



ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL ASSISTANCE

Please submit all requests to: BrevardHousing@eckerd.org or fax it to: (321) 208-7589.

Family Support Services (FSS) is a substance misuse program. Anyone applying for assistance MUST identify a substance misuse history to receive assistance.

Description:

Financial Assistance & Case Management will be provided to **Approved** applicants for move-in assistance, eviction prevention (3-day notice), 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. 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.
- G. A copy of the new, **unsigned** lease with the tenant's 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.
- H. **If an eviction has been filed with the court, applicants are ineligible for services.**
- I. **If you are in the first month or last month of your lease and are requesting eviction prevention assistance, you are ineligible for services.**
- J. A copy of the Bill and / or Invoice (if applicable).
- K. A copy of bank statements for the last 60 days. For cash cards, must submit transaction history.
- L. Please do not send a screenshot, as your application will be rejected.
- M. We will accept a completed application that is emailed, faxed or dropped off at one of our locations.

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.

(Revised 11/06/23)

Office: 321-735-7249

Fax: 321-208-7589

Funded by Central Florida Cares Health Systems Inc. in the State of Florida,
Department of Children and Families



Once the completed application is submitted to Eckerd Connects, it will be reviewed by a supervisor. If the application is denied, the applicant will be contacted by the supervisor. If the application is approved, a determination will be made as to how much financial assistance will be provided. The applicant will be contacted by a case manager to schedule an Intake appointment. Any funding granted will be submitted directly to the landlord, utility company, property owner, etc. **This process can take approximately 1-2 weeks after a completed application is reviewed, accepted and assigned.**

****Financial Assistance is contingent on available funding.**

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ELIGIBILITY REQUIREMENTS

Applicants must meet one (1) of the following criteria:

- A. Individuals / families must be experiencing **homelessness** or **at risk of homelessness** (3-Day eviction notice).
- B. Families and/or individuals must meet the Federal definition of homelessness.

Applicants must meet all of the following criteria:

- A. **MUST** have a substance use history
- B. **MUST** meet the Federal Definition of Homelessness
- C. Applicants must reside in Brevard County
- D. Applicants **MUST** have verifiable income (ex. paystubs, social security & child support award letters,)
- E. We will not take letters from employers. Must submit at least one paystub.
- F. Applicants must demonstrate the ability to sustain monthly rent & utility costs.



FINANCIAL ASSISTANCE APPLICATION CHECKLIST

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

- ☐ Completed Financial Request Form:
 - Contact Information
 - Identified **substance misuse history**
 - Identified situation that led to homelessness or eviction (Please describe housing emergency & homelessness status.)
- ☐ 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 your name, apartment name, address and contact information indicated.
- ☐ W-9 Form:
 - Completed and signed by landlord
 - Appropriate landlord Federal Tax Identification Number or Social Security Number and information
- ☐ Invoice and/or bill (if applicable)
- ☐ Completed Declaration of Homelessness form (*notarized*)
- ☐ Copy of your Driver's License or State ID card
- ☐ Income Verification (2+ current pay stubs, Social Security award letter, child support documentation, etc.) **MUST** provide paystubs for current employment.
- ☐ Last 2 months of Bank Statements
- ☐ Proof from landlord that you have been approved for the property you intend to move into and that it will be reserved for you
- ☐ Signed **Authorization for Release of Information** form for us to speak with your current and/or potential landlord

***Additional documents may be required upon request**

*** Incomplete applications will not be accepted. ***

Process once completed application has been submitted and accepted:

- ☐ Approved applicant will be contacted by case manager within 1-3 business days
- ☐ Case Manager will schedule intake appointment (intake appointment may take 1-2hrs)
- ☐ Applicant 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 may be received within 5-10 business days



FINANCIAL REQUEST FORM

Date: _____ Name: _____

Address: _____ Contact Number: _____

Social Security #: _____ Date of Birth: _____

Gender: _____ Preferred Pronouns: _____

Child(ren) – (Name, DOB, SS#): *Separate each child's info with a semicolon:* _____

Name of School(s) Child(ren) attend: _____

Is student coded as in-transition? _____

Are you experiencing homelessness as indicated under the Federal Definition of Homelessness? ☐ YES ☐ NO

If yes, Please describe your current situation. (**Must** be experiencing homelessness or have received a 3-day eviction notice that is not in the courts):

Does a familial relationship (parent, stepparent, in-law, cousin, aunt, sibling) exist between you and your prospective landlord?

☐ YES ☐ NO (Check one)

If yes, please describe: _____

Monthly Income: \$ _____

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Do you have any history with substance use or are you in recovery from substance use? ☐ YES ☐ NO

Please describe your substance use history: _____

Please note Eckerd Connects will complete a thorough background check including, but not limited to, a public record, property, and social media search, etc.

Referred by: _____

Applicant Signature: _____

Date: _____

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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 _____, 20____, 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

- **Eckerd Connects uses the Federal Poverty Level (FPL) to determine eligibility for its programs. Information on the (FPL) can be found at <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>**



Documentation Supporting Homelessness

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

Attestation:

I, the applicant, certify and attest that all the information I provided to Eckerd Connects' staff as part of my efforts to receive housing assistance from Eckerd Connects, financial assistance or otherwise, is true and accurate to the best of my knowledge. I am also aware that the program will review all applications to determine applicant suitability. If it is determined that I have the financial means or sufficient resources to resolve my housing situation, I am aware that I then may not qualify to receive financial assistance from Eckerd Connects.

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

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