



Alameda County Health Care Services Agency (HCSA) Housing Assistance Fund

Purpose of Fund

The HCSA Housing Assistance Fund provides one time or short-term financial assistance for housing costs for applicants who are receiving specialty mental health services from Alameda County Behavioral Health Care Services (BHCS) or one of its contracted service providers. Applicants must be either homeless or at risk of losing their housing and working with a BHCS-approved provider that will assist them to stabilize their housing situation as well as prepare the Housing Assistance Fund application. The Housing Services Office (HSO) will verify applicants' status in the BHCS data system and review the application to determine whether applicants are eligible for support.

Funds may be used for:

- Back rent/arrears that a client owes and must be paid in order to avoid an eviction;
- Security deposit on a new place to live and/or first month's rent;
- Short-term/temporary housing payments while permanent housing or stable income is being secured.

All payments are made to third parties: landlords, property managers or hotel/motel operators.

More information about the fund can be found in the HCSA Housing Assistance Fund policy document.

Giving Back

The best way to ensure that the fund will continue to serve persons in need is if those who receive assistance agree to give back to the fund. Recipients are asked to make contributions back to the fund, if able to do so, six months and twelve months after receiving assistance.

Instructions for Applicants and Service Providers

If an applicant's situation is uncertain or unusual, or if the provider is unfamiliar with the Fund, it is recommended that the provider contact the Housing Services Office *prior* to preparing an application for assistance to determine whether or not the request is appropriate and eligible for consideration. Requests can only be approved if all of the required documentation is submitted AND the household is eligible and approved for assistance.

The application forms should be completed **jointly** by the service provider and the applicant or their parent/guardian. Please complete the **entire** form and assistance agreement. Questions throughout this application refer to the **applicant** unless otherwise specified. Legible handwritten forms are accepted, but typed forms are preferred.

Fax or e-mail the following completed forms to the Housing Services Office at (877) 341-5867 or via **secure** e-mail to HSO@acgov.org. Only use e-mail that is secured according to federal and state privacy standards:

- Completed Application
- Assistance Agreement signed by applicant and service provider
- Copy of lease or admission agreement
- Evidence of amount owed (for back rent)
- Landlord/Property Management Vendor Update Form (*from landlord/property manager*)

The BHCS finance department requires *a signed, original invoice AND original W-9 form* in order to process approved payments. **These two (2) documents cannot be faxed; the originals must be mailed or hand delivered** to the HCSA Housing Services Office for payments to be made to landlords/property managers:

- Fully completed, signed, original invoice
- Original W-9 form with signature
- Vendor Update Form (110-13)

Mailing address: Housing Services Office, Attn: **Martin Pacheco**
1900 Embarcadero, Suite 206
Oakland, CA 94606

For more information, please call Martin Pacheco at the Housing Services Office: Tel. (510)567-8016; Fax 1 (877) 341-5867



HCSA Housing Assistance Fund Application

Date Application Completed _____

Applicant Information

1) Name of Applicant: _____
(First, Middle, Last, Suffix)

2) If applicant is a child, name of parent/guardian responsible for application: _____
(First, Middle, Last, Suffix)

3) Social Security #: _____

4) Applicant's Date of Birth: _____ 5) Gender: Male Female Transgender

6) Applicant's Current Address, (if applicable): _____

(Number, Street, City, Zip Code)

7) Applicant's Phone Number: _____ 8) Applicant's E-mail Address: _____

Service Provider Information

9) Name of Referring Service Provider: _____
(First, Middle, Last, Suffix)

10 a.) Name of Referring Service **Agency**: _____

10 b.) Name of Referring Service **Program**: _____

11) Service Provider Phone Number: _____ 12) Service Provider E-mail Address: _____

HCSA Housing Assistance Fund – General Information

To help the Fund staff to understand the applicant's situation, please answer the following questions:

13) What size is the client's current/proposed unit? _____ 14) How many people will live there? _____

15) What is the total rent the client will pay? \$ _____ 16) What is the total rent for the unit: \$ _____

17) What is the client's current monthly household income? \$ _____

18) Please explain how the situation will be financially sustainable (add pages if needed):

19) Please describe how the applicant's current housing situation came about. What specifically happened that the applicant is requesting financial assistance? Please provide other supporting documentation that helps to clarify the current situation, if necessary.

20) Does the applicant have a bank account? Yes No

21) Does the applicant or their parent/guardian have a payee that manages their money? Yes No

If yes, who is their payee:

22) If the applicant does not have a bank account or someone who manages their money, how will the client make rent payments?

23) If the applicant has a housing subsidy (such as Section 8 or Shelter Plus Care) please explain why they need assistance and whether they have contacted the Housing Authority regarding their situation, e.g., adjusting rent due to change in income (add pages if needed):

24) Current and planned future living situation after receiving assistance (may be the same location for applicants seeking assistance to retain their housing). Please check one box for **Current** and one box for **Planned**:

Current	Planned	Living Situation*	Current	Planned	Living Situation
		Foster family home (for children)			State Hospital
		Single room (motel, rooming house)			VA Hospital
		Group quarters (dorm, migrant barracks)			SNF/ICF/IMD, for Psychiatric reasons
		Group home			SNF/ICF/Nursing home for physical health reasons
		CRTs long-term or transitional housing			General hospital
		Satellite housing			Mental Health Rehabilitation Center
		House or Apartment			PHF/Inpatient Psych
		House or Apt. w/support			Drug Abuse Facility
		House or Apt. w/supervision			Alcohol Abuse Facility
		Supported housing			Justice Related
		Small Board & Care home (6 beds or less)			Temporary Arrangement
		Large Board & Care home (7 beds or more)			Homeless, no identifiable county residence / Shelter
		Residential Treatment Center			Homeless, in transit
		Community Treatment Facility			Other:
		Adult Residential / Social Rehabilitation			

* A list of definitions for these living situations is available. If you are not sure of the correct response, please contact the Housing Services Office.

HCSA Housing Assistance Fund – Housing Plan

An important part of the Housing Fund is that the applicant and service provider work together to develop a sustainable housing plan. This includes identifying how rent will be paid, preparing a budget, and addressing past or current issues that impact the applicant's housing. Please be as realistic as possible in budgeting. **Service providers are encouraged to give applicants a copy of their completed budget, housing plan, and assistance agreement and to retain a copy for themselves.**

25) Income and Expense Plan

Expense Category	Current Budget (how the applicant's resources are used now , the bottom line may be a negative number)	Planned Budget (how the applicants resources will be used in the future)
Housing (Rent)	\$	\$
Gas and Electric	\$	\$
Food	\$	\$
Transportation	\$	\$
Medical	\$	\$
Phone	\$	\$
Laundry	\$	\$
Cable	\$	\$
Clothing	\$	\$
Personal Care (hair, toiletries, etc)	\$	\$
Other (Specify):	\$	\$
Other (Specify):	\$	\$
MONTHLY EXPENSES TOTAL:	\$	\$
MONTHLY INCOME:	\$	\$
INCOME MINUS EXPENSES:	\$	\$

Income minus expenses should be a positive number. In other words, monthly income should exceed monthly expenses. If this is not the case, **attach a statement explaining how the proposed housing situation is financially sustainable.**

26) Please list at least three specific steps the applicant and the service provider have identified together as part of their housing plan. **These steps should be included in the applicant's service plan** and the service provider and applicant should check in on them regularly.

a) Mental Health Services will be provided by _____ (how often)? _____

b) _____

c) _____

Applicant Initials and date: _____

Service Provider Initials and date: _____

HCSA Housing Assistance Fund Request

27) For the funds requested, check all that apply and place the dollar amount(s) next to each expense. The individual amounts should total the amount of funds requested.

Unpaid, late rent (arrears) needed to prevent eviction # of months = _____ Amount = \$ _____

Move-in Expense – first month's rent Amount = \$ _____

Move-in Expense – security deposit Amount = \$ _____

Short-term assistance (benefits pending, hospitalization, etc.) Amount per month = \$ _____

* Short-term assistance is only provided on a month-to-month basis. Applicants may seek approval for funding for more than one month but a new invoice is required for each month.

Total Requested: Amount = \$ _____

28) All checks are made to eligible third parties, typically landlords, property managers or hotel operators.

Make Check payable to: _____

Hold check for pickup by service provider, or

Mail check to the following address: _____

FOR PROGRAM USE ONLY

Instruction to BHCS Program Staff: *Print out face sheet and attach to application.*

Client ID#: _____ Provider Team/Program RU#: _____

Application incomplete _____ Application approved _____ Application rejected (reason): _____

Notes:

Completed Application _____

Assistance Agreement _____

Unpaid, late rent (arrears) needed to prevent eviction # of months _____

Move-in Expense – first month's rent Amount _____

Move-in Expense – security deposit Amount _____

Short-term assistance (benefits pending, hospitalization, etc.) _____

Housing List Verified _____

Consumer Factsheet _____

Evidence of amount owed _____

Copy of lease or admission agreement _____

Copy of passed inspection (Section 8) _____

Invoice EOH _____

Original W-9 form with signature _____

10-13 ALKOLINK SUPPLIER RECORD _____

Contacted

Due to the confidential nature of client information this information shall be used by Authorized Staff ONLY



HCSA Housing Assistance Fund Agreement

I have requested assistance from the HCSA Housing Assistance Fund to help me find or stay in housing. I understand that I have certain obligations that come with receiving this assistance.

- ✓ I agree to complete the application with my service provider and to provide accurate and truthful information.
- ✓ I agree to work with my service provider and others in my support system on my housing plan.
- ✓ I understand that staff of the Housing Fund will follow up with my service provider or me at six and twelve months from the date I receive assistance to get updates on my housing situation.

Giving Back

- ✓ I agree to give back to the Fund when I am able to do so and I understand that by giving back to the Housing Fund, I am helping someone else in Alameda County with their housing.
- ✓ If my financial situation does not permit or I am unable to give back, I can ask for adjustments or postponements of my give back agreement at any time.
- ✓ I agree that it is okay to contact me at six months and twelve months from the date I received assistance to tell me what I have already paid back and what I have agreed to contribute.

1) **Assistance Amount (estimate if not known at time of application):** \$ _____

2) **My Planned Give Back contribution will be:**

Full repayment pending benefits approval and receipt of retroactive payments OR

Describe repayment plan:

Planned repayment method (Check ONE):

- Check/money order payable to "HCSA Housing Assistance Fund"; or
- Payee Deduction from disability check or other income source

I have read, understood and accepted the above agreement and verify my application contains truthful and accurate information.

Applicant Signature: _____ Date of Signature: _____

Print Name of Applicant: _____

As the service provider working with this applicant, I agree to support the applicant in working on his/her housing plan. I understand that the Housing Services Office will contact me at six and twelve months from the date of support regarding the applicant's living situation.

Service Provider Signature: _____ Date of Signature: _____

Print Name of Service Provider: _____