



## Northwest Rapid Re-Housing CoC Program Application

McKean County Redevelopment Authority

3 office locations to serve you:

11 Campus Drive  
Bradford, PA 16701

415 West Main Street  
Smethport, PA 16749

Central Towers  
130 Greeves Street  
Kane, PA 16735

Phone: 814-887-5563

Fax: 814-568-3882

This program provides time limited rental assistance for households until the household is self-sufficient due to an increase in household income *or* until the household receives a Housing Choice Voucher (Section 8) *or* until the household can access public housing. Regardless of circumstances, the maximum length of assistance is 24 months. Priority is given to people with the highest needs and vulnerability, in accordance with the Coordinated Entry policies and procedure and aligns with the Housing First philosophy.

Please provide the following information, if available, with your application: (please note: if the below documentation is not available, this will **not** affect your participation in the program)

1. Completed application.
2. Proof of **all** household income for all family members.
3. Copies of Birth Certificates and Social Security cards for **all** family members, if available. If you do not have this documentation, Housing Case Managers will assist you with obtaining these documents. You may be enrolled in the program without them.
4. Proof of homelessness
5. Work with Housing Case Manager to develop a client- centered Housing Stability Plan.
6. Completed Self-Sufficiency Matrix
7. Signed Authorization of Release of Information

# Housing Program Application (10/19)

Office use only: Received at MCRA \_\_\_\_\_  
Program \_\_\_\_\_

Please answer all questions completely and include demographic information for all household members.

## **Complete I. through VI. for each household member** **(this page is completed for each household member)**

I. First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Transgendered  Non-Binary  Prefers not to answer

Social Security Number \_\_\_\_\_

### **II. Citizenship status**

Race:  American Indian/Alaskan Native  Asian  Black or African American

Native Hawaiian or other Pacific Islander  White

Ethnicity:  Hispanic  Non-Hispanic

Have you ever served in the military?  Yes  No

If yes, Branch \_\_\_\_\_

Dates of Service \_\_\_\_\_

Currently fleeing Domestic Violence:  Yes  No

If yes, when did the experience occur?

Within the past 3 months  3 to 6 months ago  From 6 to 12 months ago  More than 1 year ago

### **III. Income (attach proof of income)**

Sources of income:  Employment  SSI  SSDI  TANF/Cash Assistance

Child Support  Unemployment  Pension  Other \_\_\_\_\_  None

Amount received (before taxes) \_\_\_\_\_ How often \_\_\_\_\_

Do you have a representative payee?  Yes  No Name \_\_\_\_\_

If you are employed what is your status?

Full time \_\_\_\_\_ number of hours a week  Part time \_\_\_\_\_ number of hours a week

If Part time, are you looking for more hours  Yes  No

Seasonal/Sporadic (including day labor)  Yes  No

### **IV. Benefits**

Food Stamps amount \_\_\_\_\_  Medical Assistance/MAWD  WIC  MATP

Childcare assistance  Private medical insurance  Medicare  Other \_\_\_\_\_  None

### **V. Education completed**

1-8 \_\_\_\_\_ highest grade completed  Some college

8-12 (no diploma) \_\_\_\_\_ highest grade completed  Graduated College

High School Diploma  Technical School certificate

GED

### **Children's Education (Clients under 18)**

Current enrollment status?

No  Yes

Public school  Parochial or other private school

Was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?

No  Yes

Name of child's school \_\_\_\_\_

### **VI. Disabling Condition (attach verification)- not a factor in program participation**

Does this family member have a disabling condition?  Yes  No

Physical Disability  Yes  No Developmental Disability  Yes  No

Chronic Health condition  Yes  No HIV/AIDS  Yes  No

Mental Health condition  Yes  No Substance Abuse condition  Yes  No

Pregnant  Yes  No If yes, due date \_\_\_\_\_

**VII. Assets (provide verification)**

Household member \_\_\_\_\_

Type (savings account, checking account, life insurance, trust fund, stocks, vehicles, etc)

Value \_\_\_\_\_ Actual income from Asset per month \_\_\_\_\_

**VIII. Last Permanent Address (where you last lived for 90 days or more)**

Date Left Last Permanent Address \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Permanent Address \_\_\_\_\_

Last Permanent City, State, Zip Code \_\_\_\_\_

How Long at This Address \_\_\_\_\_

**IX. Are you Homeless:**  Yes  No (According to HUD, a person is considered homeless only when he/she resides in: a place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street) or in an emergency shelter.)

Where Did You Stay Last Night (choose one)?

- Abandoned Building
- Emergency Shelter
- Hospital
- Jail
- Outside Anywhere
- Prison
- Car or other Vehicle
- Foster Care Home
- Subsidized Housing
- Living with Family/Friends
- Own Room, Apt or House
- Permanent Housing for Formerly Homeless Persons
- Psychiatric Hospital or Facility
- Substance Abuse Treatment Facility
- Hotel/Motel paid for as emergency shelter
- Transportation Site or Station
- Transitional Housing for Homeless Persons

How Long did you stay there (choose one)?

- Less than 1 week
- 1 month to 3 months
- 1 year or longer
- More than 1 week but less than 1 month
- More than 3 months but less than 1 year

Homeless Episodes

Total Number of Times Homeless in the past three years (including this time, choose one):

- 1  2  3  4  5 to 7  8 to 10  More

Total number of months homeless in the last 3 years \_\_\_\_\_

**X. Prior subsidized rental history**

Have you ever been the leaseholder in any subsidized housing program in the past?

- Yes  No Date of occupancy \_\_\_\_\_

If yes, from what Housing Authority or agency? \_\_\_\_\_

Do you owe any Housing Authority a balance?  Yes  No

If yes, amount of balance \_\_\_\_\_ Name of Housing Authority \_\_\_\_\_

**Previous Rental History**

Number of prior evictions from housing when listed on the lease \_\_\_\_\_

Reasons for Prior Evictions:

- Nonpayment of Rent
- Illegal activity - drugs related
- Domestic violence
- Other (explain): \_\_\_\_\_
- Person in household not on lease
- Illegal activity - non drug related
- Property damage

Date of last eviction? \_\_\_\_\_

**Applications submitted for housing waiting lists**

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Please write a paragraph describing your current housing crisis and your plan to remain permanently housed after assistance through this Subsidy program:**

County preference:

- |                                  |                                  |                                     |                                   |
|----------------------------------|----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cameron | <input type="checkbox"/> Clarion | <input type="checkbox"/> Clearfield | <input type="checkbox"/> Crawford |
| <input type="checkbox"/> Elk     | <input type="checkbox"/> Forest  | <input type="checkbox"/> Jefferson  | <input type="checkbox"/> Lawrence |
| <input type="checkbox"/> McKean  | <input type="checkbox"/> Mercer  | <input type="checkbox"/> Potter     | <input type="checkbox"/> Venango  |
| <input type="checkbox"/> Warren  |                                  |                                     |                                   |

Referred by \_\_\_\_\_ Agency: \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_ Date \_\_\_\_\_

*I do hereby certify that the above information is true and complete to the best of my knowledge. I understand that all changes in income as well as changes in household composition must be IMMEDIATELY reported IN WRITING to McKean County Redevelopment Authority/A Partnership in Housing, Inc. I also authorize inquiries to be made to verify the statements above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: 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.**



**SERVICES THE PARTICIPANT FEELS MAY BE NEEDED IN ORDER TO LIVE INDEPENDENTLY**

The McKean County Subsidy Program can offer referrals for many services in the community to help assist you in meeting your goals.

	YES	NO
1. Start up Household Supplies	_____	_____
2. Security Deposit	_____	_____
3. Furniture	_____	_____
4. Employment Services	_____	_____
5. Employment skills evaluation	_____	_____
6. Employment training and/or support	_____	_____
7. Drug and/or Alcohol treatment	_____	_____
8. Assistance to increase financial resources	_____	_____
9. Medical, dental, or eye care services	_____	_____
10. Mental health treatment	_____	_____
11. Transportation	_____	_____
12. Budgeting skills	_____	_____
13. Paying bills/following a spending plan	_____	_____
14. Cleaning	_____	_____
15. Menu planning	_____	_____
16. Grocery shopping/comparison shopping	_____	_____
17. Food preparation	_____	_____
18. Scheduling and keeping appointments	_____	_____
19. Enrolling in school or help staying in school	_____	_____
20. Identifying community resources	_____	_____
21. Other _____	_____	_____

**Applicant Signature** \_\_\_\_\_



**McKean County Housing & Homeless Services Program  
A Partnership in Housing, Inc.  
McKean County Redevelopment Authority  
11 Campus Drive  
Bradford, PA 16701  
Phone: 814-887-5563  
Fax: 814-362-7411 or 814-568-3882**

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

**This form enables McKean County Redevelopment Authority/A Partnership in Housing, Inc. to obtain and document third party verification of information to determine eligibility for the McKean County Subsidy Programs.**

I authorize the agency/or persons listed to disclose and /or use the specified information. I understand the purpose for releasing this information. I understand that I have a right to receive a copy of this authorization if I so request.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to **McKean County Redevelopment Authority/A Partnership in Housing, Inc.** I understand that the revocation will not apply to information that has already been released in response to this authorization.

**Participant:** \_\_\_\_\_

Agency Requesting Information: **McKean County Redevelopment Authority/A Partnership in Housing, Inc.**

Agency Releasing Information:

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 1. _____ County Housing Authority | 2. McKean County Assistance Office |
| 3. Employer _____                 | 4. Referral source _____           |
| 5. Other _____                    | 6. Other _____                     |

Information that may be requested:

- Information to determine eligibility for McKean County Subsidy programs to coordinate and aide in securing permanent housing.
- Third party verification of income
- Consultation between agencies

I understand that information obtained from these sources will be used to verify information that I provide as part of determining my eligibility for assisted housing programs.

**I agree to allow my personal information to be released/disclosed by the above-named sources to McKean County Redevelopment Authority/A Partnership in Housing, Inc. The information will be used for the stated purposes only. Photocopies or a fax of this form may be used in place of the original.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This consent form expires 18 months after signing.**

**WARNING:** Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U. S. as to any matter within its jurisdiction.