s currently homeless status. If the applicant is currently homeless in the street/car, enter the name of the case manager or housing liaison that can verify the applicant’s current homeless status.
- d. *Applicant and Social Security No:* Enter the applicant’s full name and social security number. If the applicant has no social security number, write “none.”
- e. Ensure that both statements (“He/she lacks a fixed . . .” and “He/she has a primary . . .”) are true for the applicant and check both of the boxes to the left of the statements.
- f. *Signature and Title* (located just below “Sincerely”): The case manager or housing liaison should sign this line and write his/her title on the line provided.
- g. *Applicant’s Signature:* The applicant should sign this line.
- h. *Applicant Name* (located on the first line of the bottom-half of the page): Enter the applicant’s full name.



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- i. The remainder of this form must be completed by a staff member at shelter/transitional housing facility in which the applicant is currently staying. If the applicant is homeless on the streets/car, the remainder of this form must be completed by the agency's outreach director or case manager that can verify the applicant's homeless status.
 1. Check the boxes to the left of the statements that best categorize the applicant's *current* episode of homelessness. Note that both boxes on the far left must be checked *as well as* one of the indented three boxes at the bottom.
 2. *Agency Name, Signature, Agency Address, Date, Print Name, Professional Title, and Phone Number*: Each of these prompts at the very bottom of the form are prompts for the shelter/transitional house staff member, outreach worker, or case manager to complete.

11. AUTHORIZATION FOR THE RELEASE OF INFORMATION (HUD-9886): This form authorizes HUD and the Housing Authority to obtain pertinent information about the applicant from various organizations and government departments (i.e. Social Security Administration, Veteran's Administration, etc.). This form is a two-page form and every adult member of the household must sign and date the document. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). The head of household must also provide his/her social security number.

12. SECTION 8 FAMILY OBLIGATION (HAPP-149): This form outlines the primary obligations that the applicant must abide by if granted a Homeless Section 8 voucher. This form is a two-page form and must be signed and dated by every adult member of the household. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). Once signed, the applicant should keep a copy for his/her records.

13. SPECIAL REQUIREMENT(S) QUESTIONNAIRE (S504-01B): This form is designed to capture any information regarding the applicant's and/or household member's disability that requires special accommodation (which DOES include mental illness). A copy of this form must be completed and signed by every household member.

- a. Ignore and leave blank the very top sections (everything above "Section 1").
- b. *Section 1*: If the applicant needs no accommodation due to disability, the applicant should sign and date the form in this section and leave the rest of the form blank. If the applicant does need accommodation due to disability, leave Section 1 blank and continue to Section 2.



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- c. *Section 2*: If the applicant does need accommodation due to disability, the applicant should complete Sections 2a, 2b, 2c, and 2d.
- i. *Section 2a*: Print the full name of the household member who needs accommodation due to disability.
 - ii. *Section 2b*: Enter the *type* of accommodation needed. Note that this section is not asking for information regarding the disability; it is only asking for the accommodation needed.
 - iii. *Section 2c*: The household member requesting accommodation due to disability should sign and date the document in this section.
 - iv. *Section 2d*
 - o If the disability requiring accommodation is not a physical disability, leave this section blank.
 - o If the disability requiring accommodation is a physical disability, complete the prompts in this section to provide the contact information for a healthcare provider who can verify the need for accommodation.
 - v. *Section 2e*: Complete this section to provide the contact information for case manager who can verify the need for accommodation.
- d. Ignore and leave blank the very bottom section (titled “For Office Use Only”).

14. FRAUD INFORMATION “THINGS YOU SHOULD KNOW” (RE-57): This form is designed to address the severity of knowingly committing fraud on any part of the application. This form must be signed and dated by *every* adult member of the household and a copy of the signed form should be provided to each household member to keep for his/her records. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

- 15. CERTIFICATION OF NO SOCIAL SECURITY NUMBER (HAPP-140)**:
- o If every member of the household *does* have a social security number, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
 - o If any member of the household *does not* have a social security number, complete this form as follows:
 - a. *Client No*: Leave this prompt blank.
 - b. *Family Head*: Enter the applicant’s full name.
 - c. *Household Member*: Enter the full name of the household member that does not have a social security number. (This may or may not be the same name entered for “Family Head.”)



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- d. There are four sentences in the main paragraph, that should be completed as follows:
- If it is an *adult* who does not have a social security number, fill out the blank sections in the first two sentences, ignoring the blanks in the last two sentences.
 - If it is a *minor* who does not have a social security number, ignore the blanks in the first two sentences and complete the blanks in the last two sentences.
 - If it is *both* an adult and a minor that do not have social security numbers, complete the blanks in all four sentences in this section.
- e. *Applicant/Participant Signature and Date*: The household member without a social security number should sign and date the form in this section. If the household member that does not have a social security number is a minor, that minor's legal guardian should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- f. *Initials*: The same person who signed and dated the form should also initial this section.
- g. *Statement Received By and Date*: Ignore and leave blank these prompts. They are for HACLA office use only.

16. CERTIFIED STATEMENT-EVENTS THAT LED TO HOMELESSNESS

(RE-46): This form provides the applicant the opportunity to elaborate on his/her homelessness and explain the events that led up to his/her initial homelessness. The applicant should complete this form by answering the questions in sufficient detail and in his/her own words, ensuring that the information provided is consistent with the information provided throughout the rest of the application.

- How long have you been homeless?*: Enter the date (as specific as possible) that the applicant became homeless for the first time (i.e. "Since May 17, 2002").
- What circumstances led to you becoming homeless?*: Explain, in the applicant's own words, the events that led to the applicant's homelessness. Be as specific as possible. (For example, rather than writing, "I lost my job and became homeless," elaborate by writing, "In May of 2004, I lost my job and couldn't afford my rent. I left my apartment voluntarily so as to avoid eviction.")
- What is your current situation?*: The applicant should answer this question in his/her own words, being sure to include any details regarding current employment and/or current schooling.
- What is your career objective?*: The applicant should answer this question in his/her own words.



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- e. *Signature and Date:* The applicant should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

17. CERTIFIED STATEMENT – YES/NO QUESTIONNAIRE (ANC-19): This form provides a summary of the applicant's household's financial state. This form must be completed and signed by *every* adult member of the household.

- a. *My name is:* Enter the full name of the adult household member completing this form.
- b. *My social security number is:* Enter the social security number for the adult household member completing this form. If the adult household member completing this form does not have a social security number, write "none."
- c. *I live at*
 - o If the household member is at a shelter or transitional living facility, enter the agency's name and complete address (Street, City, State, and Zip Code) in this line.
 - o If the household member is homeless on the street or in a car, write "Homeless on streets" or "Homeless in car," whichever is appropriate for the household member and be as specific as possible about the location (i.e. "Homeless in his car on the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401").
- d. Answer questions 1-11 by writing "Yes" or "No" in the space provided.
- e. *Additional comments or information:* Use this space to elaborate on any of the information provided in questions 1-11.
- f. *Signature and Date:* The adult household member completing this form should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

18. APPLICANT AGREEMENT TO LIVE IN THE CITY OF LOS ANGELES (NCLA/NC-12): This form is an agreement between the Housing Authority of the City of Los Angeles and the applicant that states that if the applicant is granted a Homeless Section 8 voucher, he/she will live within the jurisdiction of the City of Los Angeles. Complete everything on the top-half of this form (everything above "To be completed by HACLA Office personnel"). If there is no Co-Head or Spouse, leave the "Co-Head/Spouse" lines blank.

19. IDENTIFICATION DOCUMENTS

- a. Photocopy of the **California ID Card or Driver's License** for every adult member of the household. Be sure the photocopies are clear and discernable and that the face is light enough to be seen clearly.
- b. Photocopy of the **Social Security Card** for every member of the household. Be sure the social security card is signed on the line provided



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and that the photocopies are clear and discernable. If no members of the household have a social security number (and therefore do not have a social security card), do not submit anything for this section, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.

- c. Photocopy of the **Birth Certificate** for all minors in the household. Be sure the photocopies are clear and discernable. If there are no minors in the household (and therefore no photocopies of birth certificates are necessary), do not submit anything for this section of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.

20. FSS CoP and ITSP, if applicable (HUD-52650): This form is not currently in use, so do not submit anything for it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.

21. CERTIFIED STATEMENT NAMING ALL PERSONS LIVING IN THE HOUSEHOLD (ANC-62): This form is designed to capture the full names of all persons who will be living with the applicant if a Homeless Section 8 voucher is granted. Complete this form in full by including the full names of any and all people that will be living with the applicant, including the applicant him/herself. (The applicant’s full name should always be put as #1 on this form.) The applicant should sign and date the form at the bottom. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

22. CERTIFIED STATEMENT DISCLOSING DOCUMENTS COMPLETED FOR CLIENT (RE-46): This form is intended to identify what help (if any) a caseworker gave to the applicant to complete this application. This page should be completed by the caseworker, *not* the applicant.

- a. *Name of Caseworker:* Enter the full name of the applicant’s caseworker that worked with the applicant to complete this application.
- b. *Name of client(s) or family members . . .*
 - i. If the caseworker did *not* complete any of the application forms for the applicant or his/her household members, write “none” in the space provided.
 - ii. If the caseworker *did* complete one or more of the application forms for the applicant and/or the applicant’s household members, write the full name(s) of the household member(s) that required the caseworker’s help.



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- c. *Why was the form(s) completed . . .*
 - i. If the caseworker did *not* complete any of the application forms for the applicant or his/her household members, write “none” in the space provided.
 - ii. If the caseworker *did* complete one or more of the application forms for the applicant and/or the applicant’s household members, explain why.
- d. *What form(s) was completed for the client . . .*
 - i. If the caseworker did *not* complete any of the application forms for the applicant or his/her household members, write “none” in the space provided.
 - ii. If the caseworker *did* complete one or more of the application forms for the applicant and/or the applicant’s household members, write the names and reference numbers of each of the forms the caseworker completed for the applicant/household member.
- e. *Signature and Date:* The caseworker should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- f. *Witnessed by and Date*
 - i. If the caseworker did *not* complete any of the application forms for the applicant or his/her household members, write “none” in the space provided.
 - ii. If the caseworker *did* complete one or more of the application forms for the applicant and/or the applicant’s household members, a witness who can verify that the caseworker completed one or more forms for the applicant/household member should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).



Step Up On Second's Guide to Housing **SECOND EDITION: Released July 2008**

Section Three: HACLA Shelter Plus Care

Eligibility Prerequisites

- The applicant must meet the federal HUD definition of “homeless.” (Appendix A)
- The applicant must have an open case with the Los Angeles County Department of Mental Health.
- Neither the applicant nor anyone in the applicant’s household can be a lifetime sex offender registrant.
- Neither the applicant nor anyone in the applicant’s household can have ever been convicted of methamphetamine production.
- Neither the applicant nor anyone in the applicant’s household can have been evicted from Section 8 housing within the last 3 years.
- Neither the applicant nor anyone in the applicant’s household can have a drug or alcohol-related conviction within the last 12 months (1 year) on his/her criminal record, unless that individual is currently enrolled in a treatment program.
- At least one member of the applicant’s household must be a legal United States resident.
- The sponsoring agency must be able to provide a dollar-for-dollar match of services.



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Important Note: Nothing in this application can be more than 30 days old! DO NOT DATE ANYTHING in this application until everything else is completed and the application is ready to be submitted to the Housing Authority / Department of Mental Health!

APPLICATION COVER SHEET AND CHECKLIST: This checklist is designed to be the guide and backbone for the entire application.

- a. Ensure that every document requested on the checklist is either included or intentionally absent.
 - i. Place a check mark to the left of the checklist item to indicate that the form is present and included in the application.
 - ii. To indicate that a document or form is intentionally absent (because it does not apply to the applicant), write “none” in the space to the left of the checklist item. The *only* checklist items in the application that have the potential of not applying to an applicant are:
 - #4: Verification of Household Income
 - #5: Bank Verification of Income and Assets
 - #11a: Motel Receipts, Car Registration, Youth Emancipation Papers
 - #12: Social Security Card, Birth Certificate
 - iii. Each line must have either a checkmark or “none” written on it.
- b. When submitting the finished application, ensure that all of the documents are in the same order as they are presented on the checklist.
- c. Be sure to complete the all of prompts at the bottom of the checklist.
 - i. *Client Name:* Print the full name of the applicant.
 - ii. *SS No.:* Enter the social security number of the applicant. If the applicant has no social security number, write “none.”
 - iii. *Submitted By:* Print the name of the housing liaison helping the applicant complete the application.
 - iv. *Date:* Enter the date the application is being submitted. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - v. *Agency:* Print the full name of the agency assisting the applicant compete the application.
 - vi. *Agency Phone #:* Enter the agency’s full phone number (including area code).



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AGENCY SHELTER PLUS CARE REFERRAL: This form acts as a cover sheet for the application and links the applicant with the referring agency and the Department of Mental Health.

- a. *Date:* Enter the date the application is being submitted. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- b. *From (Agency):* Enter both "DMH" and the applicant's sponsoring agency (i.e. "DMH / Step Up On Second").
- c. *Contract No.:* Ignore and leave blank this prompt.
- d. *Tenant Based/Sponsor Based/Project Based (circle one):* Ignore and leave this prompt blank, and do not circle any of the three options.
- e. *Name of Applicant:* Print the full name of the applicant.
- f. *Social Security No.:* Enter the applicant's social security number. If the applicant has no social security number, write "none."
- g. *Unit Name & Address:* Ignore and leave this prompt blank.
- h. *Inspection Date:* Ignore and leave this prompt blank.
- i. *Name of Tenant:* Ignore and leave this prompt blank.
- j. *Tenant Client No.:* Ignore and leave this prompt blank.
- k. *Vacate Reason:* Ignore and leave this prompt blank, and do not circle any of the four options.
- l. *If you have any questions . . . :* Enter the housing liaison's phone number, complete with area code.
- m. *Referral by:* Print the full name of the housing liaison.

1. TRANSMITTAL FORM: This form is designed to link the applicant with DMH and the referring agency. Even though the form allows multiple clients to be included, use a new transmittal form for each application.

- a. *Attention:* Ignore this line and leave it blank.
- b. *From:* Enter "DMH" and the name of the contract agency referring the applicant (i.e. "DMH / Step Up On Second").
- c. *Date:* Enter the date the application is being submitted. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- d. *Circle PY: 2002:* Ignore this prompt and leave it blank.
- e. The following notes all pertain to the chart located at the bottom half of the page:
 - i. *Client's Name:* Print the applicant's full name.



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- ii. *SSN*: Enter the applicant's social security number. If the applicant has no social security number, write "none."
- iii. *Sex*: Enter either an "M" (for male) or an "F" (for female). If the applicant is transgender, the applicant must respond with the gender at birth.
- iv. *DOB*: Enter the applicant's birth date in the MM/DD/YYYY format (i.e. January 31, 1954 would be 01/31/1954).
- v. *New/Returned*: Circle the word "New."

- 2. AGENCY REFERRAL LETTER:** This letter is a pivotal portion of the application; the letter allows the applicant's case manager/housing liaison to "tell the story" of the applicant, which should be done in as much detail as possible. For details on how to form and complete the letter, refer to the Sample Format and Sample Letter included in the Department of Mental Health's application packet.
- 3. HOUSING ASSISTANCE APPLICATION (9 pages, HAPP-27A):** This 9-page application is designed to capture the current financial situation in regards to incomes and expenses of the applicant's household.
- a. Part A (Household Composition and Characteristics)
 - i. *Entity / User I.D. #*: This prompt should be ignored and left blank.
 - ii. *Legal Name of Head of Household*: Print the applicant's full name. Be sure to follow the requested order (Last, First, Middle/Maiden) and spell out the middle name(s) completely – do not use initials.
 - iii. *Social Security #*: Enter the applicant's social security number. If the applicant has no social security number, write "none."
 - iv. *Date of Birth*: Enter the applicant's date of birth in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - v. *Phone #*: Enter the applicant's full phone numbers (including area code) for home, work, and cell. If the applicant does not have a home, work, or cell telephone number, write "none" in the corresponding section(s).
 - vi. *California Driver's License # or California ID #*: Enter the applicant's California ID number.
 - vii. *Current Address*: This cannot be a private address. Be as specific as possible.
 - o If the applicant is currently living at a shelter, put the shelter's name and address in this line and, if it is not evident that it is a shelter, be sure to indicate that it is a



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- shelter on this form (so that there is no confusion that it might be a private residence).
- If the applicant is homeless in the streets or in his/her car, write exactly that and be as specific as possible (i.e. “Homeless in streets at the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401”).
- viii. *Mailing Address*: Print the applicant’s complete mailing address (street, city, state, and zip code).
- ix. *Emergency Contact Information*: Print the full name, complete address (street, city, state, and zip code), full phone number (including area code), and relationship to the applicant for two people that can be contacted in an emergency.
- x. *Primary Language*: Check the line to the left of either “English,” “Spanish,” or “Other” to indicate the applicant’s primary language. If checking “Other,” specify what language is the applicant’s primary language.
- xi. *Level of Education*: Circle the highest grade completed by the applicant. If circling “Other,” elaborate on the line provided.
- xii. *Gender*: Check the line to the left of either “Male” or “Female” to indicate the applicant’s gender of birth.
- xiii. *Ethnicity*: Check the line to the left of either “Hispanic” or “Not Hispanic.”
- xiv. *Race*: Check the line to the left of the race with which the applicant most closely identifies.
- xv. *Veteran Status*: Check the line to the left of either “Yes” or “No” to indicate whether or not the applicant is a veteran of the US Military.
- xvi. *Marital Status of Head of Household*: Check the line to the left of the option that describes the applicant’s marital status.
- xvii. *Current Spouse’s Name*: If the applicant is currently married, write the name of the applicant’s spouse. If the applicant is not currently married, write “none.”
- xviii. *List all members who live in the unit other than Head of Household*: Complete the accompanying grid to provide the information for everyone other than the applicant who will be living with the applicant if he/she receives a housing voucher through the HACLA Homeless Section 8 program. Use a different numbered line in the grid for each separate household member.
1. *Legal Name*: Print the full name of the household member. The co-head of household or spouse must occupy the #1 line.



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2. *Relationship to Head*: Print the relationship of the household member to the head of household.
 3. *Birthdate*: Enter the household member's birth date. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 4. *Age*: Enter the household member's age.
 5. *Sex M/F*: Enter either "M" (for male) or "F" (for female) to indicate the household member's gender of birth.
 6. *Social Security Number*: Enter the household member's social security number. If the household member has no social security number, write "none."
 7. *Birthplace*: Print the city and state in which the household member was born.
 8. *Race*: Print the full name of the race with which the household member most closely identifies.
 9. *Hispanic/Not Hisp*: Enter either "Hispanic" or "Not Hispanic" to indicate whether or not the household member is Hispanic.
 10. If more than the 6 numbered lines are needed to provide the information for everyone in the applicant's household, check the line directly under the grid and attach a separate sheet with the additional household member's information.
 11. After all of the household members have been entered into the grid, write "none" on the next available numbered line under the "Legal Name" prompt to indicate that everyone in the household has been accounted for.
- xix. *Reasonable Accommodation*: Check the line to the left of either "Yes" or "No" to indicate whether or not any household member will need accommodation due to a verifiable disability (including mental illness). If checking "Yes," elaborate on the line provided. **Important Note: This answer must match the information supplied on the Special Requirement(s) Questionnaire (Form S504-01B).**
- xx. *Please list below all household members who do not have eligible immigration status*: Print the full name of any household members who do not have eligible immigration status. If the lack of eligible immigration status is not applicable to anyone in the household, write "none" on the first "Name" prompt.
- xxi. *Is there any household member temporarily absent from home?:* Answer this question by checking either "yes" or "no."
 - o If checking "Yes," complete the prompts below to provide more information.



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- If checking “No,” write “none” on the next line down (“If ‘Yes’ Name of Person”) and skip to the next section.
- b. Parts B, C, D, E, and F: For these sections, check “yes” or “no” for each of the prompts and/or provide the information requested. If checking “yes” to any of the questions, provide the requested additional information. If checking “no” or if a prompt does not apply to anyone in the applicant’s household, write “none” on the line requesting additional information and skip to the next section.
- c. Part G (Unit Information): The information provided in this section *cannot* be for a private residence and is intended to capture only the applicant’s *current* living situation.
 - i. *Name, Address, Telephone:* These prompts refer to the applicant’s current landlord. Be sure to enter the complete address (street, city, state, and zip code) for the “Address” prompt.
 - If the applicant currently lives in a homeless shelter or transitional living facility, enter the name of the shelter/facility for the “Name” prompt and provide the shelter’s complete address (street, city, state, and zip code) for the “Address” prompt and full telephone number (including area code) for the “Telephone” prompt.
 - If the applicant is homeless on the streets or in a car, note that in the “Address” line in as much detail as possible (i.e. “Homeless in the streets in Santa Monica, CA 90401), and write “none” for the “Name” and “Telephone” prompts.
 - If the applicant currently lives in a domestic violence shelter, enter the shelter’s corporate name, complete address (street, city, state, and zip code), and full telephone number (including area code) in the “Name,” “Address,” and “Telephone” prompts.
 - ii. *Monthly Rent:* Enter the total monthly rent for the applicant’s unit. If the applicant is not paying any rent, write “\$0”.
 - iii. *Your Portion of Rent:* Enter the total amount that the *applicant* contributes to the monthly rent. Unless an outside agency is financially contributing to the applicant’s rent, this number should be the exact same as the number entered in the “Monthly Rent” prompt. If the applicant is not paying any rent, write “\$0”.
 - iv. *Indicate the type of housing you currently occupy:* Write an “X” on the line to the left of the type of housing that most accurately describes the applicant’s current housing situation. If none of the three prompts (“House,” “Apartment,” or “Mobile Home”) apply to the applicant, check the line to the left of the “Other: Describe” prompt and explain on the line to the right (i.e.



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“Homeless on streets,” “Shelter,” “Transitional Living Facility,” etc.)

- v. *In your opinion, is your present home decent, safe and sanitary?:* Answer this question by checking the line to the left of either “Yes” or “No.” If checking “No,” elaborate on the line provided below (“If no, why not”).
- vi. *Do you intend to remain in this unit if your Section 8 rental assistance is approved?:* Answer this question by checking the line to the left of either “Yes” or “No.”

d. Page 9 (Applicant Responsibilities)

- i. *Signature of Head of Household and Date:* The applicant should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- ii. *Signature of Spouse and Date*
 - o If the applicant has a spouse that will be living with him/her if the Homeless Section 8 voucher is granted, the spouse should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - o If the applicant does not have a spouse that will be living with him/her, write “none” for this prompt.
- iii. Everything else on this document should be left blank.

4. VERIFICATION OF INCOME: This series of forms is designed to verify the total income of the applicant’s entire household over the last 12 months. *Therefore, every family member who has earned/received money in the last 12 months must complete a copy of every income verification form that applies to him/her.* If one or more of the following forms do not apply to *anybody* in the household, leave it blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.

a. **VERIFICATION OF EMPLOYMENT (RE-6):**

- o If neither the applicant nor anyone in the applicant’s household has been employed in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
- o If the applicant and/or anyone in the applicant’s household has been employed in the past 12 months, complete *only* the following sections (which are all located on the top half of the form):
 - i. In the box at the top with the “To” prompt, print the employer’s full name and complete mailing address.



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- ii. *Re: Employee:* Print the applicant's full name.
 - iii. *Social Security #:* Enter the applicant's social security number. If the applicant has no social security number, write "none."
 - iv. *Signature and Date* (above the "To Be Completed By Employer" section): The applicant should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - v. Everything else on this document should be left blank.
 - vi. To further verify the applicant's employment and earnings, provide at least 3 months of pay stubs.
- b. **VERIFICATION OF SOCIAL SECURITY:** There is no official form in this application regarding the verification of Social Security benefits, but verification is still required if it applies to the applicant or any of the household members.
- o If neither the applicant nor anyone in the applicant's household has received Social Security benefits in the past 12 months, do not submit anything for this section, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant's household has received Social Security benefits in the past 12 months, either call 1-800-772-1213 or have the applicant visit his/her local Social Security Administration office to receive a full printout of Social Security benefits and use that printout as the verification for this section.
- c. **VERIFICATION OF DPSS ASSISTANCE (RE-29):**
- o Regardless of whether or not anyone in the household received DPSS assistance in the past 12 month, a copy of this form must still be completed by EVERY household member. Complete *only* the following sections (which are all located in the very top section of the form):
 - i. *To:* Print the complete address (street, city, state, and zip code) of the household member's DPSS office. If no household member has received DPSS assistance in the last 12 months, leave this box blank.
 - ii. *Name and SSN:* Print the household member's full name and social security number. If the household member has no social security number, write "none."
 - iii. *Case Name if Different:* If the household member had a DPSS case under a different name, print the full name used for the



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- DPSS case. If this prompt does not apply to the household member, write “none” in the space provided.
- iv. *Number in Assisted Household:* Enter the total number of household members (including the applicant) that were assisted in the DPSS case. If this prompt does not apply to the household member, write “none” in the space provided.
 - v. *Address:* Be as specific as possible and use complete addresses including the city, state, and zip code.
 - o If the household member is currently living at a shelter, print the shelter’s full name and complete address (street, city, state, zip code) in this line.
 - o If the household member is homeless in the streets or in his/her car, print exactly that and be as specific as possible (i.e. “Homeless in streets at the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401”).
 - vi. *Client Certification:* The household member needs to sign and date on the lines provided in the “Client Certification” box. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - vii. Everything else on this document should be left blank.
- d. **CERTIFIED STATEMENT FOR SELF-EMPLOYMENT (RE-46SE):** Please note that for this section, “pan-handling” *is* considered “self-employment.”
- o If neither the applicant nor anyone in the applicant’s household has been self-employed in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant’s household has been self-employed in the past 12 months, complete this form in its entirety and be as specific and accurate as possible. Sign and date the prompts at the bottom of the form. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.
- e. **REQUEST FOR INFORMATION FOR UNEMPLOYMENT (DE-2489):**
- o If neither the applicant nor anyone in the applicant’s household has received unemployment and/or work-related disability benefits in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant’s household has received unemployment and/or work-related disability benefits in the



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past 12 months, complete *only* the following sections (all of which are located on the top half of the form):

- i. *To*: This line should already read “Department of Human Resources Development,” but the applicant needs to complete the address. This should be the complete address (street, city, state, and zip code) of the business/organization from which the applicant is receiving the unemployment or disability benefits.
 - ii. *SSA#*: Enter the applicant’s social security number. If the applicant has no social security number, write “none.”
 - iii. *DATE*: Enter today’s date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - iv. *Signature of Claimant*: Applicant should sign this line.
 - v. Everything else on this document should be left blank.
- f. **VERIFICATION OF CONTRIBUTIONS RECEIVED IN THE HOME (RE-2A)**:
- o If neither the applicant nor anyone in the applicant’s household has received contributions in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
 - o If the applicant and/or anyone in the applicant’s household *has* received contributions in the past 12 months, complete *only* the following sections (almost all of which are located on the top half of the form):
 - i. *TO*: Print the name and complete address (street, city, state, and zip code) of the person making the contributions.
 - ii. *RE: Applicant of Resident*: Print the applicant’s full name.
 - iii. *Signature and Date* (located in the middle of the form): Applicant should sign and date the form. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - iv. Everything else on this document should be left blank.
- g. **RETIREMENT INCOME VERIFICATION LETTER (RE-6B)**:
- o If neither the applicant nor anyone in the applicant’s household has received retirement benefits in the past 12 months, leave this page blank and do not submit it as part of the application, noting so on the



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cover page checklist by writing “none” on the blank line to the left of the checklist item.

- If the applicant and/or anyone in the applicant’s household has received retirement benefits in the past 12 months, complete *only* the following sections (all of which are located on the top half of the form):
 - i. *Date and Client* (located in the top-right of the form): Print the date and the applicant’s full name. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - ii. In the space provided in the sentence at the top (“I, _____, hereby authorize . . .”), print the applicant’s full name.
 - iii. *Signature and Date* (located just under the authorization): Applicant should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - iv. Everything else on this document should be left blank.
- h. VERIFICATION OF STUDENT STATUS AND FINANCIAL ASSISTANCE (RE-26):**
 - If neither the applicant nor anyone in the applicant’s household is currently a student, leave this page blank and do not submit it as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
 - If the applicant and/or anyone in the applicant’s household is currently a student, complete *only* the following sections (all of which are located on the top half of the form):
 - i. *RE: Student*: Print the student family member’s full name.
 - ii. *Signature and Date* (located in the middle of the page): The student family member should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - iii. Everything else on this document should be left blank.



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- 5. BANK VERIFICATION OF INCOME AND ASSETS (RE-29b):** The applicant's and/or applicant's household's most recent bank statements and standing are needed to provide an accurate snapshot of the applicant's financial situation.
- If neither the applicant nor anyone in the applicant's household has a checking account, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - If the applicant and/or anyone in the applicant's household has a checking account, complete *only* the following sections (all of which are located on the very top of the form):
 - i. *Participant/Applicant*: Print the applicant's full name.
 - ii. *Bank Address TO*: Print the name and complete address (street, city, state, and zip code) of the bank at which the applicant has an account.
 - iii. *Signature of Participant/Applicant and Date*: The applicant should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - iv. Everything else on this document should be left blank.
 - a. **MOST RECENT 3 MONTHS OF CHECKING ACCOUNT STATEMENTS:**
 - If neither the applicant nor anyone in the applicant's household has a checking account, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - If the applicant and/or anyone in the applicant's household has a checking account, include the most recent of the client's checking account statements. These statements must be the originals. If the originals are not available, a print out from the bank capturing all credits and debits for the account is acceptable so long as the print out includes the following:
 - i. An official bank stamp on the print out.
 - ii. A signature of a bank official on the print out.
 - iii. An attached business card from the bank official who signed the print out.
 - b. **MOST RECENT 3 MONTHS OF SAVINGS ACCOUNT STATEMENTS:**
 - If neither the applicant nor anyone in the applicant's household has a savings account, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.



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- If the applicant and/or anyone in the applicant's household *has* a savings account, include the most recent of the client's savings account statements. These statements must be the originals. If the originals are not available, a print out from the bank capturing all credits and debits for the account is acceptable so long as the print out includes the following:
 - i. An official bank stamp on the print out.
 - ii. A signature of a bank official on the print out.
 - iii. An attached business card from the bank official who signed the print out.

6. SHELTER PLUS CARE (SPC) FORMS

- a. **SPC CERTIFICATION OF RESIDENCE IN A HOMELESS FACILITY (HAPP-S+C-5):** This form is designed to capture only the *current* episode of homelessness.

- i. *To:* Print "Housing Authority of the City of Los Angeles."
- ii. *Date:* Enter today's date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- iii. *Dear*
 - If the applicant is living at a shelter or transitional living facility, print either the agency name or the name of a contact at the agency on this line.
 - If the applicant is homeless on the streets or in a car, print "HACLA" on this line.
- iv. In the first line of the letter at the top of the page (before it says "Applicant" in parentheses), print the full name of the applicant.
- v. *Signature and Title* (underneath "Sincerely"): This is for the case manager or housing liaison to sign and write his/her professional title.
- vi. *Signature of Applicant:* The applicant should sign this line.
- vii. *Name of Applicant:* Print the applicant's full name.
- viii. *Name of Facility*
 - If the applicant is living at a shelter or transitional living facility, print the agency's name in this line.
 - If the applicant is homeless on the street or in a car, write "Homeless on streets" or "Homeless in car," whichever is appropriate for the applicant and be as specific as possible about the location (i.e. "Homeless in his car on the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401").
- ix. On the line following "for the period," write the date (as specific as possible) that the applicant entered into his/her *current* episode of



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- homelessness (either by entering a shelter or starting to live on the streets). Following that date, write a dash (to indicate a time span) and the word “present” so as to indicate that it is the *current* episode of homelessness (i.e. 03/27/2007 – present).
- x. *Before coming to this facility, the applicant resided at:* Be as specific as possible with this prompt.
 - o If the applicant is currently at a shelter/facility, print the name and complete address of the shelter/facility/apartment the applicant lived in immediately prior to moving into the current shelter/facility.
 - o If the applicant is currently homeless in the street/car, print the name and complete address of shelter/facility/apartment that the applicant resided in immediately prior to moving to the streets/car.
 - o If immediately prior to living at the current shelter/facility the applicant was living on the streets/car, document it by printing either “homeless in streets” or “homeless in car” and be as specific as possible about the location(s).
 - xi. *Signature (signature of facility staff person) and Date:* These two prompts require a signature and date to verify the information entered into the “Name of Facility” prompt above.
 - o If writing a shelter/facility/apartment’s name for the “Name of Facility” prompt above, a staff person from that shelter/facility/apartment must sign and date these lines to verify the information. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - o If writing “homeless in streets” or “homeless in car” for the “Name of Facility” prompt above, the applicant’s case manager must sign and date these lines to verify the information. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - xii. *Title:* Print the title of the person who signed the “Signature of Facility Staff Person” section.
 - xiii. *Telephone:* Enter the complete telephone number (including area code) of the person who signed the “Signature of Facility Staff Person” section.



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- xiv. *Facility (Name and Address of Facility)*: Print the name and complete address (including city, state, and zip code) of the facility of the person who signed the “Signature of Facility Staff Person” section.
- xv. *Type of Facility*
 - o If the applicant is living in a shelter or transitional living facility, check the appropriate box (either “Emergency Shelter” or “Transitional Housing”) for the type of facility.
 - o If the applicant is homeless on the streets or car, check the “Institution” box and print “Mental Health Facility” underneath the box. Then on the lines below, indicate what attempts were made to find other housing other than the Los Angeles City Shelter Plus Care program.
- b. **SPC SPONSOR CERTIFICATION OF HOMELESSNESS (HAPP S+C 6)**: This two-page form is designed to summarize the applicant’s current homeless episode.
 - o If the applicant is currently residing in a shelter or transitional housing facility, a supervisor at that facility should complete this form.
 - o If the applicant is currently homeless on the streets or car, the applicant’s case manager should complete this form.

Page One

- i. *Name of Applicant*: Print the full name of the applicant.
- ii. Check the box to the left of the statement that best describes the applicant’s current homeless situation. If checking the box for a statement that requires additional information, be sure to include the appropriate letter or form to verify the information.
- iii. *Signed and Date*: The verifying person (either a shelter/facility supervisor or a case manager) should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- iv. *Title*: print the verifying person’s professional title.
- v. *Organization or Agency Name*: Print the name of the verifying person’s organization or agency.
- vi. *Address*: Print the complete address (including city, state, and zip code) of the verifying person’s organization or agency.
- vii. *Telephone Number*: Enter the verifying person’s complete telephone number (including area code).

Page Two: Must be completed *only* for applicants that qualify as “chronically homeless.” (Appendix B)

- i. *Name of Applicant*: Print the full name of the applicant.



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- ii. Check the boxes to the left of the statements that best describe the applicant's homeless history. Note: to qualify as "chronically homeless," two of the three statements must apply to the applicant.
 - iii. *Signed and Date:* The verifying person (either a shelter/facility supervisor or a case manager) should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - iv. *Title:* Print the verifying person's professional title.
 - v. *Organization or Agency Name:* Print the name of the verifying person's organization or agency.
 - vi. *Address:* Print the complete address (including city, state, and zip code) of the verifying person's organization or agency.
 - vii. *Telephone Number:* Enter the verifying person's complete telephone number (including area code).
- c. **SECTION 8 SPC CERTIFICATION OF DISABILITY (HAPP-S+C-7):** This form is intended to verify the applicant's disability.
- i. *Date* (located at the very top of the page): Enter today's date.
 - ii. *Signature of Applicant:* The applicant should sign the form in this section.
 - iii. Everything else on this form should be completed by a licensed physician / qualified health professional.
- d. **STATEMENT OF FAMILY RESPONSIBILITY (HAPP-S+C-10):** This document formalizes the partnership between the Los Angeles Housing Authority and the Los Angeles Department of Mental Health.
- i. On the top blank line (after "The Housing Authority of the City of Los Angeles has certified that the family headed by"), print the applicant's full name.
 - ii. On the second blank line (after the phrase "supportive services provided by the following agency"), print "Los Angeles County Department of Mental Health" and the name of the sponsoring agency (i.e. "Los Angeles County Department of Mental Health / Step Up On Second").
 - iii. *Participant's Signature and Date:* The applicant should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
 - iv. *Agency Representative's Signature and Date:* The applicant's case manager should sign and date the application in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December



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3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**

7. AUTHORIZATION FOR THE RELEASE OF INFORMATION (HUD-9886): This form authorizes HUD and the Housing Authority to obtain pertinent information about the applicant from various organizations and government departments (i.e. Social Security Administration, Veteran's Administration, etc.). This form is a two-page form and every adult member of the household must sign and date the document. The head of household must also provide his/her social security number.

- a. **AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION (DMH-602):** This form authorizes the Department of Mental Health to release any of the applicant's mental health records to the Housing Authority. This is a TWO-SIDED form, and both sides must be completed in full, as follows:

Page One

- i. *Name of Client/Previous Names:* Print the applicant's full name as well as any other legal names the applicant has used in the past.
- ii. *Birth Date:* Enter the applicant's birth date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- iii. *MIS Number:* Enter the applicant's MIS number.
- iv. *Street Address*
 - o If the applicant is currently residing at a shelter or transitional housing facility, print the shelter/transitional facility's name and complete street address.
 - o If the applicant is currently homeless in the streets or car, print "Homeless in the Streets" or "Homeless in car," which ever is accurate for the applicant.
- v. *City, State, Zip*
 - o If the applicant is currently residing at a shelter or transitional housing facility, print the shelter/transitional facility's city, state and zip code.
 - o If the applicant is currently homeless in the streets or car, answer these prompts with as much detail as possible.
- vi. *Authorizes:* Print the agency name (i.e. Step Up On Second) and complete address.
- vii. *Information to be Released and Purpose of Disclosure:* These fields should already be filled out. Double check that the lines for (and *only* the lines for) "Assessment/Evaluation," "Diagnosis," and "Client's Request" have all been checked.
- viii. *Expiration Date:* The applicant can choose any expiration date he/she wants, but to ensure that it does not expire before the



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housing voucher is granted, always make the date at least one year from the application submission date. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

Page Two

- i. *Contact Person / Agency Name / Address*: Print the name of the primary contact person (i.e. case manager) at the same agency that was authorized on the front page and his/her complete mailing address (street, city, state, and zip code).
- ii. *Signature of Client / Personnel Representative and Date*: After the sentence at the bottom of the page that starts “I have had an opportunity to review . . .,” the applicant should sign and date the form. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- iii. **DO NOT** sign or date the “Revocation of Authorization” box.

- 8. REASONABLE ACCOMMODATION QUESTIONNAIRE (S504-01B)**: This form is designed to capture any information regarding the applicant’s and/or household member’s disability that requires special accommodation.
- a. Ignore and leave blank the very top sections (everything above “Section 1”).
 - b. *Section 1*: If the applicant needs no accommodation due to disability, the applicant should sign and date the form in this section and leave the rest of the form blank. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.** If the applicant does need accommodation due to disability, leave Section 1 blank and continue to Section 2.
 - c. *Section 2*: If the applicant does need accommodation due to disability, the applicant should complete Sections 2a, 2b, 2c, and 2d.
 - i. *Section 2a*: Print the full name of the household member who needs accommodation due to disability.
 - ii. *Section 2b*: Enter the *type* of accommodation needed. Note that this section is not asking for information regarding the disability; it is only asking for the accommodation needed.
 - iii. *Section 2c*: The household member requesting accommodation due to disability should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this**



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application can be more than 30 days old. Do not date anything until submitting the completed application.

iv. *Section 2d*

- If the disability requiring accommodation is not a physical disability, leave this section blank.
- If the disability requiring accommodation is a physical disability, complete the prompts in this section to provide the contact information for a healthcare provider who can verify the need for accommodation.

v. *Section 2e*: Complete this section to provide the contact information for case manager who can verify the need for accommodation.

d. Ignore and leave blank the very bottom section (titled “For Office Use Only”).

e. **CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION (RE-36)**: This form is designed to be used only in the event that the applicant will need an accommodation due to a *physical* disability.

- If neither the applicant nor anyone in the applicant’s household has a physical disability requiring accommodation, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.
- If the applicant and/or anyone in the applicant’s household has a physical disability requiring accommodation, complete *only* the following sections (all of which are located on the very top of the form):
 - i. *Applicant/Participant Name*: Print the full name of the applicant with the physical disability requiring accommodation.
 - ii. *Client or Reg. No.*: Ignore this prompt and leave it blank.
 - iii. *Address*: Print the applicant’s complete address (street, city, state, and zip code).
 - If the applicant is currently living at a shelter, print the shelter’s name and complete address (street, city, state, and zip code) in this line.
 - If the applicant is homeless in the streets or in his/her car, print exactly that and be as specific as possible (i.e. “Homeless in streets at the corner of Santa Monica Blvd and 2nd Street, Santa Monica, CA 90401”).

iv. *Unit No.*: Ignore this prompt and leave it blank.

v. *Development Name*: Ignore this prompt and leave it blank.

vi. *App/Res. Phone*: Enter the applicant’s full phone number (include area code). If the applicant does not have a phone number, write “none” in this prompt.



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- vii. *Signed and Date:* The applicant should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- viii. *Accommodation Requested:* Complete this section by printing the applicant's full name and specifically detailing the required accommodation.
- ix. Everything else on this form should be completed by a licensed physician / qualified health professional.

9. SECTION 8 FAMILY OBLIGATIONS FOR TENANT-BASED SPC (HAPP-149): This form outlines the primary obligations that the applicant must abide by if granted a Homeless Section 8 voucher. This form is a two-page form and must be signed and dated by *every* adult member of the household. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.** Once signed, the applicant should keep a copy for his/her records.

10. FRAUD INFORMATION – “THINGS YOU SHOULD KNOW” (HUD-1140-OIG): This form is designed to address the severity of knowingly committing fraud on any part of the application. This form must be signed and dated by *every* adult member of the household and a copy of the signed form should be provided to each household member to keep for his/her records.

- a. **APPLICANT QUESTIONNAIRE (HAPP-13):** This questionnaire is intended to reiterate the criminal background check as well as to highlight any previous relationship between the applicant's household and HUD. *Every adult in the household must complete a copy of this form.*
 - i. *Registrant's Name:* Print the applicant's name.
 - ii. *Registration Number:* Ignore this prompt and leave this blank.
 - iii. *Adult's Name:* Print the name of the household member who is completing the copy of the questionnaire.
 - iv. Complete the “Date of Birth,” “California ID Number,” and “Social Security Number” prompts. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If the applicant has no social security number, write “none.”
 - v. Answer question #1 by listing the full name of each state the household member completing the questionnaire has lived in since age 18.



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- vi. Answer questions 2-10 by checking either the “yes” or “no” box for each question. If answering yes, provide any of the additional information requested.
- vii. *Signature and Date:* The adult household member completing this form should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**

11. CERTIFIED STATEMENT – YES/NO QUESTIONNAIRE (ANC-19): This form provides a summary of the applicant’s household’s financial state. This form must be completed and signed by *every* adult member of the household.

- a. *My name is:* Print the full name of the adult household member completing this form.
- b. *My social security number is:* Enter the social security number for the adult household member completing this form. If the applicant has no social security number, write “none.”
- c. *I live at*
 - o If the household member is at a shelter or transitional living facility, print the agency’s name and complete address (Street, City, State, and Zip Code) in this line.
 - o If the household member is homeless on the street or in a car, print “Homeless on streets” or “Homeless in car,” whichever is appropriate for the household member and be as specific as possible about the location (i.e. “Homeless in his car on the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401”).
- d. Answer questions 1-11 by printing “Yes” or “No” in the space provided.
- e. *Additional comments or information:* Use this space to elaborate on any of the information provided in questions 1-11.
- f. *Signature and Date:* The adult household member completing this form should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**

CERTIFIED STATEMENT (RE-46): This form provides the applicant the opportunity to elaborate on his/her homelessness and explain the events that led up to his/her initial homelessness. The applicant should complete this form by answering the questions in sufficient detail and in his/her own words, ensuring that the information provided is consistent with the information provided throughout the rest of the application.



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- i. *Please tell us the date you became homeless:* Enter the date (as specific as possible) that the applicant became homeless for the first time.
- ii. *Please describe the event that caused you to become homeless on the above date:* Explain, in the applicant's own words, the events led to the applicant's homelessness. Be as specific as possible. (For example, rather than writing, "I lost my job and became homeless," elaborate by writing, "I lost my job and therefore couldn't afford my rent. I left my apartment voluntarily so as to avoid eviction.")
- iii. *Please tell us all the places where you've stayed since becoming homeless, using from/to dates:* Be sure to be as specific as possible about dates and locations and include the full names of any shelters/agencies as well as complete addresses (street, city, state, and zip code). Double check that the locations and dates agree with those provided in the Agency Referral Letter (checklist item #2) and be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- iv. *Please tell us your goals:* The applicant should answer this prompt in his/her own words.
- v. *Signature and Date:* The applicant should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- vi. *Witnessed by and Date:* The housing liaison or case manager should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**

MOTEL RECEIPTS

- If neither the applicant nor anyone in the applicant's household is currently staying in a motel, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
- If the applicant and/or someone in the applicant's household does currently live in a motel, provide copies of the motel receipts from the last 3 months.



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VEHICLE REGISTRATION

- If neither the applicant nor anyone in the applicant's household is currently living in a vehicle, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
- If the applicant and/or someone in the applicant's household does currently live in a vehicle, provide a copy of the vehicle registration. If the car belongs to someone other than the household member, provide a copy of the registration as well as a letter from the registered owner giving the household member permission to use the car and the vehicle owner's photo ID.

EMANCIPATION PAPERS

- If neither the applicant nor anyone in the applicant's household is an emancipated youth, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
- If the applicant and/or someone in the applicant's household is an emancipated youth, provide a copy of the emancipation papers.

12. IDENTIFICATION DOCUMENTS: Identification is needed for the applicant as well as all members of the applicant's household. The California ID and the Social Security Card for the applicant should be copied together on the same page. Identification documents for all other household members should be submitted on separate pieces of paper from that of the applicant.

SOCIAL SECURITY CARD: Provide a photocopy of the Social Security Card for every member of the household. Be sure the social security card is signed on the line provided and that the photocopies are clear and discernable.

- If either the applicant and/or someone in the applicant's household does not have a Social Security Card, complete the following form and submit it for this section:

CERTIFICATION OF NO SOCIAL SECURITY NUMBER (HAPP-140):

This form is to be used only in the case that the applicant and/or someone in the applicant's household does not have a Social Security Number.

- Client No:* Leave this prompt blank.
- Family Head:* Print the applicant's full name.
- Household Member:* Print the full name of the household member that does not have a social security number. (This may or may not be the same name entered for "Family Head.")
- There are four sentences in the main paragraph, that should be completed as follows:



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- If it is an *adult* who does not have a social security number, fill out the blank sections in the first two sentences, ignoring the blanks in the last two sentences.
 - If it is a *minor* who does not have a social security number, ignore the blanks in the first two sentences and complete the blanks in the last two sentences.
 - If it is *both* an adult and a minor that do not have social security numbers, complete the blanks in all four sentences in this section.
- v. *Applicant/Participant Signature and Date*: The household member without a social security number should sign and date the form in this section. If the household member that does not have a social security number is a minor, that minor's legal guardian should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). **Important Note: Nothing in this application can be more than 30 days old. Do not date anything until submitting the completed application.**
- vi. *Initials*: The same person who signed and dated the form should also initial this section.
- vii. *Statement Received By and Date*: Ignore and leave blank these prompts. They are for HACLA office use only.

BIRTH CERTIFICATE: Provide a photocopy of the Birth Certificate for all minors in the household. Be sure the photocopies are clear and discernable. If there are no minors in the household, do not submit anything for this section, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item

CALIFORNIA ID CARD OR DRIVER'S LICENSE: Provide a photocopy of the California ID Card or Driver's License for every adult member of the household. Be sure the photocopies are clear and discernable and that the face is light enough to be seen clearly.



Step Up On Second's Guide to Housing **SECOND EDITION: Released July 2008**

Section Four: HACoLA Shelter Plus Care

Eligibility Prerequisites

- The applicant must meet the federal HUD definition of “homeless.” (Appendix A)
- The applicant must have an open case with the Los Angeles County Department of Mental Health.
- At least one member of the applicant’s household must be a legal United States resident.
- Neither the applicant nor anyone in the applicant’s household can have been convicted of fraud with a federally-subsidized housing program within the last three years.
- The sponsoring agency must be able to provide a dollar-for-dollar match of services.



STEP UP ON SECOND'S GUIDE TO HOUSING (Second Edition) Section 4: HACoLA Shelter Plus Care

1. **APPLICATION COVER SHEET AND CHECKLIST:** This checklist is designed to be the guide and backbone for the entire application.
 - a. Complete the top section as follows:
 - i. *Client Name:* Print the applicant's full name.
 - ii. *SS#:* Enter the applicant's complete social security number.
 - iii. *Name of Agency:* Print the full name of the agency assisting the applicant with this application.
 - iv. *Housing Liaison:* Print the name of the assisting agency's housing liaison.
 - v. *Housing Liaison Phone #, Housing Liaison Fax #, and Housing Liaison email:* Enter the current contact information for the housing liaison.
 - vi. *Case Manager:* Print the full name of the applicant's primary case manager at the assisting agency. This may or may not be the same person entered as the "housing liaison."
 - vii. *Case Manager Phone #, Case Manager Fax #, and Case Manager Email:* Enter the current contact information for the case manager.
 - b. Ensure that every document requested on the checklist is either included or intentionally absent.
 - i. Place a check mark to the left of the checklist item to indicate that the form is present and included in the application.
 - ii. To indicate that a document or form is intentionally absent (because it does not apply to the applicant), print "none" in the space to the left of the checklist item. The *only* checklist items in the application that have the potential of not applying to an applicant are:
 - #13: Shelter Placement Attempts Verification Form
 - #14: Current CalWorks Notice of Action
 - #15: Current SSI Award Letter
 - #16: Copy of Current Bank Statement(s)
 - #19: Third Party Verification
 - b. When submitting the finished application, ensure that all of the documents are in the same order as they are presented on the checklist.
 - c. In the blank space at the top left of the checklist page, indicate whether or not the applicant is a client within the FSP or AB2034 programs by writing "FSP Client," "AB2034 Client," or "NOT FSP or AB2034 Client."
 - d. Everything in the bottom section of the checklist (below "For Homeless and Housing Division Staff Only") should be left blank.



STEP UP ON SECOND'S GUIDE TO HOUSING (Second Edition) Section 4: HCoLA Shelter Plus Care

- 2. SHELTER PLUS CARE TRA YELLOW APPLICATION FORM:** This two-sided, legal-sized, yellow form is designed to capture the basic information regarding the application. This form is not available on any website; it must be obtained directly from the Los Angeles County Department of Mental Health.

Front Page

- a. *Instructions: Completely fill out the pre-application, sign and return by:*
Ignore and leave blank this first prompt.
- b. *Last Name:* Print the applicant's full last name.
- c. *First Name:* Print the applicant's full first name.
- d. *M.I.:* Print the applicant's middle initial. If this prompt does not apply to the applicant, print "none" on the line provided.
- e. *Alias or Maiden Name:* Print any other legal name the applicant has used in the past. If this prompt does not apply to the applicant, print "none" on the line provided.
- f. *Address:* Enter the applicant's address, being as specific as possible. P.O. Box addresses will not be accepted.
 - o If the applicant is currently living at a shelter or transitional living facility, put the shelter/transitional facility's full name and street address in this line. If it is not evident that it is a shelter/transitional facility, be sure to indicate so by writing "(Shelter)" or "(Transitional Facility)".
 - o If the applicant is homeless in the streets or in his/her car, write exactly that and be as specific as possible (i.e. "Homeless in streets at the corner of ___ and ___").
- g. *City and Zip:* Enter the city and zip code for the location entered under "Address."
- h. *Home Ph:* Enter the applicant's home phone number, complete with area code. If this prompt does not apply to the applicant, write "none" on the line provided.
- i. *Work:* Enter the applicant's work phone number, complete with area code. If this prompt does not apply to the applicant, write "none" on the line provided.
- j. *Message:* Enter the applicant's message line phone number, complete with area code. If the message line is an agency phone number, indicate so by writing "agency" above the number. If this prompt does not apply to the applicant, write "none" on the line provided.
- k. *How Long At This Address?*
 - o If the applicant entered the address of a shelter or transitional living facility under the "Address" prompt above, answer this prompt by indicating how long the applicant has lived at that location.
 - o If the applicant is homeless on the streets or car and indicated that in the "Address" prompt above, write "none" on this line.



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- l. *Current Monthly Rent*: Enter the dollar amount the applicant is currently paying for rent at the location entered under the “Address” prompt above. **If the amount paid is a fee and not “rent” (i.e. if the applicant pays 1/3 of his/her income, etc.), be sure to write “fee” next to the dollar amount entered.** If this prompt does not apply to the applicant, write “none” on the line provided.
- m. *Monthly Utilities*: Enter the dollar amount the applicant is currently paying for utilities at the location entered under the “Address” prompt above. If this prompt does not apply to the applicant, write “none” on the line provided.
- n. *No. of Bedrooms*: Enter the number of bedrooms the applicant has at the location entered under the “Address” prompt. If the applicant shares a room with someone else or is homeless on the streets or car, enter “0” for this prompt.
- o. *Do You Own A Refrigerator?*: Answer this question by checking either “yes” or “no.”
- p. *Stove?*: Answer this question (“Do you own a stove?”) by checking either “yes” or “no.”
- q. *Present Landlord’s Name, Address, and Phone No.*
 - o If the applicant entered the address of a shelter or transitional living facility under the “Address” prompt above, enter the full name, complete address (street, city, state, zip), and phone number (complete with area code) of the landlord or manager at that location.
 - o If the applicant is homeless on the streets or car and indicated that in the “Address” prompt above, write “none” on this line.
- r. *Are You Currently Receiving Rental Assistance?*: This question refers only to *public* rental assistance and should be answered by checking either “yes” or “no.”
 - i. *Contract No.:*
 - o If the applicant checked “yes” for this question, enter the applicant’s current rental assistance contract number.
 - o If the applicant checked “no” for this question, write “none” in for this prompt.
 - ii. *From What Agency Do You Receive Assistance?:*
 - o If the applicant checked “yes” for this question, enter the name of the agency that is assisting the applicant.
 - o If the applicant checked “no” for this question, write “none” in for this prompt.



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- s. *Do You Live In Public Housing?:* Answer this question by checking either “yes” or “no.”
- Name*
 - If the applicant checked “yes” for this question, provide the name of the Public Housing in which the applicant lives.
 - If the applicant checked “no” for this question, write “none” in the “Name” prompt.
- t. *Do You Live In A HUD-Subsidized Building?:* Answer this question by checking either “yes” or “no.”
- Name*
 - If the applicant checked “yes” for this question, provide the name of the HUD-Subsidized Building in which the applicant lives.
 - If the applicant checked “no” for this question, write “none” in the “Name” prompt.
- u. *Do You Live In Subsidized Senior Housing?:* Answer this question by checking either “yes” or “no.”
- Name*
 - If the applicant checked “yes” for this question, provide the name of the Subsidized Senior Housing in which the applicant lives.
 - If the applicant checked “no” for this question, write “none” in the “Name” prompt.
- v. *Have You Ever Resided In Public Or Assisted Housing?:* Answer this question by checking either “yes” or “no.”
- If So, Where And When?*
 - If the applicant checked “yes” for this question, provide the name(s) of the Public or Assisted Housing in which the applicant has lived and the dates the applicant lived there.
 - If the applicant checked “no” for this question, write “none” in the “Name” prompt.
 - Date Moved Out*
 - If the applicant checked “yes” for this question, provide the date the applicant moved out of the Public or Assisted Housing.
 - If the applicant checked “no” for this question, write “none” in the “Name” prompt.
 - Reason*
 - If the applicant checked “yes” for this question, provide the reason the applicant moved out of the Public or Assisted Housing.
 - If the applicant checked “no” for this question, write “none” in the “Name” prompt.



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- w. *Please Check Your Racial Group:* This prompt is optional and is only used for statistical purposes. To answer this prompt, check the racial group with which the applicant most closely identifies.
- x. *Please Check Your Ethnic Group:* This prompt is optional and is only used for statistical purposes. To answer this prompt, check the ethnic group (either “Hispanic” or “Non-Hispanic”) with which the applicant most closely identifies.
- y. The grid (with 9 numbered lines and with 8 information categories, starting with “Name of Family Member”) is designed to capture the household composition. Include only the family members who will be living with the applicant if this application is approved. The #1 line should *always* be used for the primary applicant, with lines #2 - #9 being used for anyone else in the applicant’s household. Once the requested information has been provided for each household member, write “none” on the following numbered line to indicate that everyone has been listed.
- i. *Name of Family Member:* Enter the full name of the family member.
 - ii. *Relationship:* Write the relationship of the family member to the primary applicant (i.e. self, husband, son, mother, etc.)
 - iii. *Sex:* Enter either an “M” (for male) or “F” (for female) to indicate the family member’s gender of birth.
 - iv. *Birthdate:* Enter the family member’s birthdates in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - v. *Place of Birth:* Enter the city and state in which the family member was born. If the family member was born outside of the United States, enter the city and country in which the family member was born.
 - vi. *Soc. Sec. No.:* Enter the family member’s social security number. If this prompt does not apply to the family member (because he/she does not have a social security number), write “none” on the line provided.
 - vii. *Income Source:* Enter the family member’s income source(s) (i.e. SSI, General Relief, Part-Time Job, etc.). If this prompt does not apply to the applicant (because he/she does not have an income source), write “none” on the line provided.
 - viii. *Driver’s License or Identification No.:* Enter the family member’s driver’s license number or state identification number.
 - ix. *For Each Household Member Receiving Benefits . . .* (located just below the #1-9 grid): This question refers to the “Income Source” prompt above. If any of the family members are receiving benefits, specify exactly which public agency is granting the benefit(s). (“SSI from Social Security



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Administration” or “General Relief from the Department of Public Social Services.”)

- z. The grid at the very bottom of the front page (with five categories, starting with “Name of Employer” and ending with “Rate of Pay”) is designed to capture the employment history of the applicant, specifically the last three jobs the applicant has had within the last 10 years.
- o If the applicant is currently unemployed and has not had any employment in the last 10 years, write “none” on the first blank line under “Name of Employer” and leave the rest of the grid blank.
 - o If the applicant is either currently employed or has been employed at least once in the last 10 years, provide the following information regarding the three *most recent* jobs:
 - i. *Name of Employer*: Enter the full business name of the employer for which the applicant worked.
 - ii. *Address and Phone Number*: Enter the complete address (street, city, state, and zip code) and full phone number (including area code) of the employer.
 - iii. *Position Held*: Enter the position held by the applicant.
 - iv. *Dates of Employment*: Enter the starting date and ending date (if applicable) of employment in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - v. *Rate of Pay*: Enter the applicant’s rate of pay and be sure to indicate whether the rate is “per hour,” “per month,” etc.

Back Page

- a. *Are You Or Any Household Member Pregnant?*: Answer this question by checking either “yes” or “no.”
- i. *If Yes, Due Date*
 - o If the applicant checked “yes” for this question, provide the family member’s due date.
 - o If the applicant checked “no” for this question, write “none” in this prompt.
- b. *Do You Expect Any Other Changes In Your Household Composition Or Income In The Next 12 Months?*: Answer this question by checking either “yes” or “no.”
- i. *If Yes, Please Explain*
 - o If the applicant checked “yes” for this question, elaborate on how the household composition and/or the household income will change in the next 12 months.
 - o If the applicant checked “no” for this question, write “none” in this prompt.
- c. *If Employed, Do You Or Any Household Member Pay Child Care?*: Answer this question by checking either “yes” or “no.”



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- d. *Do You Or Any Household Member Have A Savings Or Checking Account?:* Answer this question by checking either “yes” or “no.”
- i. *If Yes, Please State Name of Bank(s) And Address*
 - If the applicant checked “yes” for this question, provide the complete name and address (street, city, state, and zip code) of any financial institution in which any family member has an account.
 - If the applicant checked “no” for this question, write “none” in this prompt.
- e. *List Any Stocks & Bonds You Or Any Household Member Own:* Enter the full name and location of any stocks and/or bonds owned by any one in the household.
- f. *Do You Or Any Household Member Own Any Real Property?:* Answer this question by checking either “yes” or “no.”
- i. *If Yes, Please Explain*
 - If the applicant checked “yes” for this question, provide the complete address (street, city, state, and zip code) of any real property owned by anyone in the household.
 - If the applicant checked “no” for this question, write “none” in this prompt.
- g. *Do You Or Any Household Member Have Any On-Going Medical Expenses?:* Answer this question by checking either “yes” or “no.”
- i. *If Yes, Please Explain*
 - If the applicant checked “yes” for this question, elaborate on what the on-going medical expenses are.
 - If the applicant checked “no” for this question, write “none” in this prompt.
- h. *Do You Or Any Household Member Have A Verifiable Handicap/Disability?:* This question refers only to physical handicaps/disabilities (sight impairment, hearing impairment, mobility impairment, and/or wheelchair use) and can be answered by checking either “yes” or “no.”
- i. *Sight Impairment, Hearing Impairment, Mobility Impairment, Wheelchair Use*
 - If the applicant checked “yes” for this question, check the line next to the impairment(s) that best describe the applicant’s handicap/disability..
 - If the applicant checked “no” for this question, do not mark any of the specific impairments and leave the lines blank.
- i. *Please Provide The Name Of Any Full-Time Live-In Attendant . . . :* Enter the full name of any full-time live-in attendant caring for any household member. If this prompt does not apply to the applicant, write “none” on the line provided.



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- j. *Have You Or Any Household Member Been Convicted Of Crimes Other Than Minor Traffic Violations?:* Answer this question by checking either “yes” or “no.” **Please note that a “yes” answer does not disqualify you from housing.**
- i. *If Yes, Please Explain*
 - o If the applicant checked “yes” for this question, write the convictions, counties, and dates of all non-traffic violations.
 - o If the applicant checked “no” for this question, write “none” in this prompt.
- k. *Are You Or Any Household Member Currently On Parole?:* Answer this question by checking either “yes” or “no.” **Please note that a “yes” answer does not disqualify you from housing.**
- i. *If Yes, Please Explain*
 - o If the applicant checked “yes” for this question, elaborate on the household member’s current parole situation and be sure to include starting and ending dates.
 - o If the applicant checked “no” for this question, write “none” in this prompt.
- l. *Provide Make, Model, Year, And License . . .:* Include all of the information requested for each automobile owned by any household member. If this prompt does not apply to the applicant, write “none” on the line provided.
- m. *Please Provide The Following Information . . .:* This section is designed to capture contact information in case of an emergency. The emergency contact can be a family member (outside of the household), a friend, a case manager, etc.
- i. *Name:* Enter the emergency contact’s full name.
 - ii. *Relationship:* Enter the relationship between the applicant and the emergency contact.
 - iii. *Address, Home Phone, and Work Phone:* Enter the contact information for the emergency contact. For addresses, be sure to include street, city, state, and zip code. For phone numbers, be sure to include area codes.
- n. *Please List The Names, Addresses, And Phone Numbers For Two References . . .:* This section (made up of two blank rows of lines, each of which is comprised of three columns) is designed to capture the contact information for two personal references that may be contacted by the Housing Authority. The personal references can be family members (outside of the household), friends, case managers, etc.
- i. The blank column on the left is for the references’ full names.
 - ii. The blank column in the middle is for the references’ respective addresses, complete with street, city, state, and zip code.



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- iii. The blank column on the right is for the references' respective phone numbers, complete with area code.
 - o. *Signature Of Head Of Household and Date*: The primary applicant should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - p. *Signature Of Spouse*: The primary applicant's spouse should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If this prompt does not apply to the applicant (because he/she has no spouse), write "none" on the line provided.
- 3. OUT OF SERVICE AREA AGREEMENT**: This form, when completed, is an agreement between the applicant and the LA County Housing Authority that if the applicant is granted a housing certificate, he/she commits to live within the jurisdiction of the LA County or LA City Housing Authority. To complete this form, the applicant should read the agreement and complete the three prompts at the bottom of the page:
 - a. *Print Name*: Enter the applicant's full name.
 - b. *Participant Signature*: The applicant should sign the form in this section.
 - c. *Date*: Enter today's date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- 4. MEMORANDUM OF UNDERSTANDING**: This form is intended to act as a contract between the LA County Housing Authority and the applicant's sponsoring mental health facility in which the sponsoring agency agrees to provide a minimum of five years of mental health supportive services to the applicant. This form should be completed and signed by the sponsoring agency's program manager.
 - a. *Name of Consumer*: Enter the applicant's full name.
 - b. *Name of Agency*: Enter the full name of the applicant's sponsoring agency (i.e. "Step Up On Second").
 - c. *Program/Agency Manager's Signature and Date*: The program manager at the applicant's sponsoring agency should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- 5. VERIFICATION OF EMPLOYMENT-RELATED SERVICES**: This form is used to capture information regarding the employment status and/or employment-related services utilized by the applicant. This form should be completed by either an employment specialist or a vocational rehabilitation counselor. If this form is completed by anyone other than the employment specialist or employment rehab specialist (i.e. the applicant's case manager), a letter from the employment training agency is required and the letter must be on official letterhead.



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- a. *Date*: Enter today's date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - b. *Name of Agency/Employer*: Enter the name of the applicant's employer or the name of the agency at which the applicant utilizes employment-related services.
 - c. *Telephone*: Enter the complete telephone number (including area code) of the agency hosting the employment-related services.
 - d. *Address, City, Zip*: Enter the complete address of the agency hosting the employment-related services.
 - e. *Fax Number*: Enter the complete fax number (including area code) of the agency hosting the employment-related services.
 - f. *Name of Applicant*: Enter the full name of the applicant.
 - g. *SS#*: Enter the applicant's social security number.
 - h. Check the box(es) to the left of the employment-related service(s) that most closely describe the services utilized by the applicant.
 - i. *Print Name and Title*: Enter the full name and title of the employer/vocational rehabilitation counselor/case manager completing this form. (Note that if this form has been completed by the applicant's case manager, a letter from the employment training agency is required.)
 - j. *Signature*: The person whose name and title is entered above (for the "Print Name and Title" prompt) should sign the document in this section.
 - k. *Telephone Number (If Different From The Number Listed Above)*: If the person who completed this form has a different telephone number than the telephone number listed at the top of the form, enter the complete phone number (including area code) here. If this prompt does not apply (because the phone number for the person completing this form is the same as the phone number listed at the top of the form), write "none" on the line provided.
- 6. CLIENT AGREEMENT:** This form is intended to act as a contract between the LA County Housing Authority, the applicant's sponsoring mental health agency, and the applicant. After this form has been completed, a copy should be provided to the applicant.
- a. Spaces 8, 9, and 10 on the form are left blank and intended to be used if the case worker and the applicant would like to add additional stipulations to the contract. If this is the case, simply write the stipulations in the spaces provided. If not, write "none" on line 8 and leave lines 9 and 10 blank.
 - b. *Client Signature and Date*: The applicant should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).



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- c. *Case Worker Signature and Date:* The applicant's case worker should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - d. *Translated By and Date:* The applicant's translator should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If this prompt does not apply (because the applicant did not need the assistance of a translator), write "none" for these prompts.
- 7. MOVE-IN NOTIFICATION AGREEMENT:** This form highlights the necessary process the applicant must go through before moving into a unit. It is an agreement between the applicant and HCoLA stating that the applicant will not move into a unit until HCoLA authorizes them to do so. This agreement states that if the applicant chooses to move into a unit *prior* to HCoLA's authorization, the applicant is financially responsible for the entirety of the rent; HCoLA will only begin to provide the rental subsidy after the applicant has been authorized to move into the unit. Once completed, a copy should be provided to the applicant.
- a. *Name of Applicant:* Enter the applicant's full name.
 - b. *Name of Clinic/Agency:* Enter the name of the applicant's sponsoring agency.
 - c. *Applicant:* Enter the applicant's full name.
 - d. *Applicant Signature and Date:* The applicant should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - e. *Case Manager Signature and Date:* The applicant's case worker should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- 8. COPIES OF ID, SS CARD, BIRTH CERTIFICATE:** Identification is needed for the applicant as well as all members of the applicant's household.
- a. **CALIFORNIA ID CARD OR DRIVER'S LICENSE:** Provide a photocopy of the California ID Card or Driver's License for every adult member of the household. Be sure the photocopies are clear and discernable and that the face is light enough to be seen clearly.
 - b. **SOCIAL SECURITY CARD:** Provide a photocopy of the Social Security Card for every member of the household. Be sure the social security card is signed on the line provided and that the photocopies are clear and discernable.
 - c. **BIRTH CERTIFICATE:** Provide a photocopy of the Birth Certificate for every member (adults and minors) of the household. Be sure the photocopies are clear and discernable.



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9. ELIGIBILITY PRE-APPLICATION PACKET: This 12-page section is the heart of this application. It is designed to capture the primary information regarding the applicant and his/her household, specifically in regards to the household income and anticipated expenses.

a. Page 1

i. Near the top right of the page, check the box to the left of “Initial Determination” to clarify that this 12-page section is part of the primary application.

ii. Everything else on this page should be left blank.

Part 1 – Household Composition: This section must be completed for all members of the household, using one line per household member. The primary applicant should be the first household member listed.

- a. *Household Member Name:* Enter the household member’s full name.
- b. *Relationship To Head Of Household:* Enter the household member’s relationship to the primary applicant (i.e. Self, Mother, Son, Aunt, etc.).
- c. *Gender:* Check the box to the left of either “M” (for male) or “F” (for female) to indicate the household member’s gender of birth.
- d. *Social Security Number:* Enter the household member’s social security number.
- e. *Date Of Birth:* Enter the household member’s date of birth. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- f. *Place Of Birth:* Enter the city and state of the household member’s place of birth.
- g. *U.S. Veteran?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the household member is a United States veteran.
- h. After all of the household members have been entered into the table, write “none” on the next available line to indicate that all of the household members have been accounted for.
- i. *Is Anyone In Your Household Expecting A Baby?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not a household member is expecting a baby.
 - o If the “No” box was checked, write “none” in the two prompts for the expecting household member’s name and due date.
 - o If the “Yes” box was checked, enter the name of the household member expecting a baby and the due date. Additionally, attach a doctor’s statement or hospital record as verification.

Part 2 – Employment

- a. *Is Any Household Member Employed?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any household member is employed.



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- If the “No” box was checked, write “none” in the top left box of the accompanying grid, directly below the “Household Member Name & Occupation” prompt and move on to Part 3.
- If the “Yes” box was checked, submit the last three pay stubs or a letter from the employer verifying salary and/or wages for each employed household member. Additionally, complete the accompanying grid as follows, using a new row for each employed household member:
 - i. *Household Member Name & Occupation*: Enter the full name and official professional title of the employed household member.
 - ii. *Employer Name*: Enter the full name of the business through which the household member is employed.
 - iii. *Employer Address*: Enter the complete address (Street, City, State, Zip) of the household member’s employer.
 - iv. *Employer Fax & Phone Numbers*: Enter the complete phone and fax numbers (including area code) for the household member’s employer.
 - v. *Employer Contact Name*: Enter the full name of the household member’s supervisor, payroll specialist, or human resources representative.
 - vi. *Start Date*: Enter the date the household member starting working for his/her current employer. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - vii. *Hours Worked*: Enter the number of hours (on average) the household member works for the employer. Be sure to specify whether the total entered is per week, per month, per year, etc.
 - viii. *Salary*: Enter the household member’s compensation rate and be sure to specify whether the total entered is per week, per month, per year, etc.
 - ix. *Tips/Bonuses/Overtime*: Enter any tips, bonuses, or overtime earned by the household member and be sure to specify whether the total entered is per week, per month, per year, etc.
 - x. After all of the employed household members have been entered into the table, write “none” on the next available line to indicate that all of the employed household members have been accounted for.

Part 3 – Self-Employment

- a. *Is Any Adult Household Member In The Household Self-Employed?:*
Answer this question by checking the box to the left of either “Yes” or



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“No” to indicate whether or not any adult household member is self-employed.

- If the “No” box was checked, write “none” in the top left box of the accompanying grid, directly below the “Household Member Name” prompt and move on to Part 4.
- If the “Yes” box was checked, complete the accompanying grid as follows, using a new row for each self-employed household member. Additionally, if the IRS Form 1040/1040A was filed with the IRS for last year, submit a copy with this application.
 - i. *Household Member Name*: Enter the full name of the self-employed household member.
 - ii. *Name Of Business*: Enter the name of the business through which the household member is self-employed.
 - iii. *Type Of Business*: Enter the type of business through which the household member is self-employed.
 - iv. *Business Start Date*: Enter the date the household member started being self-employed with his/her current business. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - v. *Estimated Annual Income*: As accurately as possible, enter the self-employed household member’s annual income.
 - vi. After all of the self-employed household members have been entered into the table, write “none” on the next available line to indicate that all of the self-employed household members have been accounted for.

Part 4 – In-Home Supportive Services

- a. *Is Any Adult Household Member Employed As A Caregiver . . . ?*: Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any adult household member is employed as a caregiver/caretaker providing in-home supportive services for a different household.
- b. *Does An Adult Member Reside With You As A Live-In Attendant . . . ?*: Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not someone resides with the applicant’s household as a live-in attendant providing in-home supportive services for disabled family members in the same household.
 - If the “No” box was checked for BOTH questions, write “none” in the top left box of the accompanying grid, directly below the “Household Member Name (attendant)” prompt and move on to Part 5.
 - If the “Yes” box was checked for EITHER of the questions, submit the last three pay stubs and complete the accompanying grid as follows, using a new row for each household member/attendant:



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- i. *Household Member Name (attendant)*: Enter the full name of the household member employed as a caregiver or the full name of the live-in attendant.
- ii. *Recipient's Name (receives care)*: Enter the full name of the person being cared for by the caregiver or live-in attendant.
- iii. *Is Attendant Related To Recipient?*: Answer this question by checking the box to the left of either "Yes" or "No" to indicate whether or not the attendant and the recipient are related.
- iv. *Eligibility Worker's Name*: Enter the full name of the caregiver or live-in attendant's eligibility worker.
- v. *Eligibility Worker's Phone Number*: Enter the full phone number (including area code) of the caregiver or live-in attendant's eligibility worker.
- vi. *Start Date*: Enter the caregiver or live-in attendant's start date. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- vii. *Hours Worked*: Enter the hours worked by the caregiver or live-in attendant and be sure to indicate whether the hours entered are per week, per month, per year, etc.
- viii. *Salary*: Enter the compensation rate of the caregiver or live-in attendant and be sure to indicate whether the rate is per hour, per week, per month, etc.
- ix. After all of the caregivers and/or live-in attendants have been entered into the table, write "none" on the next available line to indicate that all of the caregivers and live-in attendants have been accounted for.

Part 5 – Other Income

- a. *Does Any Household Member Receive Any Of The Following Types of Income . . .?*: Answer this question by checking the box to the left of either "Yes" or "No" to indicate whether or not any household member receives any of the types of income listed in Part 5.
 - o If the "No" box was checked (indicating that no household member receives ANY of the types of income listed in Part 5), write "none" in the first "Household Member Name" prompt for EACH of the 11 categories of income listed and leave the rest of the accompanying grid blank. Move on to Part 6.
 - o If the "Yes" box was checked, enter the requested information as follows:
 - i. For each of the 11 categories of income listed, indicate that a specific one does NOT apply to any of the household members by writing "none" in the first "Household Member



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Name” prompt for that section and leave the rest of that section blank.

- ii. For each of the 11 categories of income listed, indicate that a specific one DOES apply to a household member by checking the box to the left of the income type and enter the additional requested information as follows, using a different numbered line for each household member:
 1. *Household Member Name*: Enter the full name of the household member who receives that type of income.
 2. *Amount*: Enter the amount received by the household member for that type of income. Be sure to indicate whether the amount entered is per week, per month, per year, etc.
 3. *Name Of Provider/Agency*: If prompted, enter the name of the provider or agency supplying the income.
 4. *Provider/Agency Phone Number*: If prompted, enter the complete phone number (including area code) of the provider or agency supplying the income.
 5. *Provider/Agency Address*: If prompted, enter the complete address (street, city, state, zip code) of the provider or agency supplying the income.
 6. *Required Documents You Must Submit*: Each type of income that applies to one or more household members requires verification. For specifics of what verification is needed for each type of income, refer to the far-right column of the accompanying grid.

Part 6 – Adult Students

- a. *Is Any Adult Family Member, Including You, Currently Enrolled In School?*: Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any adult household member is currently enrolled in school.
 - o If the “No” box was checked, write “none” in the top left box of the accompanying grid, directly below the “Household Member Name” prompt and leave everything else in the grid blank. DO NOT move to Part 7 before also answering the “Athletic Scholarship” question.
 - o If the “Yes” box was checked, complete the accompanying grid as follows, using a new row for each adult household member currently enrolled in school. Additionally, submit the most current registration notice (which includes the number of units being taken), fee statements, and any financial aid letters.
 - i. *Household Member Name*: Enter the full name of the adult household member currently enrolled in school.



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- ii. *Full-Time Student?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the adult student is a full-time student.
 - iii. *School’s Name and Registrar’s Office Address:* Enter the full name of the school the adult student attends as well as the complete address (street, city, state, zip code) of the school’s registrar’s office.
 - iv. *Registrar’s Office Phone Number:* Enter the complete phone number (including area code) of the registrar’s office at the school the adult student attends.
 - v. *Program Type:* Enter the type of program (GED, College, Vocational, etc.) for which the adult student is enrolled.
 - vi. *Tuition Expense:* Enter the total tuition expense for the adult student’s program. Be sure to indicate whether the tuition entered is per unit, per semester, per year, etc.
 - vii. *Receive Financial Aid?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the adult student is receiving financial aid. If checking “Yes,” enter the amount of financial aid received and be sure to indicate whether the amount is per unit, per semester, per year, etc.
 - viii. After all of the adult students in the household have been entered into the table, write “none” on the next available line to indicate that all of the adult students in the household have been accounted for.
- b. *Do Any Adult Students Listed Above Receive Any Athletic Scholarship?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any adult household member is currently receiving an athletic scholarship.
- o If the “No” box was checked, write “none” in the top left box of the accompanying grid, directly below the “Household Member Name” prompt and move on to Part 7.
 - o If the “Yes” box was checked, complete the accompanying grid as follows, using a new row for each adult household member currently receiving an athletic scholarship:
 - i. *Household Member Name:* Enter the full name of the household member receiving an athletic scholarship.
 - ii. *Athletic Scholarship Amount:* Enter the amount the household member is receiving for the athletic scholarship. Be sure to indicate whether the amount entered is per month, per semester, per year, etc.
 - iii. *Athletic Scholarship Amount For Housing:* Enter the amount the household member is receiving for the athletic



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scholarship that is specifically designated for housing. Be sure to indicate whether the amount entered is per month, per semester, per year, etc. If the athletic scholarship does not include housing assistance, write "0" in this prompt.

- iv. After all of the adult students in the household receiving athletic scholarships have been entered into the table, write "none" on the next available line to indicate that they have all been accounted for.

Part 7 – Child Support

- a. *Do You Or Any Adult Household Member Receive Child Support Payments?*: Answer this question by checking the box to the left of either "Yes" or "No" to indicate whether or not any adult household member is currently receiving child support payments.
 - o If the "No" box was checked, write "none" in the top left box of the accompanying grid, directly below the "Full Name Of Child" prompt and move on to Part 8.
 - o If the "Yes" box was checked, submit verification (copy of a check or payment statement) and complete the accompanying grid as follows, using a new row for each adult household member currently receiving an child support payments:
 - i. *Full Name Of Child*: Enter the full name of the child for whom the adult household member is receiving child support payments.
 - ii. *Monthly Child Support Amount*: Enter the total monthly amount received in child support.
 - iii. *Source Of Payment*: Indicate whether the payments received are from an absent parent, County Services, or the DA Office.
 - iv. *Name Of Absent Parent*: Enter the full name of the person paying child support.
 - v. *Parent Deceased?*: Answer this question by writing either "Yes" or "No" in the space provided. If this is unknown, write "Don't Know" in the space provided.
 - vi. *Address Of Absent Parent*: Enter the complete address (street, city, state, zip code) of the absent parent.
 - vii. *Form Of Payment*: Indicate in what form the child support payments are received (i.e. cash, personal check, etc).
 - viii. After all of the adult household members receiving child support payments have been entered into the table, write "none" on the next available line to indicate that they have all been accounted for.



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Part 8 – Regular Contributions & Gifts / Zero Income

- a. *Does Any Adult Household Member Claim Zero Income?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any adult household member claims zero income.
- b. *Does Any Adult Household Member Receive Contributions Or Gifts On A Regular Basis?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any adult household member receives contributions and/or gifts on a regular basis.
 - o If the “No” box was checked for BOTH questions, write “none” in the top left box of the accompanying grid, directly below the “Household Member Name” prompt and move on to Part 9.
 - o If the “Yes” box was checked to indicate that an adult household member claims zero income, complete the accompanying grid as follows, using a new row for each adult household member claiming zero income:
 - i. *Household Member Name:* Enter the full name of the adult household member claiming zero income.
 - ii. *Source Of Assistance:* Write “none” in the space provided.
 - iii. *Type Of Provider:* Write “none” in the space provided.
 - iv. *Address Of Provider:* Write “none” in the space provided.
 - v. *Provider Phone Number:* Write “none” in the space provided.
 - vi. *Type Of Assistance:* Write “none” in the space provided.
 - vii. *Estimated Value (per month):* Enter “0” for this prompt.
 - viii. *Estimated Value (last 12 months):* Enter “0” for this prompt.
 - o If the “Yes” box was checked to indicate that an adult household member receives contributions and/or gifts on a regular basis, complete the accompanying grid as follows, using a new row for each adult household member receiving regular contributions and/or gifts:
 - i. *Household Member Name:* Enter the full name of the adult household member receiving regular contributions and/or gifts.
 - ii. *Source Of Assistance:* Enter the full name of the person or organization providing the contributions and/or gifts.
 - iii. *Type Of Provider:* Indicate if the provider is an individual, and organization, a non-profit, a charity, etc.
 - iv. *Address Of Provider:* Enter the complete address (street, city, state, zip code) of the provider.
 - v. *Provider Phone Number:* Enter the full phone number (including area code) of the provider.
 - vi. *Type Of Assistance:* Indicate whether the contributions/gifts are cash, food, clothing, etc.



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- vii. *Estimated Value (per month)*: Enter the estimated total monthly value of the contributions and/or gifts.
- viii. *Estimated Value (last 12 months)*: Enter the estimated total value of the contributions and/or gifts over the last 12 months.

Part 9 – Childcare

- a. *Does Any Household Member Who Is Currently Employed . . . ?*: Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any adult household who is employed, seeking employment, or attending school pays for childcare for children in the household under the age of 13.
 - o If the “No” box was checked, write “none” in the top left box of the accompanying grid, directly below the “Full Name Of Child” prompt and move on to Part 10.
 - o If the “Yes” box was checked, submit written verification from the childcare provider and complete the accompanying grid as follows, using a new row for each adult household member who is employed, seeking employment, or attending school and paying for childcare for a child in the household under 13 years of age:
 - i. *Full Name Of Child*: Enter the full name of the child under 13 years of age in childcare.
 - ii. *Name Of Childcare Provider*: Enter the full name of the person or agency providing childcare for the child.
 - iii. *Address Of Childcare Provider*: Enter the complete address (street, city, state, and zip code) of the childcare provider.
 - iv. *Childcare Provider Phone Number*: Enter the full phone number (including area code) of the childcare provider.
 - v. *Weekly Amount Paid For Childcare*: Enter the total weekly amount paid for childcare and be sure to specify any variation over the summer months or any other time of year.
 - vi. *Subsidized Program*: Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the childcare program is subsidized.
 - vii. After all of the children under 13 years of age in childcare have been entered into the table, write “none” on the next available line to indicate that they have all been accounted for.

Part 10 – Medical Expenses

- a. *Is The Head Of Household Or Spouse Disabled, Or 62 Years Of Age Or Older?*: Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the head of household or spouse is disabled or 62 years of age or older. Mental illness DOES constitute as



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“disabled” for this question and would warrant the checking of the “Yes” box.

- b. *Does The Head Of Household Or Spouse Pay A Medicare Premium?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the head of household or spouse currently pays a Medicare premium.
- o If the “No” box was checked for both questions, write “none” in the top left box of the accompanying grid, directly below the “Household Member Name” prompt and move on to Part 11.
 - o If the “Yes” box was checked for one or both of the questions but no one in the household has any anticipated medical expenses in the next 12 months (that aren’t covered by insurance), write “none” in the top left box of the accompanying grid, directly below the “Household Member Name” prompt and move on to Part 11.
 - o If the “Yes” box was checked for one or both of the questions AND at least one person in the household DOES have anticipated medical expenses in the next 12 months (that aren’t covered by insurance), provide expense receipts for the last 3 months and complete the accompanying grid as follows, using a new row for each adult household member who has anticipated medical expenses in the next 12 months (that are not covered by insurance):
 - i. *Household Member Name:* Enter the full name of the household member who has anticipated medical expenses in the next 12 months (that are not covered by insurance).
 - ii. *Type Of Expense:* Enter the type of anticipated medical expense and be sure to be as specific as possible.
 - iii. *Monthly Cost:* Enter the anticipated monthly cost of the medical expense.
 - iv. After all of the household members with anticipated medical expenses in the next 12 months (that are not covered by insurance) have been entered into the table, write “none” on the next available line to indicate that they have all been accounted for.

Part 11 – Financial Accounts / Assets

- a. *Do You Or Any Household Member Have A Banking Or Other Personal Account . . .?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not a household member has a banking/personal account (i.e. savings account, checking account, etc.) and/or owns real estate assets.
- o If the “No” box was checked, write “none” in the top left box of both of the accompanying grids (“Financial Accounts” and “Real Estate Assets”), directly below the “Household Member Name” and



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“Household Member Who Is The Owner/Co-Owner Of The Property” prompts and move on to Part 12.

- If the “Yes” box was checked because at least one household member has a financial account, provide the most current statement for each financial account and complete the accompanying “Financial Accounts” grid as follows, using a new row for each adult household member who has a banking and/or personal account:
 - i. *Household Member Name*: Enter the full name of the household member with a financial account.
 - ii. *Type Of Account*: Indicate the type of financial account(s) (i.e. savings, checking, etc.) controlled by the household member.
 - iii. *Current Balance*: Enter the current balance of the account(s). Be sure this total is the same as the total stated on the submitted financial statements.
 - iv. *Interest Rate*: Enter the interest rate for the financial account(s).
 - v. *Penalty For Early Withdrawal?*: Answer this question by writing either “Yes” or “No” in the space provided. If answering “Yes,” use the space provide to explain what the penalty is for early withdrawal and provide any relevant dates.
 - vi. *Name And Address Of Bank/Institution*: Enter the full name and complete address (street, city, state, and zip code) of the bank or institution that governs the financial account.
 - vii. After all of the household members with financial accounts have been entered into the table, write “none” on the next available numbered line to indicate that they have all been accounted for.
- If the “Yes” box was checked because at least one household member is an owner or co-owner of real estate property, provide a copy of the verification of ownership and complete the accompanying “Real Estate Assets” grid as follows, using a new row for each household member who owns or co-owns property:
 - i. *Household Member Who Is The Owner/Co-Owner Of The Property*: Enter the full name of the household member who owns/co-owns real estate property.
 - ii. *Address Of Property*: Enter the complete address (street, city, state, and zip code) of the property owned/co-owned by the household member.
 - iii. *Balance Owed*: Enter the total balance owed by the household member for the real estate property.



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- iv. *Estimated Value:* Enter the estimate value of the real estate property owned/co-owned by the household member.
- v. After all of the household members who own/co-own real estate property have been entered into the table, write “none” on the next available line to indicate that they have been accounted for.

Part 12 – General Information

a. *Do You Need To Add Or Clarify Any Of The Information On This Packet?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not any additional information or clarification is needed. Potential issues that may need clarification include:

- i. Is the address on the applicant’s California ID card different than the addresses supplied on the Shelter Plus Care TRA Yellow Application Form (Checklist Item # 2)? If so, why?
- ii. Is the address on the applicant’s California ID card different than the address on the applicant’s other identification documents (SSI Award Letter, DPSS Notice of Action, etc.)? If so, why?
- iii. Did the applicant require assistance in completing this application? If so, why was the assistance needed and who provided the assistance? **If assistance was needed, the application must also include a letter from the applicant stating, “I [John Doe] give [assisting staff member] authorization to assist me in completing this application, including, but not limited to, transcribing information and, making corrections.” The applicant and assisting staff member must then sign the letter and include it with the application in this section.**
- iv. Is there any discrepancy in the bank account information provided or anything else the Housing Authority should know about the applicant’s financial situation? If so, what and why?
- v. If the applicant has been living on the streets for an extended amount of time, why didn’t the agency help place the applicant in a shelter/transitional facility?
- vi. If the mailing address of the application is the residential address of a family member or friend, why isn’t that address a housing option for the applicant? **If this is the case, a letter from the family member or friend must be submitted explaining why he/she can not house the applicant. Include that letter with this section of the application.**



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- vii. If the applicant has a payee or conservator, why isn't that individual a housing resource for the applicant?
 - o If the "No" box was checked, write "none" on the top line and move on to Part 12.
 - o If the "Yes" box was checked, use the blank lines provided to add additional information and/or to clarify any of the information provided on any form in this entire application.

Part 13 – Notice of Credit Review Policy

- a. There is no paperwork necessary for this section; it serves only as a notice of the Housing Authority's Credit Review Policy. Be sure to read this section carefully and then move on to Part 14.

Part 14 – Family Member / Household Certification

- a. Read the certification statement at the top of the page and then complete this form as follows:
 - i. *Head Of Household (print name)*: Enter the full name of the head of household.
 - 1. *Signature and Date*: The head of household should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - ii. *Spouse (print name)*: Enter the full name of the head of household's spouse. If the head of household has no spouse, write "none" in this prompt.
 - 1. *Signature and Date*: The head of household's spouse should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If the head of household has no spouse, ignore and leave blank these prompts.
 - iii. *Other Adult Family Member (print name)*: Enter the full name of any other adult family members on these lines. If there are no other adult family members, write "none" in these prompts.
 - 1. *Signature and Date*: The other adult family members should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If there are no other adult family members, ignore and leave blank these prompts.
 - iv. *Current Home Telephone Number*: Enter the full home phone number (including area code) of the head of household. If this prompt does not apply to the head of household (because



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- he/she does not have a home telephone number), write “none” in this prompt.
- v. *Work Telephone Number*: Enter the full work phone number (including area code) of the head of household. If this prompt does not apply to the head of household (because he/she does not have a work telephone number), write “none” in this prompt.
 - vi. *Cell Phone Number*: Enter the full cell phone number (including area code) of the head of household. If this prompt does not apply to the head of household (because he/she does not have a cell phone), write “none” in this prompt.
 - vii. *Message Telephone Number*: Enter the full message phone number (including area code) of the head of household. If this prompt does not apply to the head of household (because he/she does not have a message telephone number), write “none” in this prompt.
 - viii. *Email Address*: Enter the email address of the head of household. If this prompt does not apply to the head of household (because he/she does not have an email account), write “none” in this prompt.
 - ix. *Do You Have Access To The Internet?*: Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the head of household has regular access to the internet.

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- a. This is the very last page of the Eligibility Pre-Application Packet and it is for Housing Authority office use only. Ignore and leave blank this entire page.

10. CERTIFICATE OF DISABILITY: This form is designed to be the verification of disability (including mental illness) for the applicant. The applicant should complete the top section of the form by printing his/her name in the “Applicant Name” prompt, date the form in the “Date” prompt, and then sign the release of information (“Applicant Signature”). A licensed psychiatrist, licensed psychologist, licensed clinical social worker (LCSW), or licensed master of family therapy (MFT) should complete the rest of the form.

11. READINESS EVALUATION: This form is designed to provide a snapshot of the applicant’s life skills. This form should be completed by the applicant’s case manager.

- a. *Referral Agency*: Enter the full name of the applicant’s referral agency (i.e. “Step Up On Second”).



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- b. *Agency Address*: Enter the complete address (street, city, state, zip code) of the applicant's referral agency.
- c. *Client Name*: Enter the full name of the applicant.
- d. Financial Responsibility / Money Management
 - i. *Did The Client Attend Money Management Classes?*: Answer this question by checking the box to the left of either "Yes" or "No" to indicate whether or not the applicant attended money management classes.
 - ii. *If Yes, Please Specify The Dates Of The Classes*
 - o If the applicant *did* attend money management classes, enter the specific dates of the classes. Be sure to enter the dates in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - o If the applicant *did not* attend money management classes, write "none" for this prompt.
 - iii. *If Yes, Please Specify The Location Of The Classes*
 - o If the applicant *did* attend money management classes, enter the name and complete address (street, city, state, and zip code) of the agency at which the classes were held.
 - o If the applicant *did not* attend money management classes, write "none" for this prompt.
 - iv. *Did The Client Successfully Complete The Classes?*: Answer this question by checking the box to the left of either "Yes" or "No" to indicate whether or not the applicant successfully completed the money management classes. If the applicant did not attend money management classes, check the "No" box.
 - v. *Comments*
 - o If the applicant *did* attend money management classes, elaborate (in complete sentences) on what the applicant learned in the classes.
 - o If the applicant *did not* attend money management classes, elaborate (in complete sentences) on *why*.
- e. Parent-Child Interaction
 - i. *Did The Client Attend Parenting Classes?*: Answer this question by checking the box to the left of either "Yes" or "No" to indicate whether or not the applicant attended parenting classes.
 - ii. *If Yes, Please Specify The Dates Of The Classes*
 - o If the applicant *did* attend parenting classes, enter the specific dates of the classes. Be sure to enter the dates in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - o If the applicant *did not* attend parenting classes, write "none" for this prompt.



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- iii. *Did The Client Successfully Complete The Classes?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the applicant successfully completed the parenting classes. If the applicant did not attend parenting classes, check the “No” box.
- iv. *How And Where Was Parent-Child Interaction Observed And Over What Period Of Time?*
 - o If the applicant *does* have children, elaborate (in complete sentences) on how, where (street, city, state, and zip code) and when (specific dates) the parent-child interaction that was observed took place. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - o If the applicant *does not* have children, write “The client has no children” in the space provided.
- f. Socialization Skills
 - i. In the space provided, elaborate (in complete sentences) on the applicant’s socialization skills.
- g. Housekeeping Skills
 - i. *State The Address/Location Where Housekeeping Skills Have Been Observed:* Enter the complete address (street, city, state, and zip code) where the applicant’s housekeeping skills have been observed. If the address entered in this prompt is an agency address, be sure to also include the full name of the agency.
 - o If the applicant is homeless on the streets or in a car, write “None, the applicant is homeless on the streets” or “None, the applicant is homeless in his/her car” for this prompt.
 - ii. *What Type(s) Of Housekeeping Skills Were Demonstrated?:* Enter the type(s) of housekeeping skills (washing dishes, moping, tidying up, laundry, etc.) that the applicant has demonstrated.
 - o If the applicant is homeless on the streets or in a car, write “None, the applicant is homeless on the streets” or “None, the applicant is homeless in his/her car” for this prompt.
 - iii. *Comments:* Elaborate (in complete sentences) on the applicant’s housekeeping ability and/or goals.
 - o If the applicant is homeless on the streets or in a car, write “None, the applicant is homeless on the streets” or “None, the applicant is homeless in his/her car” for this prompt.
- h. Leisure-Time Management
 - i. In the space provided, elaborate (in complete sentences) on what the applicant does in his/her leisure time.



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- i. Substance Abuse / Mental Illness History And Resolution
 - i. In the space provided, elaborate (in complete sentences) on the applicant's substance abuse history (if any) as well as the applicant's mental illness history. Additionally, be sure to elaborate on what efforts the applicant is making to address his/her substance abuse history and/or mental illness.
- j. *Name Of Evaluator* and *Date*: The case manager completing this form should print his/her name and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).

12. APPLICANT ELIGIBILITY WORKSHEET / HOMELESS CONDITION

CERTIFICATE: This four-page packet is designed to establish the applicant's homeless status as well as provide information regarding the applicant's housing history.

- a. *Referring Agency Name*: Enter the full name of the applicant's referring agency (i.e. "Step Up On Second").
- b. *Applicant Name*: Enter the full name of the applicant.
- c. *Applicant's Current Resident Address*: Enter the applicant's address, being as specific as possible. P.O. Box addresses will not be accepted.
 - o If the applicant is currently living at a shelter or transitional living facility, put the shelter/transitional facility's full name and complete address (street, city, state, and zip code) on this line. If it is not evident that it is a shelter/transitional facility, be sure to indicate so by writing "(Shelter)" or "(Transitional Facility)" after the address.
 - o If the applicant is homeless on the streets or in his/her car, write exactly that and be as specific as possible (i.e. "Homeless on streets at the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401").

Section I

- a. Section I consists of a grid with six different types of homeless status: living on the streets, emergency shelter; transitional housing; pending eviction; fleeing domestic violence; and discharge from an institution. Check the box to the left of the type of homelessness that best describes the applicant's *current* episode of homelessness.
- b. To the right of the box that was checked (describing the applicant's *current* episode of homelessness) is a description of the required documentation needed for verification of homelessness. Be sure to read carefully what is required and submit it with the rest of the application as the "Third Party Verification" (Checklist Item # 19).



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- c. If the applicant is *currently* in an emergency shelter or transitional living facility, be sure to provide the “Date Verified,” “Shelter Contact Person,” and “Shelter Contact Number” prompts.

Section II

- a. *How Did The Applicant Become Homeless?:* Explain the events that led to the applicant’s homelessness. Be as specific as possible. (For example, rather than writing, “Bob lost his job and became homeless,” elaborate by writing, “Bob lost his job, couldn’t afford his rent, and left voluntarily so as to avoid eviction.”)
- b. *The Above Applicant Has Been Homeless Since:* Enter the initial date of the applicant’s homelessness.
- c. *History:* In chronological order, enter the applicant’s housing history spanning from the initial date of homelessness through the present. Include specific addresses (street, city, state, and zip code), specific dates, and shelter/transitional facility names. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If there are any time gaps in this housing history, note so and explain why the information is not available (i.e. “Due to applicant’s memory loss, his whereabouts between 12/03/2000 and 09/25/2001 are unknown.”). **If the applicant recently came to California from another state, and is claiming to have been “homeless in the streets/car” in that state, a verification letter must be provided from an agency in the other state. If no agency is available, be sure to be as specific as possible about exactly where the applicant was homeless.**
- d. *Chronically Homeless?:* Answer this question by checking the box to the left of either “Yes” or “No” to indicate whether or not the applicant qualifies as “chronically homeless” under the HUD definition. (Appendix B)
- e. The grid on Page 3 of this packet is designed to summarize the information provided in the housing history, *but only for those applicants that do NOT qualify as “chronically homeless.”* (Appendix B). This grid should be completed in chronological order, starting with the initial date of homelessness and continuing through the present episode of homelessness. The grid contains five numbered lines; use a different numbered line for each separate housing/homelessness stint. If an applicant needs more than the five numbered lines provided, submit multiple copies of this page and change the #1-5 numbered lines to #6-10 and so-on as needed.
 - o If the applicant does NOT qualify as “chronically homeless (Appendix B), ignore this grid and leave it blank.
 - o If the applicant DOES qualify as “chronically homeless (Appendix B), complete the accompanying grid as follows:
 - i. *Name Of Shelter/Address:* Write the complete address (street, city, state, and zip code) of the shelter/transitional living facility



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- or private residence. If writing the address of a shelter or transitional living facility, be sure to include the shelter/transitional facility's full name in this prompt as well.
- ii. *Entry Date:* Write the date the applicant entered into the address provided for the "Name of Shelter/Address" prompt to the left. Be sure to write the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - iii. *Exit Date:* Write the date the applicant exited from the address provided for the "Name of Shelter/Address" prompt to the left. Be sure to write the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 1. When answering this prompt for the current episode of homelessness and the applicant is living in a shelter or transitional living facility, enter the anticipated exit date. Be sure to write the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 2. When answering this prompt for the current episode of homelessness and the applicant is homeless on the streets/car, write "present" for this prompt.
 - f. *Referring Case Manager's Signature/Date:* The applicant's case manager should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - g. *Applicant's Signature/Date:* The applicant should sign and date the form in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - h. *Referring Agency Address:* Enter the full name and complete address (street, city, state, and zip code) of the applicant's referring agency (i.e. "Step Up On Second, 1328 2nd Street, Santa Monica, CA 90401).
 - i. *Affix Office Stamp or Business Card:* Either stamp this box with the agency's official stamp or attach the business card of the applicant's case manager.

Section III

- a. This entire section is for Housing Authority office use only. Therefore, ignore and leave blank this entire section.

13. SHELTER PLACEMENT ATTEMPTS VERIFICATION FORM: This form is designed to capture the information pertaining to any attempts made to place the applicant into an emergency shelter.

- o If there have not been attempts to place the applicant into an emergency shelter, leave this form blank and do not submit it with the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.



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- If there *have* been attempts to place the applicant into an emergency shelter, complete this form as follows:
 - a. *Agency*: Enter the full name of the applicant's referring agency (i.e. "Step Up On Second").
 - b. *Applicant's Name*: Enter the full name of the applicant.
 - c. *Case Manager*: Enter the full name of the applicant's case manager.
 - d. *Applicant's SS#*: Enter the applicant's social security number.
 - e. *First Attempt, Second Attempt and Third Attempt*: Enter the date the case manager assisted the applicant in contacting emergency shelter to inquire about placement. Be sure to write the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - i. To capture the relevant information, each attempt ("First Attempt," "Second Attempt," and "Third Attempt") has an accompanying grid that must be completed. Including multiple shelters in one of the grids means that each of those shelters was contacted on the same day. Each grid has space to provide the information for five shelters that were contacted; use a different numbered line for each shelter.
 - 1. *Name of Shelter*: Enter the full name of the shelter contacted.
 - 2. *Employee*: Enter the full name of the employee from the shelter with which the applicant and/or applicant's case manager spoke.
 - 3. *Address/Phone*: Enter the complete address (street, city, state, and zip code) and full phone number (include area code) of the shelter contacted.
 - 4. *Outcome*: Enter the outcome for the applicant (i.e. accepted, wait listed, denied, etc.).

14. CURRENT CALWORKS NOTICE OF ACTION: If applicable, the current CalWorks Notice of Action is needed as a verification of income.

- If neither the applicant nor anyone in the applicant's household receives benefits from DPSS (neither CalWorks or General Relief), ignore this section and do not submit anything for this section with the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
- If the applicant and/or anyone in the applicant's household *does* receive benefits from DPSS (either CalWorks or General Relief), submit the household member's most current Notice of Action for this section. The Notice of Action must be no more than 30 days old and must include a stamp from the DPSS office to certify that the Notice of Action is authentic.



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- 15. CURRENT SSI AWARD LETTER** If applicable, the current Supplemental Security Income (SSI) Award Letter is needed as a verification of income.
- If neither the applicant nor anyone in the applicant's household receives SSI benefits, ignore this section and do not submit anything for this section with the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - If the applicant and/or anyone in the applicant's household *does* receive SSI benefits, submit the household member's most current SSI Award Letter for this section. The SSI Award Letter must be no more than 30 days old and must include a stamp from the Social Security Administration office to certify that the SSI Award Letter is authentic.
- 16. COPY OF CURRENT BANK STATEMENT(S):** The applicant's and/or applicant's household's most recent bank statements are needed to provide an accurate snapshot of the applicant's financial situation.
- If neither the applicant nor anyone in the applicant's household has a checking or savings account, ignore this section and do not submit anything as part of the application, noting so on the cover page checklist by writing "none" on the blank line to the left of the checklist item.
 - If the applicant and/or anyone in the applicant's household *has* a checking and/or saving account, include the *most recent* of the client's checking and/or savings account statements. These statements must be the *originals*. If the originals are not available, a print out from the bank capturing all credits and debits for the account is acceptable so long as the print out includes the following:
 - a. An official bank stamp on the print out.
 - b. A signature of a bank official on the print out.
 - c. An attached business card from the bank official who signed the print out.
- 17. AUTHORIZATION FOR RELEASE OF INFORMATION (HUD-9886):**
This form authorizes HUD and the Housing Authority to obtain pertinent information about the applicant from various organizations and government departments (i.e. Social Security Administration, Veteran's Administration, etc.). This form is a two-page form and every adult member of the household must sign and date the document. The head of household must also provide his/her social security number.
- 18. HACOLA AUTHORIZATION FOR RELEASE OF INFORMATION:** This form authorizes the Housing Authority to obtain any information it deems necessary to complete and verify this application.
- a. *Printed Name (Head of Household):* Enter the applicant's full name.
 - b. *Social Security Number:* Enter the applicant's social security number.



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- c. *Address, City, State, and Zip:* Enter the applicant's address, being as specific as possible. P.O. Box addresses will not be accepted.
 - o If the applicant is currently living at a shelter or transitional living facility, put the shelter/transitional facility's full name and complete address (street, city, state, and zip code) in this line. If it is not evident that it is a shelter/transitional facility, be sure to indicate so by writing "(Shelter)" or "(Transitional Facility)".
 - o If the applicant is homeless in the streets or in his/her car, write exactly that and be as specific as possible (i.e. "Homeless in streets at the corner of 2nd Street and Santa Monica Blvd, Santa Monica, CA 90401").
- d. *Telephone Number:* Enter the applicant's full telephone number (including area code).
- e. *Date of Birth:* Enter the applicant's birth date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- f. *Other Adult in Household, Date of Birth, and Social Security Number:* Enter the requested information for each additional household member (other than the applicant). Be sure to enter the birthdates in the MMDD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - i. Once all of the other adult household members have been entered into the form, write "none" on the next available line to indicate that all of the adult household members have been accounted for.
- g. *Minor in Household, Date of Birth, and School Attending:* Enter the requested information for each minor in the applicant's household. Be sure to enter the birthdates in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
 - i. Once all of the minors in the applicant's household have been entered into the form, write "none" on the next available line to indicate that all of the minors in the applicant's household have been accounted for.
- h. *Signature – Head of Household and Date:* The applicant should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- i. *Signature – Other Adult and Date:* The other adults in the applicant's household should sign and date the document in this section. Be sure to enter the date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982). If there are no other adult members of the household (other than the applicant), write "none" on this line.

Authorization for Request of Use/Disclosure of Protected Health Information (DMH 602): This form authorizes the Department of Mental Health to release any of the applicant's mental health records to the Housing Authority. This is a TWO-SIDED form, and both sides must be completed in full, as follows:



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Page One

- i. *Name of Client/Previous Names*: Enter the applicant's full name as well as any other legal names the applicant has used in the past.
- ii. *Birth Date*: Enter the applicant's birth date in the MM/DD/YYYY format (i.e. December 3, 1982 would be 12/03/1982).
- iii. *MIS Number*: Enter the applicant's MIS number.
- iv. *Street Address*
 - o If the applicant is currently residing at a shelter or transitional housing facility, enter the shelter/transitional facility's name and complete street address.
 - o If the applicant is currently homeless in the streets or car, write "Homeless in the Streets" or "Homeless in car," which ever is accurate for the applicant.
- v. *City, State, Zip*
 - o If the applicant is currently residing at a shelter or transitional housing facility, enter the shelter/transitional facility's city, state and zip code.
 - o If the applicant is currently homeless in the streets or car, answer these prompts with as much detail as possible.
- vi. *Authorizes*: Enter the agency name (i.e. Step Up On Second) and complete address.
- vii. *Information to be Released and Purpose of Disclosure*: These fields should already be filled out. Double check that the lines for (and *only* the lines for) "Assessment/Evaluation," "Diagnosis," and "Client's Request" have all been checked.
- viii. *Expiration Date*: The applicant can choose any expiration date he/she wants, but to ensure that it does not expire before the housing voucher is granted, always make the date at least one year from the application submission date.

Page Two

- i. *Contact Person / Agency Name / Address*: Enter the primary contact person (i.e. case manager) at the same agency that was authorized on the front page and his/her complete mailing address.
- ii. *Signature of Client / Personnel Representative and Date*: After the sentence at the bottom of the page that starts "I have had an opportunity to review . . .," the applicant should sign and date the form.
- iii. DO NOT sign or date the "Revocation of Authorization" box.



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19. THIRD PARTY VERIFICATION: For this section, submit the homelessness verification letter (letter from shelter, transitional living facility, agency, etc.) from the “Applicant Eligibility Worksheet/Homeless Condition Certificate” (Checklist item #12). If no such third party verification is needed, do not submit anything for this section, noting so on the cover page checklist by writing “none” on the blank line to the left of the checklist item.



Step Up On Second's Guide to Housing

Appendices

- Appendix A: HUD Definition of "Homeless"
- Appendix B: HUD Definition of "Chronically Homeless"



STEP UP ON SECOND'S GUIDE TO HOUSING

Appendices

APPENDIX A: HUD Definition of “Homeless”¹

A person is considered “homeless” ONLY when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

The following do NOT meet the HUD definition of Homeless:

- Persons living in housing, even though they are paying an excessive amount for their housing, the housing is substandard and in need of repair, or the housing is crowded.
- Persons living with relatives or friends.
- Persons staying in a motel, including a pay-by-the-week motels.
- Persons living in a Board and Care, Adult Congregate Living Facility, or similar place.
- Persons being discharged from an institution that is required to provide or arrange housing upon release.
- Wards of the State, although youth in foster care may receive needed supportive services which supplements, but does not substitute for, the state’s assistance.

¹ As cited from http://www.thn.org/continuum_care_docs/HUD_Definition_of_Homelessness.doc, accessed on September 9, 2007.



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Appendices

APPENDIX B: HUD Definition of “Chronically Homeless”

To qualify as “Chronically Homeless,” a person must meet all three of the following criteria:

1. Be an unaccompanied individual. An unaccompanied individual is a single person who is alone; the individual cannot be part of a homeless family and cannot be accompanied by a child or children.
2. Have a disabling condition. A disabling condition is defined as “a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two (2) or more of these conditions.
3. Meet the HUD definition of “homeless” (Appendix A) for at least one of the following:
 - a. The most recent 12 consecutive months; and/or
 - b. Four (4) separate episodes of homelessness in the most recent three (3) years. An “episode of homelessness” is a distinct and sustained stay on the streets and/or emergency homeless shelter or transitional living facility.