



Thank you for your interest in our financial assistance programs!

Please read these instructions carefully. There is a list of required documents on the next page. If there is anything you don't understand, the intake staff will be happy to help you!

You can return your application by mail or in person to 460 West Main Street, Hyannis or email it to Prevention@HAConCapeCod.org. **We cannot accept applications by fax as they tend to be illegible.**

Your application will be reviewed for pre-eligibility within 1 business day. For some programs, you may need an appointment to discuss your application and complete additional paperwork. We will contact you to schedule that if necessary. If you prefer an in-person eligibility review, we offer walk-in hours **on Mondays from 2 to 4 pm, Wednesdays from 4 to 5:30 pm, and Thursdays from 10 am to 12 noon.** You must bring a completed package during these times to be seen. You will be seen in order of arrival.

****If you are applying for assistance with move-in costs, Do not move in until you have received final approval and your landlord has completed the required paperwork. Moving in prior to approval will AUTOMATICALLY make you ineligible for funds****

If you have any questions, contact the Intake Manager, Liz Belcher:
508-771-5400 ext. 210 or email Lbelcher@HacOnCapeCod.org.

All documents listed on this page must be submitted with this application.

We cannot determine which programs would best serve your needs without all the necessary elements, therefore, **incomplete applications will not be accepted.** Please make sure each box is checked before returning the application.

- Attached application.** Please be sure to sign where indicated!
- PROOF OF CRISIS:** This shows what type of help you need. For example: an eviction notice, utility shutoff, mortgage arrearage letter.
- CAUSE OF CRISIS:** Our funds are for one-time use, in situations where something unexpected happens to cause you to fall behind in rent or utilities or your mortgage, or when you are homeless or at risk of homelessness.

We need to document **what happened** and that it is a temporary situation. Some examples: a doctor's note stating you were out of work due to illness, a vehicle repair bill, unemployment benefits. If you are applying for help to move into a place, document why you cannot remain where you are. (Again, **do not move in prior to approval**). If you are staying with someone temporarily, please ask us for a host household verification form.

This needs to be third-party verification. It must come from someone not in your household.

- LAST FOUR WEEKS OF INCOME FOR ALL HOUSEHOLD MEMBERS 18+** For example: Pay stubs, benefit letters, child support printout, etc. Please be sure pay stubs are consecutive and cover the last four weeks. *If you just started work, don't receive pay stubs or are paid in cash, please ask us for an income verification form.* These must be dated within the last 30 days.
- PHOTO ID FOR ALL HOUSEHOLD MEMBERS 18 and older**
- VERIFY SOCIAL SECURITY NUMBERS FOR ALL HOUSEHOLD MEMBERS.** For example: copies of cards, a W2 document or other tax document, a printout from the Social Security Office.
- BIRTH CERTIFICATES FOR CHILDREN (UNDER 18)**

****A public copier is available in our lobby at no charge.****

****You may send your application and/or any accompanying documents by emailing screenshots, as long as they are legible.****

FREQUENTLY ASKED QUESTIONS:

How long does the process take?

Once your application is complete, processing time is approximately 10-14 days. This includes appointments, paperwork, contacting your landlord/vendor, and internal processing.

What is cause of crisis?

This is documentation that explains your housing situation and why you are currently in need. For example, if you are behind in rent, provide something that shows what happened, like being out of work for medical reasons, having an expensive car repair or being laid off from your job and waiting for unemployment benefits. If you need help moving into a place, show why you can't stay where you are currently, such as an eviction notice or letter from the Board of Health. If you're staying with friends or family, ask for a host household verification form they can fill out for you. There are other qualifiers as well. If you're not sure, ask!

How do I prove homelessness?

This depends on individual situations. If you are staying in a motel, provide recent receipts from the motel. If you're sleeping in your car or in another situation that is difficult to verify, we can accept a letter from a third party with knowledge of your situation, such as a doctor, therapist, employer or clergy person.

How much assistance can I get?

We operate a number of different programs with different guidelines, qualifications, and assistance limits. We can't determine the amount for which you may be eligible until your application has been reviewed by the appropriate staff.

Do you only help families with children?

No. All residents of the Cape & islands can request financial assistance from HAC, regardless of family composition.

Can I use funds for a motel or seasonal rental?

No. Funds are available only for year-round housing.

When should I put in the application?

That's up to you. A completed application is good for 30 days. You can apply any time, but if you are unable to use the funds within 30 days, you will need to reapply. Letting your application expire **has no effect** on your future ability to receive assistance.

How often can you help me?

For the majority of our programs, only once in twelve months

RESIDENTIAL ASSISTANCE FOR FAMILIES IN TRANSITION (RAFT) Application for Assistance

A. HOUSEHOLD INFORMATION

(Head of Household)

Last Name _____ First Name _____ M.I. _____ Phone Number _____ Email: _____

Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

(Mailing address, if different)

Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

For Staff Use Only:

RAFT Screen Score _____ Income below 15% AMI Yes No Income below 30% AMI Yes No

1. PLEASE COMPLETE FOR EACH HOUSEHOLD MEMBER –

NOTE- Use a “✓” Mark for the Columns that are labeled: Relationship to Head of Household; Race; and Ethnicity

Name (Last, First, Middle Initial)	*Social Security Number	Date of Birth (MM/DD/YY)	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Head of Household (Check only 1)	Race (Check as many as apply)	Ethnicity (Check only 1)
(1)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Head of Household	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(2)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(3)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(4)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(5)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(6)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Name (Last, First, Middle Initial)	*Social Security Number	Date of Birth (MM/DD/YY)	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Head of Household (Check only 1) <input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	Race (Check as many as apply) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	Ethnicity (Check only 1) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(7)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(8)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(9)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

*Please note that Social Security Numbers may be used to verify income and asset information.

2. MONTHLY Income of ALL Household Members – Please complete for all household members currently receiving any source of income

Household Members (List each member in the same order used in the above chart)	Gross Wages before deductions (W)	TAFDC/EAEDC (T)	Child Support, Alimony, or Foster Care (C)	Unemployment (U)	Social Security, SSI, SSDI, or Pensions (S)	Other Non-Wage Income (N)	Interest Income from Assets (X)	General Assistance (GA)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 3. Family Type** Single Parent (with at least one child under age of 21)
 Two Parent (with at least one child under the age of 21)
 Two Adults (with at least one disabled household member)
 Single Expectant Parent
 Other household without dependent under 21

- 4. Education Level of Head of Household:**
 Grade school Some high school
 High school diploma/GED
 Some college College degree
 Post-graduate

B. CURRENT HOUSING STATUS

1. Answer ONE of the following questions (A, B, C, D, OR E)

- A. Are you currently Homeless? Yes
- B. Do you currently live in Public Housing? Yes
- C. Do you currently have a Housing Subsidy? Yes If yes, what kind of subsidy? Section 8 MRVP Other (explain) _____.
- D. Do you currently live in a private, non-subsidized apartment? Yes
- E. Do you currently own your own home? Yes

What is the total monthly rent (or mortgage payment) for your current apartment (or home)? \$ _____

If your household is currently residing in public housing or receiving a housing subsidy, what is your monthly rent share? \$ _____

C. PRIOR HOUSING STATUS

1. Has your household been homeless in the past? yes no

If yes, did you apply for assistance from the Department of Transitional Assistance (DTA)? yes no

If yes, were you determined EA eligible? yes no

If yes, did you receive a shelter placement? yes no Date of shelter placement: _____

If no, did you receive HomeBASE? yes no Date of HB assistance: _____

D. REQUEST FOR ASSISTANCE

1. What type of support are you seeking with **THIS** application?

<p>Financial Assistance (check all that apply)</p>	<p>Services: Our Agency may be able to assist you by referring you to other agencies in the community that provide services. Indicate any services you would like to obtain?</p>
<p> <input type="checkbox"/> Security deposit <input type="checkbox"/> First and/or last month's rent <input type="checkbox"/> Utility arrearage <input type="checkbox"/> Rent arrearage <input type="checkbox"/> Mortgage arrearage <input type="checkbox"/> Furnishings <input type="checkbox"/> Rental Stipend <input type="checkbox"/> Transportation <input type="checkbox"/> Moving expenses <input type="checkbox"/> Child care payment <input type="checkbox"/> Other: Describe _____ </p> <p>Total amount of funds needed: \$ _____</p>	<p> <input type="checkbox"/> Housing Advise (internal referral to Housing Consumer Education Center) <input type="checkbox"/> Case Management/Crisis Intervention <input type="checkbox"/> Transportation <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Legal Counsel/Mediation <input type="checkbox"/> Healthcare <input type="checkbox"/> Education/Training <input type="checkbox"/> Employment Search <input type="checkbox"/> Household Budgeting <input type="checkbox"/> Substance Abuse Counseling <input type="checkbox"/> Child Care </p>

7. Expected Outcome

What do you expect will be the primary result from receipt of RAFT funds?

(Check all that apply.)

- Household will retain current housing.
- Household will be able to move into new housing as a primary tenant.
- Household will be able to move into a new co-housing situation.
- Other intervention that prevents homelessness: _____

8. Emergency Contact Information (other than someone living in your household):

Name _____ Relationship to Head of Household _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____

APPLICANT SIGNATURE

I understand that this application is not a commitment of monetary assistance. I authorize the regional housing agency to make inquiries to verify the information I have provided in this application and to discuss this application with other agencies, my landlord, and utility companies as needed pursuant to the following Fair Information Practices Act Statement of Rights. I understand that any false statement or misrepresentation may result in the withdrawal or denial of my application. I certify that the information I have given in this application is true, complete and correct.

Applicant Signature: _____ Date: _____

**FAIR INFORMATION PRACTICES ACT
STATEMENT OF RIGHTS**

The Housing Assistance Corporation collects information about applicants and participants of the Private Prevention Program to determine eligibility and the need for financial assistance. The information collected is used to manage the housing program, to protect the public financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, local public housing authorities, regional non-profit housing agencies, service providers and civil or criminal investigators and prosecutors. Otherwise the information will be kept confidential and only used by the Housing Agency staff in the course of their duties.

The Fair Information Practices Act established requirements governing Housing Agency's use and disclosure of the information it collects. Applicants and program participants may give or withhold their permission when requested by the Housing Agency to provide information; however, failure to permit the Housing Agency to obtain the required information may result in delay, ineligibility for programs, or termination.

As an applicant or program participant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be voluntarily disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the Housing Agency about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the Housing Agency holds about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file.

I understand that I am authorizing the Housing Agency to obtain and release necessary information as discussed above. This authorization is valid for a period of one year. I further understand that a photocopy of this authorization is as valid as the original

Signed by each household member who is at least 18 years of age

Signature

Date Signed

Signature

Date Signed

Signature

Date Signed

Signature

Date Signed

Signature

Date Signed

Private Prevention

Fundraising Release

One of the ways Housing Assistance Corporation raises money to provide our private prevention funds is through fundraising campaigns. Please mark your permission and sign.

I agree to allow Housing Assistance Corp to include identifying information about me, including my first name, on social media posts and e-mail correspondence to assist with raising funds for the Private Prevention Program. I hereby give to Housing Assistance Corporation and those acting with its authority and permission: a) the unrestricted right and permission to copyright, use, and publish, videos and/or pictures of me or in which I may be included without restriction as to changes or transformations in conjunction with my own or a fictitious name, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever. b) I also permit the use of any printed material in connection with the services or benefits that I or my family received. c) I hereby relinquish any right that I may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used. d) I hereby release, discharge and agree to hold harmless Housing Assistance Corporation, and all persons functioning under its permission or authority, from any liability that may occur in the taking of said video and/or picture or in any printed material, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy. e) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

I agree to allow Housing Assistance Corp to include non-identifying information about me on social media posts and e-mail correspondence to assist with raising funds for the Private Prevention Program.

I decline to have any information shared through social media or email regarding my circumstances leading to my need for assistance.

Name (print): _____

Signed: _____ Date: _____

Please note that if you are approved for funds, we are required to share non-identifying information with several funders, including basic demographics and basic reasons why you required assistance.