ELIGIBILITY REQUIREMENTS TO RECEIVE FINANCIAL ASSISTANCE

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), or 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 (or imminent risk of homelessness) affidavit must be completed by the applicant and notarized.
C. Monthly income verification from all sources (paycheck stubs, Social Security benefit letter, child support order, 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, **unexpired lease**. Participants are required to demonstrate housing stability through a fixed-term lease agreement that extends beyond a month-to-month tenancy, (e.g., a minimum one-year, unexpired 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 all bank statements for the last 60 days. For cash cards, must submit transaction history.
K. Please do not send a screenshot, as your application will be rejected.

Once the completed application is submitted to Eckerd Connects, it will be reviewed by a

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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, 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.**
**** Please note, the Federal Poverty Level (FPL) is used to determine eligibility for assistance based on household income.**

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 (paystubs, social security & child support order)
E. Must submit at least one paystub as we will not take letters from employers.
F. Applicants must demonstrate the ability to sustain monthly rent & utility costs.

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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, unexpired 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
- ☐ 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 or potential landlord
- ☐ **Security Deposit Refund** agreement form completed and signed by landlord (if applying for move in assistance)
- ☐ Copy of current **Rental Payment Ledger** from landlord if applying for past due rent assistance

***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

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FINANCIAL REQUEST FORM

Date: _____ Name: _____

Address: _____ Contact Number: _____

Social Security #: _____ Date of Birth: _____

Gender/Pronouns: _____ Email Address: _____

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: $_____ (This cannot be left blank; you must have income to be eligible).

FSS is a substance misuse program. Anyone applying for assistance must identify a substance misuse history to receive assistance:

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.

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.

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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 statues** – 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/**

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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 by means of (circle one):
physical presence OR online notarization, this_____ day of _____, 20_____,
by_____, who produced _____ as identification.

_____ _____

Signature of Notary Public Date of Expiration

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Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

SECURITY DEPOSIT REFUND AGREEMENT

Tenant's Name: _____

Tenant's Current Address: _____

Mobile Phone: _____ Alternative Phone: _____

Tenant's email address: _____

Property Owner: _____

Company Name: _____

Federal Tax ID/SS: _____Property Owner Phone: _____

Address: _____

Contact Person if other than Owner: _____

Contact Person Phone: _____Contact Person email: _____

Address being leased to Tenant: _____

Eckerd Youth Alternatives Inc. (Eckerd Connects Housing)

3819 Murrell Rd, Suite E, Rockledge, FL 32955. Main Office: (321) 735-7249. Eckerd Youth Alternatives, Inc. DBA Eckerd Connects consents to an advance payment to the Property Owner of the amount indicated for the security deposit on behalf of the Tenant. The Property Owner hereby acknowledges and agrees to refund any refundable portion of the security deposit to Eckerd Connects and NOT the Tenant**.**

The Property Owner further acknowledges and agrees that:

1. Eckerd Connects is not to be held liable for any damage incurred by the Tenant.
2. Any damages incurred beyond the security deposit are the responsibility of the Tenant.

SECURITY DEPOSIT AMOUNT: $_____

Signatures of Acknowledgement:

Tenant: _____Date: _____

Property Owner/Contact Person: _____Date: _____

Eckerd Connects Representative: _____Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

This is an authorization for release of information regarding the below identified individual:

Client Name:	**DOB**:	Program Name: FSS	
Program Address: 3819 Murrell Rd. Ste. E	City: Rockledge	State: FL	Zip Code: 32955

The Effective Date of this form is: _____. (Please note that if the signatures at the end of this form are dated after the Effective Date noted above, the latest signature date shall be the Effective Date.)	This form will expire on: _____. (The Expiration Date above may not be greater than one year from the Effective Date. If the date above is blank, this form will expire one year from the Effective Date.)

I hereby authorize Eckerd Connects to:

A. Release and/or obtain, or not permit the below protected and confidential information regarding the above named Client as directed below:

INFORMATION	SPECIFIC DOCUMENTATION	RELEASE and/or OBTAIN, No or NA			
Discharge Summary		Release To ☐	Obtain From ☐	No ☐	NA ☒
Educational/Vocational Plans or Records		Release To ☐	Obtain From ☐	No ☐	NA ☒
HIV/AIDS Related Information		Release To ☐	Obtain From ☐	No ☐	NA ☒
Medical History		Release To ☐	Obtain From ☐	No ☐	NA ☒
Physical Examination		Release To ☐	Obtain From ☐	No ☐	NA ☒
Progress Reports		Release To ☐	Obtain From ☐	No ☐	NA ☒
Psychological Evaluation/Reports		Release To ☐	Obtain From ☐	No ☐	NA ☒
Service/Treatment Plan		Release To ☐	Obtain From ☐	No ☐	NA ☒
Social History		Release To ☐	Obtain From ☐	No ☐	NA ☒
Substance Use (see below NOTE)		Release To ☐	Obtain From ☐	No ☐	NA ☒
Other	**Information regarding current/past housing status including conversations**	Release To ☐	Obtain From ☐	No ☐	NA ☐

NOTE: A separate Authorization must be completed to have this information released for each of the following:

- Any exchange of Psychotherapy records (i.e., separately kept records of a mental health professional documenting/analyzing the contents of counseling sessions) must be authorized using the separate authorization form for Psychotherapy Records. (If Eckerd Connects must exchange psychotherapy records as well as other information listed above, please complete both this authorization form and the authorization form for psychotherapy records.)
- Only Substance Use records pertaining to involuntary commitments and/or situations where state and federal law require parental consent for treatment are covered by this Authorization.

  All other Substance Use records require a separate Substance Use specific authorization form signed only by the client.

B. With the following party:

Landlord's Name or Title: _____

Agency Name (if applicable): _____

Landlord's Address: _____

Landlord's Phone Number: _____

Landlord's Email Address: _____

_____

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AUTHORIZATION FOR RELEASE OF INFORMATION

This information may be used only for the specific purpose of (check as many of the following that are applicable):

- ☐ Development and Implementation of Individualized Service Plan / Plan of Care / Treatment Plan
- ☐ Coordination of Services
- ☐ Referral for New Service
- ☐ Monitoring of Services
- ☐ Parent Request to Release
- ☐ Client (Over 18 years of age) Request to Release
- ☐ Other (please specify): To obtain information regarding client's current and/or potential housing to include rent payment transaction history and current housing status.

Any limitations that I impose on Eckerd Connects with respect to this Authorization are stated as follows:

_____

My signature below acknowledges that:

- I have been informed of the specific type of information that has been requested and give my consent voluntarily.
- The purpose of releasing information and confidentially has also been explained to me.
- I understand that the provision of services is not based on my decision concerning the release of information or signing this Authorization.
- I understand that my records are protected under Federal and State regulations governing the confidentiality of Medical Records including Mental Health, STD's (including HIV-AIDS), and Alcohol and Drug Abuse Patient Records (42 CFR, Part 2).
- I have been informed and understand that information disclosed or received pursuant to this Authorization may be subject to redisclosure by the recipient and no longer be protected by Federal and State law.
- I understand that this Authorization may be revoked at any time with written notice to Eckerd Connects - Attn: Records Custodian, 100 Starcrest Drive, Clearwater, FL 33765 - except to the extent that the information has already been released based upon this consent.
- I understand that this Authorization is not automatically renewable. Per my request, this Authorization will expire on the date noted above unless that space is left blank, then this Authorization will expire exactly one year from today. Under no circumstances will this Authorization last longer than one year from today. Except as required by law, this Authorization will remain valid through the expiration date above, unless effectively revoked in writing by me, before this date.
- I have read this Authorization or it has been read to me, and I understand its content to my satisfaction.

Client: _____ _____ _____
(Signature) **(Print)** **(Date)**

Legal Guardian: _____ _____ _____
(Signature) **(Print)** (Date)

Legal Guardian's relationship to Client: _____

A copy of this Authorization has been offered to the following parties signing it: Client ☐ Parent/Guardian ☐
The copy was **accepted** ☐ / **not accepted** ☐ by the client or Parent/Guardian.

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