

**MIAMI-DADE COUNTY CONTINUUM OF CARE
RAPID RE-HOUSING APPLICATION**

The Miami-Dade County Continuum of Care Rapid Re-Housing (RRH) Program, operated by _____(Agency), provides temporary rental assistance along with housing stability services to assist participants to move into their own homes and achieve housing stability.

Program staff will perform a preliminary determination of your eligibility based on the information you provide in this Application, including all required documentation for every household member. There are limited RRH funds available, therefore, assistance will be provided to eligible persons on first-come, first-serve basis until funds are exhausted.

RRH Eligibility Criteria:

Applicants must meet the following criteria to be considered for assistance:

1. The applicant must be homeless and referred to RRH assistance in HMIS by the Miami-Dade Homeless Trust.
2. The applicant must meet one of the priorities for assistance as described in the RRH Standards of Care.
3. The applicant is not receiving housing assistance from another program.

RRH Program Requirements:

Primary program requirements are:

1. The recipient must contribute toward the rent, commencing the third month of assistance, based on an assessment of need. For example:

Month of Program Assistance (Length of Assistance Based on Need)	Participant's Share of Rent
Month 1	0%
Month 2	0%
Month 3	25%
Month 4	50%
Month 5	50%
Month 6	75%

2. The recipient must locate and move into an approved housing unit within 45 days of acceptance into the RRH Program. Failure to do so can result in termination of the offer of assistance.
3. If an applicant is approved for assistance, they must work with staff to develop a RRH Housing Plan and participate in home visits.

Types of apartments that qualify for rent assistance:

1. Private rental property.
2. In the case of ESG assistance, the gross rent (rent & tenant utilities) cannot exceed Fair Market Rents.
3. Rent must be reasonable.
4. Rent must be affordable to the household's current income or reasonably potential income;
5. The rental housing cannot be assisted under any other federal, state or local housing program (e.g. Section 8 or other voucher programs, affordable rent-restricted units).
6. Units built prior to 1978 housing a child under 6 years old or pregnant women require a lead based paint inspection.
7. The housing unit must meet local and federal housing quality standards (HQS).

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Housing Assessment

Today's Date: _____

Client's Name: _____ HMIS Number: _____

Income

1. Are you receiving income? _____

If yes, what type of income? _____

Amount of income: _____ How often is it received? _____

2. Have you applied for Social Security Disability Benefits? _____

If yes, when did you apply? _____ Is your claim pending? _____

Is your claim in appeal? _____

3. Do you have any money saved? _____ If yes, how much? _____

Credit History

1. Do you owe any creditors?

Name	Monthly Payment	Balance
1.		
2.		
3.		

Housing History

1. Tell me about the last place you lived that worked well for you. What about that experience/housing/situation made it work well for you? _____

2. Have you been on a lease before? What was the outcome? _____

3. Have you ever lived in public housing or Section 8 before? What was the outcome? _____

4. Do you owe any money to a housing authority? _____

5. Do you know if you have any housing-related debt (past due rent, utilities, etc.)? _____

6. Have you ever applied for Section 8 or voucher programs for permanent housing? _____
If yes, when and where? _____

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Housing Goals

- 1. Where would you like to live next? Is there a neighborhood you have in mind? _____

- 2. Is there an area where you want to avoid (due to domestic violence or recovery needs)? _____

- 3. Where do you have any friends or family? _____
- 4. Where is your school set-up? _____
- 5. Where is your job/job options located? _____
- 6. Do you use public transportation? _____
- 7. Do you have a car? _____ Is it registered? _____ Is it insured? _____
- 8. Do you own a pet? _____
- 9. What kind of apartment are you looking for? _____
- 10. Do you need any special accommodations? _____
- 11. What size unit? _____
- 12. What monthly rent are you trying to target? _____
- 13. How much do you think you can afford each month? _____

Housing Challenges

- 1. Have you tried applying for a new lease recently? What was the outcome? _____

- 2. What did they tell you about your application? _____

- 3. Do you have any concerns about moving back into your own place? _____

- 4. What are some things relevant to your housing that you can't live without? _____

- 5. What are some things relevant to your housing that you are willing to forego right now? _____

- 6. How comfortable are you looking for your own apartment? What kind of questions would you ask?

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7. Do you want someone/me to come with you when you start looking? _____

8. How can I help you with your housing goals? _____

Monthly Budget

NET/TAKE HOME INCOME			
	CURRENT INCOME	ANTICIPATED INCOME	NOTES
Employment			
Employment			
SSI/SSDI Disability			
SSA Social Security Retirement			
Child Support			
Pension			
VA Benefits			
TANF			
Self-Employment			
Other			
TOTAL HOUSEHOLD INCOME			
Food Stamps			
EXPENSES			
	CURRENT EXPENSES	ANTICIPATED EXPENSES	NOTES
HOUSEHOLD EXPENSES			
Mortgage or Rent			
Maintenance/Repairs			
Home/Renters Insurance			
UTILITIES			
Electricity			
Gas			
Water/Sewer			
Home Phone			
Cell Phones			
Cable TV			
Internet/Wi-Fi			
FOOD & GROCERIES			
Groceries Purchased			
Dining Out			
TRANSPORTATION			
Car Payment			

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Fuel			
Car Insurance			
Tolls			
Bus/Taxi/Ride Sharing			
Family/Friend			
MEDICAL EXPENSES			
Doctor/Dentist			
Prescriptions			
Medical Insurance			
JOB SEARCH			
Copies			
Resume Paper/Supplies			
	CURRENT EXPENSES	ANTICIPATED EXPENSES	NOTES
ENTERTAINMENT			
Movies			
Concerts			
Sporting Events			
Cigarette/Alcohol			
Gambling/Lottery			
Other			
Other			
LOANS/INSTALLMENTS			
Credit Cards			
Credit Cards			
Credit Cards			
Pay Day loans/Cash Advances			
Personal Loans			
Student Loans			
Furniture			
Other			
INSURANCE			
Life			
Other			
CHILD EXPENSES			
Uniform			
School Supplies			
Daycare			
Other			
PETS			
Food			
Medical			
Grooming			
Other			

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SAVINGS OR INVESTMENTS			
Retirement Account			
Investment Account			
Other			
GIFTS AND DONATIONS			
Church Tithe			
Charity			
Other			
LEGAL			
Attorney			
Alimony			
Child Support			
Payments on Lien or Judgement			
Other			
PERSONAL CARE			
Hygiene Items			
Clothing			
Hair/Nails			
Dry Cleaning			
Gym			
Other			
Total Income			
Total Expenses			
Total Amount Remaining (= Total Income – Total Expenses)			

APPLICANT CERTIFICATION

I certify that the information provided to determine my eligibility for assistance on this RRH application, dated _____, is true and correct to the best of my knowledge. I certify that I have not found a new residence, and I do not have the financial resources or support available to obtain housing without this assistance.

I acknowledge that it is my responsibility to report any and all changes in the income of my household. I further understand that any false information provided in connection with this application may be grounds for termination from the program if deemed eligible. I hereby acknowledge that I am applying for assistance under a U.S. HUD-funded program and that Title 18 Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. False statements also are criminally punishable under state law.

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Applicant: Signature: _____ Date: _____

Applicant Name: _____

<p>RRH Agency Assistance Determination</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied for RRH Assistance.</p> <p>Reason:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>RRH Program Staff _____</p> <p>Print Name and Title: _____</p> <p>Date: _____</p>
