



## Flathead County 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 **required** documents with your application:

		Client's Initials
<b>Copy of photo IDs</b>	<input type="checkbox"/> Need copy of photo IDs for all household members aged 18 and older.	
<b>Lease &amp; Eviction Notice or Notice to Vacate within 3, 7, or 14 days</b>	<input type="checkbox"/> Written notification to vacate including number of days until you must vacate; this is mandatory and very specific. <input type="checkbox"/> Copy of current lease or rental agreement.	
<b>Residency verification from shelter OR from 3<sup>rd</sup> Party for current housing situation (if applicable)</b>	<input type="checkbox"/> Shelter or 3 <sup>rd</sup> party letter must include who, what, where, when, contact name and phone number on letter. <b>If applicable, this is mandatory and very specific.</b> <i>Homeless is defined as living in a shelter, car, tent, or motel paid for by charity or non-profit; homeless does <u>not</u> include motels, couch surfing or staying with someone temporarily.</i>	
<b>Income/ Resource Verification last 2 pay periods OR benefit letter and bank statements (minimum of past 30 days including Direct Express, Debt Net, etc.)</b>	<input type="checkbox"/> <b>ALL income for the past 30 days:</b> Wages, Odd jobs, Self-Employment, Child Support, Alimony Payments, VA, Unemployment, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Workers' Comp, SNAP (food stamps), WIC, TANF, Educational Grants. If you do not have income, state so. <input type="checkbox"/> Most recent copy of all bank statements, including checking and savings accounts <input type="checkbox"/> Social Security/SSI/SSDI recipients must provide a copy of SSA benefits award letter or SSA 1099 Form.	

**\*Application must be complete with all signatures in place.\***

- 1.) **The submitted application must be complete with all the requested documentation provided. Incomplete applications that are submitted will result in a denial of services after 5 business days.**
- 2.) An Adult Supplement form is required for anyone 18 and older living in the home and a Child Supplement form is required for each child under 17 or under living in the home.
- 3.) Once a completed application is reviewed and qualified, you will need to complete an assessment with program staff to determine eligibility. **There are strict guidelines and not all households will be eligible.** Notice to vacate must be within 14 days of vacate date, applicant must be at or below 30% of the Area Median Income level (see chart below), and have no other housing options to be eligible. **If determined 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 (see chart below) and pass an inspection, including a lead-based paint inspection. **If you are not eligible** you will be notified verbally or in writing.
- 4.) **Assistance can only be provided one time per year. This program is not able to help with hotel/motel expenses.**
- 5.) The program operates using vouchers. There is a delay between when the voucher is issued and when the landlord will receive a check.
- 6.) **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!**

<b>30% Area Median Income Flathead County</b>	\$21,350 1 person	\$24,400 2 people	\$27,450 3 people	\$33,000 4 people	\$38,680 5 people	\$44,360 6 people	\$50,040 7 people
<b>Flathead County Fair Market Rent (FMR): Rent plus utilities must be equal or less than</b>	<b>Studio (1-2 persons) \$1,322</b>	<b>1 bdrm (1-4 persons) \$1,374</b>	<b>2 bdrms (2-6 persons) \$1800</b>	<b>3 bdrms (5-8 persons) \$2402</b>	<b>4 bdrms (7-10 persons) \$3027</b>		

**PLEASE SUBMIT COMPLETED APPLICATIONS TO:**  
**Community Action Partnership**  
**1820 US 93 S, Kalispell, MT 59901**  
**Or fax to 406-205-7971**

## HOUSING STABILIZATION SERVICES APPLICATION

**Applicant's Full Name (including middle name):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **Birthdate:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      and      **Age:** \_\_\_\_

Physical Address _____ City _____ State _____ Zip Code _____	Mailing Address _____ City _____ State _____ Zip Code _____
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**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 place 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: \_\_\_\_\_

The following information is required and this data helps CAPNM get program funding.

**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)**

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

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

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

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? \_\_\_\_\_

How many people live in this residence? ____ List everyone below: First Name, Middle Initial, Last Name	Relationship to Primary Individual	Social Security Number (SSN)	Birth Date (MM/DD/YYYY)
	Self (primary individual)		

**SECTION TWO: HEALTH and WELLBEING**

- How would you describe your health?  
 Excellent     Very Good     Good     Fair     Poor     Don't know     Refuse to answer
- Do you have a mental health condition/disorder?  
 Yes     No     I don't know     Refuse to answer
- Do you currently have a substance use disorder?  
 Yes     No     I do not use drugs or alcohol     Refuse to answer
- Do you have a chronic health condition?  
 Yes     No     I don't know     Refuse to answer
- Do you have a physically disabling condition?  
 Yes     No     I don't know     Refuse to answer

**SECTION TWO: HEALTH and WELLBEING, CONTINUED**

6. Do you have a developmentally disabling condition?

- 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-continued and indefinite duration and substantially 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, please state the approximate date it confirmed? Give approximate date: \_\_\_\_\_

And, is the disability condition going to be long term?     Yes     No

Do you currently have health insurance?

- Yes     No     I don't know     Refuse to answer

If you have health insurance, what type is it?

- Medicare     Medicaid     VA Health Benefits     Employer Provided     Private Insurance     Other, Please describe: \_\_\_\_\_

If you do not have health 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	CURRENT DATE	SOURCES OF MONTHLY INCOME EXAMPLES: WAGES, ODD JOBS, SELF-EMPLOYMENT, PERSONAL OR SSA RETIREMENT, CHILD SUPPORT, ALIMONY PAYMENTS, VA, UNEMPLOYMENT, SUPPLEMENTAL SECURITY INCOME (SSI), SOCIAL SECURITY DISABILITY INSURANCE (SSDI), WORKERS' COMP, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			\$
2			\$
3			\$
4			\$
5			\$
6			
		<b>NON-CASH BENEFITS</b> EXAMPLES: SNAP (food stamps), TANF, WIC, SECTION 8, VASH, EDUCATIONAL GRANTS	
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 4<sup>th</sup> grade  5<sup>th</sup> or 6<sup>th</sup> grade  7<sup>th</sup> or 8<sup>th</sup> grade  9<sup>th</sup> grade  10<sup>th</sup> grade  
 11<sup>th</sup> grade  12<sup>th</sup> 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

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

- Yes  No  Refuse to answer

**Do you have a copy of your DD214?**

- 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  Afghanistan (Operation Enduring Freedom)  
 Korean  Iraq (Operation Iraqi Freedom)  
 Viet Nam  Iraq (Operation New Dawn)  
 Persian Gulf (Operation Desert Storm)  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 11<sup>th</sup> (September 11 2001 to present)  Between Korean and Viet Nam ( February 1955 through July 1969)  
 Persian Gulf Era (August 1991 to September 10, 2001)  Korean War (June 1950-January 1955)  
 Post Viet Nam (May 1975 through July 1991)  Between WWII and Korean (August 1947 through May 1950)  
 Viet Nam (August 1964 through April 1975)  WWII (September 1940-July 1947)

**SECTION SIX: MILITARY EXPERIENCE, CONTINUED**

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? \_\_\_\_\_

**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.

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Signature of Head of Household or Person Signing on his/her behalf	Date	Social Security Number
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Signature of Head of Household or Person Signing on his/her behalf	Date	Social Security Number
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**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.**

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Signature of Head of Household or Person Signing on his/her behalf	Date	Social Security Number
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Signature of Head of Household or Person Signing on his/her behalf	Date	Social Security Number
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## Declaration of Citizenship to be completed by all Nonveterans

### 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.

### ***Nonveterans 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.  
***Please 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 members of the household below.

Parent or Guardian must sign their own names for family member(s) under 18 years of age; DO NOT sign child's name.

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

## Montana Continuum of Care (CoC)- HMIS & CES 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 understand that I may request a paper copy of the complete 2004 HMIS Data and Technical Standards Final Notice 04-17097 Privacy Policy from <https://www.govinfo.gov/content/pkg/FR-2004-07-30/pdf/04-17097.pdf>.
- A list of service providers participating in HMIS and Coordinated Entry and Case Conferencing can be found at <https://www.pcnl.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.)

## BUDGET

Please complete this budget with the **monthly payment** amount for all expenses you have to pay.

STEP 1		STEP 2		STEP 3	
<b>The money I have:</b>		<b>Money OUT</b>		<b>Money OUT</b>	
<i>A. Income</i>		<i>B. Fixed Expenses</i>		<i>C. Variable Expenses</i>	
	Amount		Amount		Amount
Cash, Checking, Savings	\$ _____	<b>HOUSING</b>		Food	\$ _____
Income Source 1	\$ _____	Rent/House	\$ _____	SNAP	\$ _____
Income Source 2	\$ _____	Electricity	\$ _____	Child Care	\$ _____
		Phone	\$ _____	Gas	\$ _____
		Gas	\$ _____	Medical	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	Water	\$ _____	Clothing	\$ _____
		Garbage	\$ _____	Entertainment	\$ _____
		<b>DEBT</b>		Other	\$ _____
		Credit cards	\$ _____	Other	\$ _____
		Lay away/pawn	\$ _____	<b>TOTAL</b>	<b>\$ _____</b>
		Loans	\$ _____		
		Car payment	\$ _____	Total Income from Step 1 = \$ _____ Total Step 2 & 3 Expenses = \$ _____ <b>Amount over or under</b> \$ _____	
		Car Insurance	\$ _____		
		Storage	\$ _____		
		Subscriptions	\$ _____		
		Other	\$ _____		
		<b>TOTAL</b>	<b>\$ _____</b>		

**Improved sense of financial wellbeing?**

Client Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

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 applications 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 on it.**

Signature of head of household or person signing on his/her behalf.

x \_\_\_\_\_ Date: \_\_\_\_\_

If signing for the head of household, state 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: \_\_\_\_\_

x \_\_\_\_\_ Date: \_\_\_\_\_

x \_\_\_\_\_ Date: \_\_\_\_\_

Signature of caseworker/witness

x \_\_\_\_\_ Date: \_\_\_\_\_



## 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 the 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.**

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**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 campground).
- 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: \_\_\_\_\_

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