

SECTION 1: RISK ASSESSMENT – PREVENTION

PLEASE CHECK ALL THAT APPLY:

A. HOMELESS PREVENTION TARGETS: (Must have one of the following for eligibility)

- Severe housing cost burden (55% to 75% rent to gross monthly income ratio) Ratio: _____
- Household unit left primary residence in Long Beach within past 3 months and is currently staying with family/friends
- Household is living in a motel, using own resources (must provide proof of payment at hotel)
- Household needs to immediately downsize housing because of loss of income
- Residency in housing not meant for human habitation (includes units in condemned buildings)
- Imminent foreclosure of rental housing
- Had a one time financial incident and need a gap payment (must provide proof of the cost burden)

B. HOUSING RISK FACTORS: (Must have 1 among categories B or C for eligibility)

- Eviction within 2 weeks from a private dwelling
- Discharge within 2 weeks from an institution in which person has been a resident for more than 180 days (includes health, mental health, penal facilities and military active duty)
- Credit problems or history of eviction that preclude obtaining of housing
- History of housing instability
- High overcrowding (The number of persons exceeds health and/or safety standards for the housing unit size – maximum of 2 people per bedroom plus 1 for the common area)
- Client is at risk of losing a subsidized unit: experienced a one-time financial crisis, but now has stabilized income for continued eligibility in subsidized unit (Must be for rental arrears only. If there was a change in household income, refer to Housing Authority. Referral for assistance with rental arrears must come from the client's case manager at agency providing the housing subsidy)

C. INCOME RISK FACTORS:

- Extremely low income (Less than 30 percent of AMI)
- Fixed income is TANF, Pension, SSI, VA benefits
- Sudden and significant loss of source of income (i.e. job loss, reduction in hours)
- Physical disabilities and other chronic health issues which are barriers to employment
- Job situation is temporary, seasonal or have documentation of new employment
- Recent traumatic life event that has prevented the household from meeting its financial responsibilities. Please describe: _____

D. OTHER RISK FACTORS:

- Previous history of homelessness (within last 24 months)
- Incidence of domestic violence (within last 6 months)
- Current or past involvement with child welfare, including foster care
- Client has exhausted all other sources of public benefits
- Significant amount of medical debt
- Single parent with a young child under the age of 6 years and/or with 2 or more children
- Other: _____

Would the client household be homeless but for HPRP assistance? Yes No

WHY? _____

Household MUST also meet both of the following criteria:

- No appropriate subsequent housing options have been identified
- Participant lacks the financial resources and support networks (i.e. family, church, or friend support system) needed to obtain immediate housing or remain in their existing housing

SECTION 2: HOMELESS PREVENTION SERVICES

ELIGIBILITY DOCUMENTATION:

- Verification of income (i.e. last three check stubs, bank statement, W2/1099 tax forms, verification of benefits within the last 30 days)
- Eviction notice (3 Day Notice/Unlawful Detainer)
- Utility Shut-Off Notice (if applicable)
- Fully Executed Rental/Lease agreement and rental addendums, rent increase letters, etc.
- Photo IDs for all adult members of household
- Birth Certificates and Social Security Cards for children as available

Please indicate assistance type(s) and amount(s) requested:

- Rental assistance \$ _____
- Utility assistance \$ _____
- Eviction prevention \$ _____
- Security deposit \$ _____
- Moving cost assistance \$ _____
- TOTAL:** \$ _____

Amount of assistance client can pay using other resources: \$ _____

How long has client resided at current address? _____ years _____ months

What is the current rent amount? \$ _____ What is the total amount owed? \$ _____

If seeking utility assistance, does the client have a shut-off notice? Yes No

Does client need utility assistance due to relocation? Yes No

Does client need utility assistance due to disconnection of services? Yes No

EVICTION INFORMATION:

Is there a formal eviction notice (i.e. 3 day notice)? Yes No

Have you received other eviction notices in the last five years? Yes No

If yes, how many? _____

What is the reason that led to current eviction? _____

Is landlord/property management willing to accept a payment? Yes No

Landlord/Property Management: _____
Contact Name Contact number

Payment payable to: _____
Legal Name of Payee (Landlord/Property Owner)

Street Address Apt# City Zip Code

***W-9 completed by landlord is required upon approval of HPRP assistance**

Does client have a legal notice/demand letter? Yes No Vacate date: ____ / ____ / ____

Attorney information (if applicable): _____

SECTION 3: RAPID REHOUSING SERVICES

PROGRAM ELIGIBILITY:

- Household must be **homeless by HUD definition; AND**
- No appropriate subsequent housing options have been identified; **AND**
- Household lacks the financial resources and support networks needed to obtain immediate housing, and fall under one of the following categories:
 - Household recently lost its employment and is receiving unemployment benefits; or
 - Household has a part-time job; or
 - Household has a full time job; or
 - Household recently lost its job and has exhausted its unemployment benefits; or
 - Household must have a history of steady, gainful employment for at least 6 months within the previous 24 months if not currently employed
- Verification of income (*i.e. check stubs for the last three most recent pay periods, bank statement, W2/1099 tax forms, verification of benefits, employment award letter*)
- 3rd party verification of homelessness

Is client currently residing within a shelter program within Long Beach Continuum of Care? Yes No
If yes, what type of program?

- Emergency Shelter
- Transitional Shelter
- Hotel/Motel Voucher from _____
- Domestic Violence Shelter
- Substance Abuse Treatment Program

Name of Program: _____

Case manager: _____ Contact number: _____

How much money is the household able to spend towards housing?

- \$500 - \$650 \$651 - \$800 \$801 - \$950 \$951 - \$1100 Above \$1200

					4 Bedroom
Fair Market Rent	\$943	\$1,137	\$1,420	\$1,907	\$2,295

Based on the Fair Market Rate index above, what percent of total gross monthly income is the household able to spend on housing?

- 30% or below 31% - 45% 46% - 55% 56% - 65% Over 65%
If total cost exceeds 65%, please refer household for Continuum of Care services (Section 4).

Do any household members have tenant-screening barriers? Yes No

- Evictions: how many? _____
- Poor reference from prior landlords
- Lack of rental history
- Unpaid rent or utility bills
- Lack of or poor credit history
- One or more misdemeanors
- Critical felony (sex crime, arson, drugs)
- Other felony

Characteristics for Household's ability/potential to sustain housing after subsidy is terminated (*Mark all that apply*):

- Employment
- Employability/Strong Work History
- Dual parent household
- Evidence of increased income
- Evidence of approval for housing subsidy (*Section 8, HUD VASH*)

Other: _____

SECTION 4: CONTINUUM OF CARE SERVICES

Please indicate the type of shelter that client is seeking:

- | | |
|--|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Transitional Shelter |
| <input type="checkbox"/> Domestic Violence Shelter | <input type="checkbox"/> Substance Abuse Treatment Program |

ELIGIBILITY DOCUMENTATION:

(Shall be provided by client for shelter referral)

- Verification of income (*i.e. two check stubs, verification of benefits within 30 days*)
- 3rd party verification of homelessness
- Birth certificates for children
- Identification for adults
- Social Security cards for all household members
- Immunization records for all children

Please indicate if any of the household members have income barriers to getting or sustaining housing such as (*please mark all that apply*):

- Lack steady, full time employment
- Lack High School diploma or GED
- Lack of employment history
- Limited English proficiency
- Lack of reliable transportation
- Lack of reliable/affordable child care
- Below 15% AMI

Summary Narrative (to be provided by referring agency):

Please provide any additional information that would be helpful in coordinating services for the applicant.

Name of Referring Agency

Contact Person and Telephone Number

Please fax completed form to the Multi-Service Center, Attention: Elsa Ramos (562) 733-1157.

ADMINISTRATIVE USE ONLY:

- | | |
|---|---|
| <input type="checkbox"/> Not Eligible | <input type="checkbox"/> Referred to Goodwill/Career Transition Center |
| <input type="checkbox"/> Referred to Catholic Charities | <input type="checkbox"/> Referred to LA County DPSS |
| <input type="checkbox"/> Referred to Beyond Shelter | <input type="checkbox"/> Referred to Housing Authority (Section 8/VASH) |
| <input type="checkbox"/> Referred for Shelter Services | <input type="checkbox"/> Referred to LB Community Action Partnership |
| <input type="checkbox"/> Other Referral: _____ | |