Community Action Partnership of
Northwest Montana
214 Main Street
Kalispell, MT 59901

Application for Housing Assistance for Households that are Homeless or at risk of becoming homeless

Appointments will be scheduled after an initial screening for eligibility.

Please include the following mandatory pieces of information with your application:

Requested information	Miscellaneous							Initial
Application with copy of photo ID	**Need photo IDs for all household members aged 18 and older**. Must be complete with all signatures in place.							
Lease & Eviction Notice or Notice to Vacate	**Written notification to vacate including number of days until you must. This is mandatory and very specific.** Must be within 14 days of vacate date, at or below 30% of the Area Median Income level, and have no other housing options to be eligible.							
30% Area Median Income Annual Lake County	**$16,700 1 person**	**$19,050 2 people**	**$23,030 3 people**	**$27,750 4 people**	**$32,470 5 people**	**$37,190 6 people**	**$41,910 7 people**	
Residency verification from shelter or from 3rd Party for current housing situation (if applicable)	**This is mandatory and very specific. Homeless= living in a shelter, car, tent, or motel paid for by charity or non-profit. It does not include motels, couch surfing or staying with someone temporarily.**							
Budget	**Verification of how you will pay rent moving forward is required to receive assistance.**							
Income/ Resource Verification; bank statements (minimum of past 30 days)	TANF, Self-Employment, Odd jobs, Food Stamps, **Wages**, Alimony Payments, VA, Child Support, Supplemental Security Income (SSI), Unemployment, Educational Grants, General Assistance, Worker's Comp, Social Security, Other Social Security and SSI recipients must provide a copy of SSA award letter or SSA 1099 Form. **All income for the past 30 days.**							
Social Security numbers	**Need Social Security Number for each household member.** Do not need copy of Social Security Card.							

1.) **The application must be complete with all the requested documentation provided. Incomplete applications will likely result in denial of services.**

2.) **If you are found eligible** you will meet with program staff to discuss housing situation and begin a housing stabilization plan. Please note that strict guidelines exist regarding what types of properties can be assisted through this program. Properties must be below fair market rent and pass an inspection, including a lead based paint inspection. **This program is not able to help with Hotel/motel expenses. If you are not eligible** you will be notified verbally or in writing. There are strict guidelines and not all households will be eligible.

Lake County Fair Market Rent: Rent + Utilities = or less than	**Studio(1-2 persons) $594**	**1 bedroom(1-2 persons) $719**	**2 bedroom(2-4 persons) $888**	**3 bedroom(5-6 persons) $1,110**	**4 bedroom(7-8 persons) $1,193**

3.) ***Assistance can only be provided one time per year.***

4.) The program operates using vouchers. There is a delay between when the voucher is issued and when the landlord will receive a check.

5.) **This program is currently very busy helping many households within our community.** We are processing applications and trying to schedule appointments/inspections as quickly as possible but there may be a delay. Please be patient and make sure to keep all of your **appointments!**

Please submit completed applications to:

Community Action Partnership
214 Main Street
Kalispell, MT 59901
Or fax to 752-6582

Applicant's Full Name (including middle name):_____

Physical Address	_____	Mailing Address	_____
City	_____	City	_____
State	_____	State	_____
Zip Code	_____	Zip Code	_____

Please list the phone numbers and email where you can be reached:

Phone: _____ Message Phone: _____ Email: _____

We need to know about your current housing situation. What best describes your situation? Circle your answer:

Homeless **Very close to homeless** **Housed but at risk of homelessness** **Sleeping on a friend's couch** **Behind on Rent or Utilities** **Stably housed**

What events or circumstances led to your need to apply for housing assistance (e.g. job loss, eviction)?_____
_____
_____
_____

If CAPNM is unable to assist, what other resources do you have to find a safe, appropriate places you can stay- either permanently or while you look for other housing? _____
_____
_____
_____

Would any of the following people be able to offer you housing or financial assistance to help you with housing:
Family, friends, faith-based group or network where you are a member?

◯ Yes ◯ No ◯ I don't know

Please explain your answer: _____
_____
_____
_____

We would like to find out if you have any funds or other assistance immediately available to you that you could access to help you keep or get housing.

- Do you have property or resources of value that you could sell to solve your housing problem?_____
- How much money do you have in savings, checking, retirement, or other accounts? $ _____
- Have you applied for other public programs, emergency financial assistance, or utility assistance? _____

If you are being evicted: Are you on the lease?

◯ Not applicable to me ◯ Yes ◯ No ◯ I don't know ◯ Refuse to answer

If yes: Do you have a written eviction notice? _____

- By what date must you be out? _____
- What is the amount of your rent monthly? $_____The number of bedrooms? _____
- What utilities do you pay (circle all that apply): gas electric water sewer propane garbage Other __

Please save this space for staff notes: _____
_____

CAPNM is required to collect the following information. The data helps CAPNM get program funding.

Social Security Number: __ __ __ - __ __ - __ __ __ __

Birthdate: __ __ / __ __ / __ __ and **Age:** _____

Gender: _____ **Pronoun (Optional, ex. he/him, she/her, they/them, ze/zir, etc.):** _____

Are you a veteran?
Yes No I don't know Refuse to answer

Have you ever been in Foster Care?
Yes No I don't know Refuse to answer

Do you have a disabling condition?
Yes No Waiting for Diagnosis I don't know Refuse to answer

Are you Hispanic or Latino?
Yes No I don't know Refuse to answer

What is your race? (Circle all that apply)

American Indian/Alaskan Native/Indigenous	Asian/ Asian American	Black/African American/ African	Native Hawaiian/ Pacific Islander	White	Don't know	Refuse to answer

SECTION ONE: CURRENT PLACE YOU ARE LIVING (Circle where you spent last night):

Emergency Shelter	Rental Apartment, or House	A place I own	With Friends or family	Hotel or Motel	Place not meant for residence (car, tent, abandoned building)	Other Please explain:

How long have you been in your current housing situation? _____
Where were you prior to this current location? How long?_____
How many times in the past three years have you been homeless?_____How many total months? _____
What was your last permanent address? _____

SECTION TWO: HEALTH and WELL-BEING

1. How would you describe your health?
Excellent Very Good Good Fair Poor Don't know Refuse to answer

2. Do you have a mental health problem?
Yes No I don't know Refuse to answer

3. Do you currently have a substance abuse problem?
Yes No I do not use drugs or alcohol

4. Do you have a chronic health condition?
Yes No I don't know Refuse to answer

5. Do you have a physical disability?
Yes No I don't know Refuse to answer

6. Do you have a developmental disability?
Yes No I don't know Refuse to answer

7. Have you been diagnosed with HIV/AIDS?
◯ Yes ◯ No ◯ I don't know ◯ Refuse to answer

If you answered yes to one of the previous 6 health questions, please answer the following:

Is the health condition expected to be of long duration and impair your ability to live alone?

◯ Not applicable ◯ Yes ◯ No ◯ I don't know ◯ Refuse to answer

If yes, please identify the health condition(s):_____

Are you currently receiving services/treatment for the health conditions?

◯ Not applicable ◯ Yes ◯ No ◯ Refuse to answer

If yes, please identify the health condition(s):_____

If you have a disability, when was it confirmed? Give approximate date: _____

Do you currently have insurance?
◯ Yes ◯ No ◯ I don't know ◯ Refuse to answer

If you have insurance, what type is it?
◯ Medicare ◯ Medicaid ◯ Healthy MT Kids ◯ VA Health Benefits ◯ Employer Provided ◯ Private Insurance ◯ Other, Please describe:

If you do not have insurance what is the reason?
◯ Applied, decision pending ◯ Applied, not eligible ◯ I did not apply ◯ Insurance type is not applicable ◯ I don't know ◯ Refused to answer

SECTION THREE: GROSS INCOME OF ALL HOUSEHOLD MEMBERS

Complete the requested information for all household members, regardless of age or relationship.

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, UNEMPLOYMENT, RETIREMENT, WORKMAN'S COMP, CHILD SUPPORT, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			
2			
3			
4			
5			
6			
7			
Non-Cash Benefits		**Examples- TANF, Section 8, Food Stamps, WIC, VASH**	
1			
2			
3			
4			

SECTION FOUR: EMPLOYMENT: Do you have a job?

◯ Yes ◯ No ◯ Refuse to answer

How many hours do you work? (circle one) _____ /day /week /month **Hourly Wage**_____

Is your job:

◯ Permanent ◯ Temporary ◯ Seasonal ◯ Refuse to answer

If you do not have a job, please check one:

◯ I'm looking ◯ In School ◯ Unable to work ◯ Not looking ◯ I don't know ◯ Refuse to answer

SECTION FIVE: EDUCATION: Are you currently in school or working on a degree or certificate?

◯ Yes ◯ No ◯ Refuse to answer

Have you received vocational training or an apprenticeship certificate?

◯ Yes ◯ No ◯ Refuse to answer

What is the highest level of school you completed?

◯ No school ◯ Nursery school to 4th grade ◯ 5th or 6th grade ◯ 7th or 8th grade ◯ 9th grade ◯ 10th grade

◯ 11th grade ◯ 12th grade ◯ High School Diploma ◯ GED ◯ College ◯ Refuse to answer ◯ I don't know

If you received a college level degree, please tell us which degree(s) you hold.

◯ None ◯ Associates ◯ Bachelor ◯ Masters ◯ Doctorate ◯ Other ◯ Refuse to Answer

Do you have any children between the ages of 5 and 17 years old in school? ***(If no go to the Section Six)***

◯ Yes ◯ No ◯ Refuse to answer

If you do have children in school, which school(s) do they attend? _____

What type of school do your children attend?

◯ Public ◯ Private ◯ I don't know ◯ Refuse to answer

Are your children attending school regularly? Yes no not enrolled

◯ Yes ◯ No ◯ Not enrolled ◯ Already graduated ◯ Refuse to answer

If you have children that are not enrolled in school, what is the last date of their enrollment? __ __ / __ __ / __ _

If your child/children are not enrolled in school, please tell us why:

◯ Residency Requirements ◯ Availability of School Records ◯ Birth Certificates ◯ Legal Guardianship Requirements ◯ Transportation ◯ Lack of available Preschool Programs

◯ Immunization Requirements ◯ Physical Examination Records ◯ Other *Please explain:* ◯ Refuse to answer ◯ I don't know

Have any of your children had connections with the McKinney-Vento Homeless Assistance Act school liaison?

Yes No I don't know Refuse to answer

SECTION SIX: MILITARY EXPERIENCE: Have you served in the military? (*If no go to the Section Seven*)

Yes No Refuse to answer

What *year* did you enter military service? _____What *year* did you leave military service? _____

Which branch of the military did you serve?

Army Air Force Navy Marines Coast Guard Other: Refuse to answer

If you have served in the military, what theater of operation(s) ? (Indicate all that apply)

WWII
Korean
Viet Nam
Persian Gulf (Operation Desert Storm)
Afghanistan (Operation Enduring Freedom)
Iraq (Operation Iraqi Freedom)
Iraq (Operation New Dawn)
Other peace-keeping or military operations

Discharge Status:

Honorable General Bad Conduct Dishonorable Other: I don't know Refuse to answer

What was your military Service Era?

Post September 11th (September 11 2001 to present)
Persian Gulf Era (August 1991 to September 10, 2001)
Post Viet Nam (May 1975 through July 1991)
Viet Nam (August 1964 through April 1975)
Between Korean and Viet Nam (February 1955 through July 1969)
Korean War (June 1950-January 1955)
Between WWII and Korean (August 1947 through May 1950)
WWII (September 1940-July 1947)

Months of Active Duty: _____

Have you served in a war zone?

Yes No Refuse to answer

If you have served in a war zone, where did you serve?

Europe North Africa Viet Nam Laos and Cambodia South China Sea Other:
China, Burma, India Korea South Pacific Persian Gulf Don't know Refuse to answer

How many total months did you serve in a war zone? _____

While serving in a war zone, did you receive hostile or friendly fire?

Yes No I don't know Refuse to answer

SECTION SEVEN: TWO LAST THINGS

Are you pregnant?

Not applicable Yes No I don't know Refuse to answer

If you are pregnant, when is your due date? __ __ / __ __ / __ __

Have you ever been the victim of or experienced domestic violence?

Yes No Refuse to answer

If you have experienced domestic violence, when did it occur? _____

Are you currently fleeing a domestic violence situation?_____

Please save this space for staff notes: _____

READ CAREFULLY BEFORE SIGNING.
IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR INTAKE SPECIALIST

- The collection of personal information on clients is essential to the provision of services at CAPNM: information is collected and stored in the agency Central Database System and/or HMIS. Only CAPNM and its funding sources access this information.

- The information I (we) give here is subject to verification by CAPNM officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information. I understand that false statements or information are punishable under Federal Law.

- I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

- I also understand that if I am denied assistance or if my assistance is terminated that I have the right to appeal this decision by filing a Request for Administrative Review within 15 days of the determination.

Client Signature_____ **Date** _____/_____/_____

RELEASE AND DISCLOSURE

AUTHORIZATION TO MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO OBTAIN PERSONAL INFORMATION

I authorize any individual, company, agency, or other entity which has information about me or my household, including but not limited to the information sources listed below, to release or disclose information to the Montana Department of Public Health and Human Services (DPHHS) and/or to any agent or contractor of DPHHS which is authorized to determine eligibility for Homeless Prevention and Rapid Re-housing benefits. I authorize the disclosure or release of any information relevant to my eligibility for Homeless Prevention and Rapid Re-housing benefits , including but not limited to the information to be released or disclosed listed below. I understand any information obtained will be kept confidential and will only be used for the purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained may be released or disclosed to a proper government agency, court of law, or law enforcement agency for the purposes of legal investigative actions concerning fraud. I further understand that

information contained on this application can be used by DPHHS electronic databases for the determination of eligibility for programs, to record and/or follow-up services provided to my household for federal and/or state reporting purposes. INFORMATION SOURCE: Banks, Savings & Loans, Credit Unions, Employers, Social Security Administration, Veterans Administration, State Department of Labor and Industry, Internal Revenue Service, State Department of Revenue, State Compensation Insurance Fund, Unemployment Compensation division, County Clerk and Recorder, Bureau of Indian Affairs, Utility Suppliers and Vendors, Other Social Services Providers, Landlords, Child Support Enforcement Division, Offices of Public Assistance.

INFORMATION TO BE RELEASED OR DISCLOSED:
Savings, Certificates of Deposit, Stocks and Bonds, Safety Deposit Boxes (to be opened only in the presence of the client or his agent and representatives of the financial institution), Gross earnings, Social Security Payments, V.A. Benefits, Personal and Business Income, Workers Compensation, Unemployment Compensation, Unemployment Compensation, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts, Amount of Fuel Assistance received from Agencies, Utility Account Information: including, but not limited to Utility Account and Billing Information, Child Support Payments, Benefit Information.

Signature of head of Household or Person Signing on his/her behalf Date Social Security #

Signature of head of Household or Person Signing on his/her behalf Date Social Security #

Montana Homeless Management Information System (MTHMIS)

Client Notification Form
MTHMIS is used by agencies working together to provide services to individuals and families experiencing homelessness. HMIS is administered and maintained by Northrup Grumman. This system is required by the United States Department of Housing and Urban Development (HUD) and gathers identifying information on persons served in various housing programs to create an unduplicated count and picture of who receives what kind of housing-related services in Montana.
We collect and enter personal identifying information into MTHMIS for reasons that are discussed in our privacy policy. Personal identifying information includes: Name, Social Security Number, Date of Birth, and Zip Code of Last Permanent Residence. On a monthly basis your personal identifying information and other information about services provided to you will be shared for purposes of program administration, grant monitoring, and evaluation. All persons applying for benefits through CAPMN's Housing Assistance programs are required to provide identifying information to determine program eligibility. Each month the HMIS transfers information about persons served and services provided to the VA's SSVF Data Repository.

By signing I indicate I have read and agree to this release and disclosure.

Signature of head of Household or Person Signing on his/her behalf Date Social Security #

Signature of head of Household or Person Signing on his/her behalf Date Social Security #

Signature of head of Household or Person Signing on his/her behalf Date Social Security #

Sect.1 Item 12

Declaration of Citizenship to be completed by all Non Veterans

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below.
Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Non Veterans must complete this declaration.
I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

2. ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of driver's license, birth certificate, state identification), see instruction #1; or

3. ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

   ☐ Immigrant status under §101(a) (15) or 101(a) (20) of the Immigrant and Nationality Act (INA) see instruction #2; or
   ☐ Immigrant status under § 249 of INA, see instruction #3; or
   ☐ Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
   ☐ Parole status under §212(d) (5) of the INA, see instruction #5; or
   ☐ Threat to life or freedom under §243(h) of the INA, see instruction #6; or
   ☐ Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.
List all Family Members: Parent or Guardian must sign <u>their own names</u> for family member(s) under 18 years of age. (DO NOT sign child's name)

First, Middle, Last Name	Signature of Adult Family member	Date
First, Middle, Last Name	Signature of Adult Family member	Date
First, Middle, Last Name	Signature of Adult Family member	Date
First, Middle, Last Name	Signature of Adult Family member	Date
First, Middle, Last Name	Signature of Adult Family member	Date
First, Middle, Last Name	Signature of Adult Family member	Date

Montana CoC - HMIS & Coordinated Entry Release of Information
Data Entry Disclosure, Client Consent & Service Matching

About HMIS and Coordinated Entry:
The Coordinated Entry System (CES) streamlines and matches available housing and services for people experiencing housing instability. In order to ensure that I am connected to the most appropriate housing that I am eligible for, I will be asked questions about my specific situation.

This agency participates and enters data into the Homeless Management Information System (HMIS), which is a secure online database used by participating service providers to store personal information, track program and client outcomes. Information entered into HMIS may include my name, social security number, date of birth, gender, race, ethnicity, housing status, Veteran status, income and source, rental history, referrals, referral outcomes, assessment information and services received.

What am I agreeing to?
By agreeing to this document, you acknowledge:

- The providers participating in Coordinated Entry and/or HMIS agree to maintain confidentiality.
- Information about my household will be shared with and updated by service providers that are assisting me - which may include a case conferencing team that meets on a regular basis.
- Housing information relating to me and/or my household may be shared and updated with landlords and property managers for such purposes as attempting to obtain a lease or resolve landlord/tenant issues (such information may include, but not be limited to, my income and rental history).
- This consent form is completely voluntary and I do not have to agree to authorize any use or disclosure.
- This consent is valid for SEVEN YEARS from the date of signature unless revoked. And I understand that I have the right to revoke this consent at any time by submitting a request in writing. I understand that the revocation will not apply retroactively to any information that has already been shared.
- The Privacy Policy describes the ways in which CES and HMIS client data information may be used or disclosed.

  _____I have received a paper copy of the complete Privacy Policy.
- A list of service providers participating in HMIS and Coordinated Entry and Case Conferencing can be found at https://www.pcni.org/communities/montana-statewide, or a printed list is available on my request.

My signature below indicates that I have read (or been read) the information provided above and have received answers to my questions.

❑ YES, I agree to share my household's information for all the purposes listed above and with the providers participating in Coordinated Entry and HMIS.

_____
Printed Name

_____	_____	_____	_____
Signature of Client	Date	Agency Name	Date

Script for collecting verbal consent after reading the consent verbiage above out loud:

If recording consent: "Your verbal consent must be recorded for our records. (press record button). This call is now being recorded. Please state your name.

For all: "Do you agree to share your household's information for all the purposes listed and with the providers participating in Coordinated Entry and HMIS?"

If recording consent: "Thank you. I will now discontinue recording this call." (End recording by pressing the record button again.)

CENTER FOR FINANCIAL SOCIAL WORK

Pl this budget with the monthly payment amount for all expenses you have to pay.

STEP 1

The money I have :

	Amount
Cash, Checking, Savings	$
Income Source 1	$
Income source 2	$
TOTAL	**$**

STEP 2

Money OUT

B. Fixed Expenses

	Amount
HOUSING	
Rent/House	$
Electricity	$
Phone	$
Gas	$
Water	$
DEBT	
Credit cards	$
Lay Away	$
Loans	$
Car payment	$
Car insurance	$
Other	$
Other	$
TOTAL	**$**

STEP 3

Money OUT

C. Variable Expenses

	Amount
Food	$
Child Care	$
Gas	$
Medical	$
Clothing	$
Entertainment	$
Other	$
Other	$
TOTAL	**$**

Total Income from Step 1_____
Total Step 2 + Step 3 = _____
Amount over or under _____

Section 2 Item 2 12/15

Improved Sense of Financial Well-Being?
Name: _____
Date(s): _____

CONSENT TO USE AND GIVE OUT MY PRIVATE INFORMATION

_____
Client's Name

_____
Client's Date of Birth

I agree that anyone who has private information about me or the people who usually live with me can give it to the Montana Department of Public Health and Human Services (DPHHS) if DPHHS needs the information to see if I am eligible for help. They can also give it to people who work for DPHHS. Some examples of people who can give my information to DPHHS are employers, landlords, banks and credit unions, the IRS, the Bureau of Indian Affairs and Social Security. This is not a complete list of everyone who can give DPHHS my private information if I sign this paper.
I agree that DPHHS and people who work for DPHHS can use and give out my private information to see what help and services I can get from DPHHS and other publically funded agencies (federal, state, local) that help people in need. DPHHS has to keep my information private and use it only to do the things I agree to by signing this paper.
I agree that DPHHS may give private information about me to the police, the courts and government agencies so they can look into possible fraud, theft or other criminal activities.
I agree that private information DPHHS gets from my application for housing help or anywhere else will be kept in DPHHS' computer (electronic database). DPHHS may give information about me stored in its computer to other government agencies to meet reporting requirements.
My consent to use and give out information will end automatically when I stop getting housing help from DPHHS or one year from the date this Consent was signed, whichever thing happens first.

By signing my name to this paper I agree to everything written in it.

Signature of head of household or person signing on his/her behalf.
X_____ Date: _____
If signing for the head of household, say why you are allowed to sign for that person.
_____
Signature of all other household members age 18 or older.
X_____ Date: _____

X_____ Date: _____
X_____ Date: _____

Signature of caseworker/witness
X_____ Date: _____

MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Emergency Solutions Grant (ESG)

SELF-DECLARATION OF HOUSING STATUS

ESG Applicant Name:

☐ Household without dependent children (complete one form for each adult in the household)
☐ Household with dependent children (complete one form for entire household)
Number of persons in the household:

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.

Check only one:

☐ I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

☐ I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

☐ I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next days.

I certify that the information above and any other information I have provided in applying for ESG assistance is true, accurate and complete.

ESG Applicant Signature: _____ Date: _____