7 North 31st Street
P. O. Box 2016
Billings, MT 59103
(406) 247-4732, 1-800-433-1411
Fax: (406) 248-6971
www.hrdc7.org

Rental Assistance Application ESG/COC

<u>EXCLUDED:</u> Federal/State/Local Housing Subsidy Programs-i.e. Section 8 & Public Housing, Motels and Mortgages

Name (please print):

Date:

Telephone Number:

<u>Verification needed</u>:

- **Application** (completed in full)
- **Picture ID** (adults 18 and over) and **Social Security Card** (all members of the household)
- **Income verification** (earned or unearned) **for the past 30 days** of all household members over 18 years old.
  Provide all that apply in your situation:
  - Earned Income (Wage Stubs/payment statement)
  - Self Employment/Business Income
  - Interest/dividend Income
  - Pension/Retirement
  - Disability Income (SSI/SSDI Award Letters)
  - TANF
  - Child Support/Alimony
  - Worker's Compensation
  - Armed Forces Income
  - Unemployment
- **Bank Statements** (Checking or Savings) for the last 30 days
- **SNAP Benefits**
- **Proof of Residence**
  - If you are currently in an apartment with your name on the lease you must provide an ***eviction notice***
  - If you are living with a parent/family member/friend you must provide an ***eviction notice***
  - If you live in the Men's Rescue Mission/Women and Family Shelter/Community Crisis Center or any other kind of public shelter you must provide **signed proof of your current residence**.
  - If you live in a motel/hotel you must provide **motel/hotel receipts**.
- Any other documentation as requested by program worker

<u>When you submit your application with all the required documentation, a case manager will contact you to set up the initial appointment.</u>**

(Past 30 Days)

EXPENSES

Monthly $ Totals	Expenses (if you paid yearly, divide by 12)
	Rent / Mortgage
	Heat: Gas, Wood, Oil
	Electricity
	Car Payment
	Other Utilities: Cable / satellite TV, water, garbage
	Groceries, food, dry goods (Do not include Food Stamps – SNAP)
	Insurance (auto, fire, renter's/homeowner's, life)
	Medical Insurance or co-pays
	Prescriptions, glasses, braces, etc.
	Telephone including cell phone
	Transportation: gas, parking, bus fare
	Daycare / Babysitter/ Tuition / After school activities
	Toiletries/Household Goods
	Child Support / Alimony
	Tobacco / alcohol / lottery Entertainment: dining, movies
	Total Monthly Expenses

INCOME

Monthly $ Totals	Income
	Take home pay (self)
	Take home pay (joint-applicant)
	Part time job (who):
	Child support/ Alimony
	Pension
	Social Security
	SSI
	Other Income
	TANF (cash assistance)
	Food Stamps - SNAP
	Childcare subsidy
	Total Monthly Income

Please answer all of the questions for each of the resources listed below for all household members. Please answer "Yes" or "No" if you have an account with the resource listed. If you answer "Yes" to any of the boxes below, you must provide verification as in a bank statement of the following when applicable.

RESOURCE	CURRENT AMOUNT	ACCOUNT OPEN (YES OR NO?)
Cash (include current in pocket)	**$**	
Checking Account	**$**	
Savings	**$**	
Certificate of Deposit-Individual Retirement, Tax Sheltered Annuity	**$**	
Stocks and Bonds	**$**	

Statement of Hardship

INSTRUCTIONS: Complete the following section. Be as thorough and detailed in your explanation as possible. Attach additional pages/documentation if necessary.

****Please note. The application will not be considered until the Statement of Hardship is completed in full.**

1) ***Describe your current hardship by explaining the following: what is you your current living situation and what events or circumstances led to your need to apply for assistance*.**

Where did you sleep last night?_____

IMPORTANT – READ CAREFULLY

IMPORTANT - Applicant Read Before Signing

I (We) understand that this application is for Federal funds and that any falsification or concealment of a material fact may be prosecuted under Federal or State Laws

I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. I (We) agree to notify HRDC promptly in writing upon any material change in the information provided herein, and further acknowledge that HRDC will continue to regard this statement as true and complete until receipt of such written notification. This application shall remain the property of HRDC. I (We) authorize HRDC to obtain income and credit verification.

INFORMATION TO BE RELEASED OR DISCLOSED: Savings, Certificates of Deposit, Stocks & 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, Family Composition, Size of Home, Per Capita Payments, Lease Payments, Indian Income Maintenance (IIM) Accounts, Utility Account Information, Landlords, and Section 8 Status.

I also authorize District 7 Human Resources to share the information in this application with other HRDC departments

In the event that I disagree with the action taken on my case, I am aware that I may request an Administrative Review.

Signature of Applicant _____ **Date**_____

Signature of Other Household Members 18 Years and over:

_____**Date**_____

_____**Date**_____

_____**Date**_____

BASIC INTAKE FORM

DISTRICT VII HUMAN RESOURCES
7 NORTH 31ST STREET; P. O. BOX 2016
BILLINGS, MT 59103

(406) 247-4732 1-800-433-1411

HOUSEHOLD ADDRESS INFORMATION

Street Address:_____ **Mailing Address:**_____

City:_____ **State:**_____ **Zip:**_____ **County:**_____**Home phone:**_____

Message Phone:_____ **Contact Name**_____ **Housing Type: ___ multi family ___ mobile home ___ single family ___ none**

HOUSEHOLD MEMBER INFORMATION **Do you ___ rent or ___ own**

LAST NAME FIRST NAME MI	SOC. SEC. NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE M	D	YR	SEX	RACE	TRIBAL MEMBER YES/NO	VETERAN YES/NO	DISABLED YES/NO	HEALTH INSURANCE (CHECK ALL THAT APPLY)	LAST GRADE COMPLETED	EMPLOYMENT STATUS
1.		**Applicant**									□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
2.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
3.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
4.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
5.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
6.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
7.											□ MEDICAID □ MEDICARE □ PRIVATE □ NONE □ CHIP		

RACE CODES
AI = Native American/Alaskan Native
AS = Asian
BL = Black – Not Hispanic
HB = Hispanic - Black
HI = Hispanic
OT = Other
UK = Unknown
WH = White – Not Hispanic
HW = Hispanic - White
PI = Pacific Islander

SEX CODES
F = Female
M = Male

EMPLOYMENT STATUS
N = Not Employed
F = Full-Time Employment
P = Part-Time Employment
R = Retired/Not Working

FOR OFFICE USE ONLY

HH# _____

ENTERED ON COMPUTER _____

PROGRAM INITIALS _____code: _____

Youth Program

OVER PLEASE

GROSS INCOME OF ALL HOUSEHOLD MEMBERS

Enter the requested information for all household members, regardless of age or relationship.
(Do not include Food Stamps or any other non-cash assistance programs below.)

MONTHLY INCOME

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

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

- The collection of personal information on clients is essential to the provision of services at DIST. 7 HRDC: information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.

- The information I (we) give here is subject to verification by HRDC 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 certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Applicant Signature (18 and older)_____ Date ___/____/____

Parent/Guardian Signature (18 and older)_____ Date ___/____/____