

FORM "D"

Introductory Letter to CoC Families on the DHCD Waiting List EMERGENCY HOUSING VOUCHER PROGRAM

The Public Housing Agency may be able to assist you with your housing needs on an emergency basis if you are homeless; at risk of homelessness; fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; or recently homeless and for whom providing rental assistance will prevent the your/your family's homelessness or having high risk of housing instability. To know whether you are eligible for housing, for the reasons stated above, through the Emergency Housing Voucher Program, please fill out the form below and leave it with your caseworker.

Your participation in this process is strictly voluntary and any existing position on the Section 8 waiting list will not be jeopardized!

CoCs will evaluate your housing needs upon receipt of the form. If you meet the criteria for the Program, we will notify the public housing agency -- and request that they determine your eligibility for assisted housing. If you qualify for a voucher, your name will be coded as Emergency Housing Voucher eligible on the waiting list. Participation in the program is based on both eligibility and position on the waiting list. Eligibility does not guarantee that you will receive immediate housing.

FORM "D" (cont)

I hereby request that the CoCs review my circumstances, and if I qualify for the Emergency Housing Voucher Program, certify the same to the (DHCD).

(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE: () _____

SIGNATURE _____ DATE

SOCIAL SECURITY NUMBER _____

APPENDIX A - Homeless Provider's Certification

Emergency Housing Voucher (EHV)

HOMELESS CERTIFICATION

EHV Applicant Name: _____

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above-named individual or household meets the following criteria based on the check mark, other indicated information, and signature indicating their current living situation-

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

- The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or campground.

Description of current living situation:

Homeless Street Outreach Program

Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature:

Date: _____

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name:

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g., newly established Emergency Shelter).

Authorized Agency Representative Signature:

Date: _____

Living Situation: Recently Homeless

The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (ex. Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.)

Authorized Agency Representative Signature: _____

This referring agency must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature:

Date: _____

APPENDIX B - Victim Services Provider's Certification

Emergency Housing Voucher (EHV)

HUMAN TRAFFICKING CERTIFICATION

Purpose of Form:

The Victims of Trafficking and Violence Protection Act of 2000 provides assistance to victims of trafficking making housing, educational health care, job training and other Federally funded social service programs available to assist victims in rebuilding their lives.

Use of This Optional Form:

In response to this request, the service provider may complete this form and submit it to the Public Housing Agency (PHA) to certify eligibility for EHV assistance.

Confidentiality: All information provided to the service provider concerning the incident(s) of human trafficking shall be kept confidential and such details shall not be entered into any shared database. Employees of the PHA will not have access to these details, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED ON BEHALF OF HUMAN TRAFFICKING SURVIVOR

EHV Applicant Name: _____

This is to certify that the above-named individual or household meets the definition for persons who are fleeing or attempting to flee human trafficking under section 107(b) of the Trafficking Victims Protection Act of 2000.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

_____ \

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual(s) named above is/has been a victim of human trafficking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Authorized Agency Representative Signature: _____

Date: _____

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Maryland Dept. of Housing & Community Development
 503 Race Street, 1st floor
 Cambridge, MD 21613

		Office Use Only							
Received/ Revised	Unit Size	Preference							
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7

Legal address if different from mailing address

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Social Security Number _____

Date of Birth _____

Sex Female Male

Home Telephone _____

Other Telephone _____

Other Telephone Type Work Other Specify: _____

E-mail Address _____

I would like to receive correspondence via e-mail.

Do you qualify for a reasonable accommodation due to a disability? Yes No

Ethnicity
(Check One Box)

- Hispanic/Latino
 Not Hispanic/Latino

OR

Race
(Check All That Apply)

- White
 Black/African American
 American Indian/
 Alaska Native
 Asian
 Native Hawaiian/Other
 Pacific Islander

Racial and ethnic data for
 statistical purposes only

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3



PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u>	<u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____	_____

List total cash value and total income received for assets owned by all familymembers.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select each item that applies to your current status.

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ Date _____

Privacy Act Notice: For your protection, the data collected on this form will only be released in accordance with the Privacy Act of 1974.

