Eligibility Requirements to Receive Financial Assistance

**Description:**
One-time financial assistance will be provided to qualified and approved applicants for move-in assistance, eviction prevention, and relocation assistance (Greyhound bus ticket). The application for assistance must be filled out completely, and all documents attached prior to submission, including the following:

A. Social Security numbers for all family members.
B. Self-Declaration of Homelessness affidavit must be completed by each applicant and notarized.
C. Monthly income verification from all sources (paycheck stubs, SS award letter, child support, etc.).
D. A written explanation of the housing emergency or requested assistance.
E. The signature of the applicant(s).
F. The applicant(s) must reside in Brevard County.
G. A W-9 must be completed and signed (including Tax ID or Social Security number) by the current or potential landlord, or property owner prior to submitting the application for consideration.
H. A copy of the new, **unsigned** lease with the tenants name, property address, security deposit and rent amount listed (for move-in assistance) or a copy of the 3-day eviction notice and current lease.
I. A copy of the Bill and / or Invoice (if applicable).
J. A copy of bank statements for the last 60 days. For cash cards, must submit transaction history.

Please attach the W-9 (completed by the landlord), bank statements, paycheck stubs (3) and / or other income verification documentation, bill or invoice (if applicable) to the application. Once the completed application is submitted to Eckerd Connects, it will be reviewed. If the application is approved, you will be contacted by a case manager to schedule an Intake appointment and funding will be submitted directly to the landlord, utility company, property owner, etc. This process takes approximately 2-3 weeks once a fully completed application has been received.

Please submit all requests to: BrevardHousing@Eckerd.Org or Fax it to: (321) 735-8105.

**Eligibility - Applicants Must Meet One of the Following Criteria:**
A. Individuals / families must be Homeless or at Risk of Homelessness (3-Day eviction notice).
B. Students coded as “In Transition” by the local School District: “In Transition” encompasses students experiencing homelessness, who are living in cars, tents, doubled-up in other families’ homes, chronically “couch-surfing”, living in parks, vacant lots, the forest, etc.
C. Individuals or families identified as “Experiencing Homelessness”: Families and / or individuals meeting the Federal definition of homelessness as determined by qualified frontline assessors with BFSS, BHC, CHAT and /or Brevard Public Schools.

**Eligibility - Applicants Must Meet All of the Following Criteria:**
A. Adults who have substance use disorders.
B. Applicants must reside in Brevard County.
C. Applicants must have verifiable income.
One-Time Financial Assistance Application Checklist

A completed application **must** include the following documents:

- **Completed Financial Request Form:**
  - Contact Information listed
  - Identified Substance use History listed
  - Identified situation that has led to homelessness or eviction listed

- **Copy of 12-month Lease** (unsigned with security deposit and rent amount listed if applying for move-in assistance).

- **Copy of Three-Day Eviction Notice** (if applying for eviction prevention)

- **Copy of Current Lease** (if applying for eviction prevention)

- **Letter from landlord with move-in costs or past due rent amount** listed with their name, apartment name, address and contact information indicated.

- **W-9 Form:**
  - Completed and signed by landlord
  - Appropriate landlord Tax or Social Security information listed

- **Invoice and/or bill** (if applicable)

- **Completed Declaration of Homelessness** (*notarized*)

- **Copy of Driver’s License or State ID card**

- **Income Verification** (2+ current pay stubs, SS award letter, child support, etc.) **MUST** provide paystubs for current employment

- **Last 2 months of Bank Statements**

- **Proof from Landlord** that you are approved for property and that it will be reserved

*Additional documents may be required upon request

*Incomplete applications will not be accepted.*

Process once completed application has been submitted and accepted:

- **Client will be contacted by case manager within 1-3 business days**

- **Case Manager will schedule intake appointment**

- **Client will meet with case manager in office to complete remaining paperwork**

- **Case Manager will submit financial request for approval**

- **Request will either be approved or denied within 5-7 business days**

- **If approved, payment should be received within 10-14 business days**
Financial Request Form

Date: ______________________________

Name: __________________________________

Address: __________________________________

Contact Number: ____________________________

Social Security #: __________________________

Date of Birth: ______________________________

Child(ren) – (Name, DOB, SS#): Separate each child’s info with a semicolon: __________________________________

Name of School Child(ren) attend: ______________________________________________________________

Is student coded as in-transition? ______________________________

Is the applicant experiencing homelessness? (Must be experiencing homelessness or have received a 3-day eviction notice): ______________________________

Does the applicant meet eligibility requirements? (Must meet eligibility requirements to receive assistance): _____

If yes, please describe: ____________________________________________________________________________

Monthly Income: $________________________

Do you have any experience with substance use or are in recovery from substance use? (Must have a substance use history to receive assistance): ______________________________

If yes, please describe: ____________________________________________________________________________

Please describe housing emergency or the nature of the requested assistance: ______________________________

Referred by: _________________________________

Applicant Signature: _______________________________  Date: _______________________________
SELF-DECLARATION OF HOMELESSNESS

U.S. Department of Housing and Urban Development (HUD) definition of homelessness [found in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003)].

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.
IN WITNESS WHEREOF on this date of ____________, 2019, I, ____________________, herein referred to as (“Applicant”), certify that my family, of which I am Head of Household, is presently (Check one):

☐ **Literally Homeless** - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - Has a primary nighttime residence that is a public or private place not meant for human habitation
  - Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)
  - Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

☐ **Imminent Risk of Homelessness** – Individual or family who will imminently lose their primary residence, provide that:
  - Residence will be lost within the next 30 days
  - No subsequent residence has been identified and the individual or family lacks the resources or support networks needed to obtain other permanent housing

☐ **Homelessness under other Federal statutes** – Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - Are defined as homeless under the other listed federal statutes
  - Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application
  - Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and can be expected to continue in such status for an extended period of time due to special needs or barriers

☐ **Fleeing/Attempting to Flee DV** - Any individual or family who:
  - Is fleeing, or is attempting to flee, domestic violence
  - Has no other residence; and lacks the resources or support networks to obtain other permanent housing
Documentation Supporting Homelessness

☐ None
☐ Three Day Eviction Notice
☐ Letter from landlord/homeowner
☐ Other: ______________________

Additional Information
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Print Applicant’s Name ___________________________________________ Social Security # __________________________

I certify that the above information is true and accurate.

Applicant’s Signature ___________________________ Date ____________

Notary Public

STATE OF FLORIDA, COUNTY OF BREVARD

The foregoing information was acknowledged before me the ______ day of __________, 20____, by __________________________, who produced ______________________ as identification.

Signature of Notary Public ___________________________ Date of Expiration ______________________