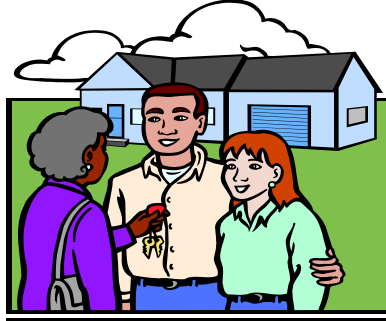


Home Advantage Collaborative **Rapid Re-housing Program**

FamilyAid Boston
727 Atlantic Avenue
Boston, Massachusetts 02111
Send Applications to: hacprogram@familyaidboston.org
For Inquiries: 617.542.7286 x 262
Fax 617-542-9545



Required Documents* **(To be submitted by the referral source)**

**** You must provide verification that your family's last residency was in the City of Boston OR the shelter placement is located in the City of Boston****

Homeless Verification – i.e.: shelter (placement) letter

Resume (all adults)

Income Verification (one month's worth, all household members)

Budget Worksheet – please list for rent what you can reasonably afford

Credit Report (all adults), if available

CORI (all adults), if available

Housing Logs (includes housing search and subsidized waitlists)

Additional Documents (if applicable)

Job certifications (i.e.: Medical assisting, CDL, HVAC, etc...)

*Once matched and completed application is received, a member from the Home Advantage Collaborative will contact applicant and referral worker to schedule an interview. All adults must be present at this interview. Family members with disabilities will be asked to participate in a collaboratively designed service plan once accepted into HAC.

*Note: required documents can be submitted throughout the review and interview process.



Helping homeless families since 1916



PLEASE READ BEFORE COMPLETING THE FOLLOWING HOME ADVANTAGE COLLABORATIVE (HAC) APPLICATION.

FamilyAid's Home Advantage Collaborative (HAC) program is more than just a housing/rental assistance program. It is a wrap-around medium-term program that also provides case management and clinical support services for you and your family.

Summary of Home Advantage Collaborative (HAC) Expectations

- 1) Participants have 30 days from the date of acceptance into the HAC program to find an apartment. If you are unable to find an apartment within 30 days, the HAC team will review your case and weekly housing logs to offer extensions if needed.
- 2) Participants should **NOT** sign any apartment lease documents without approval of the HAC Housing Specialist, as the apartment must meet program guidelines.
- 3) Participants need to meet with their case manager **bi-weekly at minimum for an hour**. The last appointment is 6:00 pm. Otherwise, participants may need to make other arrangements to ensure that they are able to attend their appointment.
- 4) For families with two Heads of Household, each adult should meet weekly with the case manager. If one of them is unemployed, and **not** receiving disability benefits, they are highly encouraged to meet weekly with the Career Specialist.
- 5) Any adult participant who is not employed full time, or is under-employed, is encouraged to meet every week with the Career Specialist.
- 6) Each family will be asked to schedule at least two home visits per year with their case manager.
- 7) Program participants are advised to contribute in the HAC/FamilyAid savings program, based on their income, saving at least three times the market rate rent of their apartment. We request that each family put **50% of their tax return** into their savings plan.
- 8) Participants should have a landline phone or cell phone that is charged and working at all times, and inform their case managers if their phone number changes.
- 9) Participants will be asked to sign releases of information for themselves, and children, so that their case manager can initiate referrals and contact providers designated in the Service Plan.
- 10) Participants may be terminated for non-compliance with the program's rules. **Grounds for Immediate Termination** include, but are not limited to: physical abuse or verbal threats to a staff member and factors related to non-compliance, evaluated on a case-by-case basis.

REFERRAL INFORMATION:

Referral Date: _____ Referring Agency: _____ Worker's Name: _____

Worker's Contact #: _____ Worker's Email: _____

DEMOGRAPHIC INFORMATION:

Participant Name: _____ Phone: _____

Email: _____ Primary Language: _____

Date of Birth: _____

Gender: Male ___ Female ___ Transgender _____

Please specify how you self-identify: _____

Ethnicity: Latino ___ Non-Latino ___

Race: African American/Black ___ Alaskan Native ___ American Indian ___ Asian ___ White ___

Pacific Islander: ___ Multiracial ___ Unknown: ___ Other (describe): _____

Do you have a disabling condition? Yes ___ No ___ Please Specify: _____

Are you a Veteran? Yes ___ No ___ If yes, what was your discharge status? _____

Current Residence: _____

Length of stay at current residence: _____

Is this residence a shelter? Yes ___ No ___

If yes, name and phone number of case manager: _____

How long can you remain at your current residence? _____

Are you over-income for shelter? If so, provide over-income date: _____

Are you currently fleeing a domestic violence situation? _____

Alternate phone # or e-mail: _____

Please list all household members, including yourself:

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Date of birth</u>	<u>Age</u>	<u>Daycare/School/Grade/Employer</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

THREE YEAR HOUSING HISTORY:

Please provide consecutive dates, starting with most recent. If more space is need, please submit information on separate sheet of paper.

CURRENT:

Address: _____
Landlord's Name (if applicable): _____ Are Utils included? ___yes, ___no
Date Moved in: _____ Date Moved Out: _____ # BRs _____
Who's name is on the lease? _____ Relationship: _____
Reasons for leaving: _____ Rent or portion you paid: _____
Type of subsidy used, if any: _____

TWO:

Address : _____
Are Utils included? ___yes, ___no
Date Moved in: _____ Date Moved Out: _____ # BRs _____
Who's name is on the lease? _____ Relationship: _____
Reasons for leaving: _____ Rent or portion you paid: _____
Type of subsidy used, if any: _____

THREE:

Address _____
Are Utils included? ___yes, ___no
Date Moved in: _____ Date Moved Out: _____ # BRs _____
Who's name is on the lease? _____ Relationship: _____
Reasons for leaving: _____ Rent: _____
Type of subsidy used, if any: _____

Have you ever lived in subsidized or public housing? ___Yes ___ No Dates: From _____ To _____

Address: _____ City _____ Zip _____

Reasons for leaving _____

Are you currently on any waiting lists for subsidized housing? _____

If yes, Where? (provide housing log or list where you have applied)

Are you willing to move outside of Boston? If so, please list areas: _____

Have you ever been evicted? ___Yes ___No If yes, When & Where? _____ How many times? _____

Have you ever been to housing court? ___Yes ___No If yes, When? _____

Have you ever been homeless before? ___Yes ___No If yes, When? _____

Most recent reason? _____

Have you ever lived in shelter before? Yes No If so, when? From ___/___/___ To ___/___/___

Name of shelter _____

Reasons for leaving _____

Did you receive a termination notice? Yes No

When did you first apply for shelter? _____

What obstacles do you feel you face in finding housing? (check all that apply)

Lack of apartment units Income or rental prices Discrimination

Credit history problems Criminal history problems Other: _____

Please describe: _____

Have you or anyone in your household been found guilty of a crime? Yes No

Name of Member(s) _____

Do you or anyone in your household have open or pending CORI cases or legal issues? Yes No

Are you or anyone in your household required to register in a Sex Offender Registry? Yes No

Name of Member(s) _____

FINANCIAL:

Monthly gross income: _____ Net monthly income: _____

From (check all that apply):

TANF SSI SSDI Unemployment Employment

Child Support Other: _____

Major Expenses (indicate cost per month, if applicable)

Do you own a car? Yes No Car Payment? \$ _____ Car Insurance? \$ _____ Gasoline? \$ _____

Child care expenses? \$ _____ Debt Payments? \$ _____ Other? \$ _____

Do you have any utility debt/arrearage? Yes No If yes, please list amount(s) and names of utility companies: _____

What is your credit score? _____ Please attach most recent credit report.

How much money do you have in savings? _____

Have you ever used financial counseling resources/services before? If so, which organization did you work with and how long ago? _____

EDUCATION & EMPLOYMENT (all adults in the household):

Adult # 1: Highest grade completed:

9th 10th 11th 12th HS diploma GED Name of school/program _____

Some college College Grad Certificate Name of school/program _____

Course of study _____ Year Completed _____

Do you have debt related to college study or certificate program? Yes No How much? \$ _____

Adult # 2: Highest grade completed:

9th ___ 10th ___ 11th ___ 12th ___ HS diploma ___ GED ___ Name of school/program _____

Some college ___ College Grad ___ Certificate ___ Name of school/program _____

Course of study _____ Year Completed _____

Do you have debt related to college study or certificate program? Yes ___ No ___ How much? \$ _____

Are you planning to attend college or a training program in the next year? Yes ___ No ___

If yes, please describe: _____

CURRENT EMPLOYMENT STATUS:

Adult # 1

Full Time ___ Part Time ___ Permanent ___ Temp ___

Unemployed ___ due to disability? ___ actively seeking work? ___ other? _____

If employed, length of time at job: _____

Employer: _____ Position: _____

Pay rate: _____ Hours per week _____

How many jobs have you had in the last two years? _____.

(Please attach a list of the last three places you have worked, position, salary, and reason for leaving, or include a resume.)

Do you need training in order to obtain a permanent full time job? ___ Yes ___ No

If yes, what are your areas of interest: _____

Do you need employment accessible to public transportation? ___ Yes ___ No

Do you speak any additional languages? ___ Yes ___ No

If yes, please list: _____

Adult # 2

Full Time ___ Part Time ___ Permanent ___ Temp ___

Unemployed ___ due to disability? ___ actively seeking work? ___ other? _____

If employed, length of time at job: _____

Employer: _____ Position: _____

Pay rate: _____ Hours per week _____

How many jobs have you had in the last two years? _____.

(Please attach a list of the last three places you have worked, position, salary, and reason for leaving, or include a resume.)

Do you need training in order to obtain a permanent full time job? ___ Yes ___ No

If yes, what are your areas of interest: _____

Do you speak any additional languages? ___ Yes ___ No

If yes, please list: _____

PHYSICAL HEALTH:

Medical Conditions of adults: _____

Medical Conditions of children: _____

List of Medications you or anyone in your family is taking: _____

BEHAVIORAL HEALTH HISTORY:

Have you ever received, or are currently receiving, therapeutic/counseling services? ___ Yes ___ No

Diagnosis: _____

List of psychiatric medications prescribed: _____

Do you drink alcohol? _____ Do you use other drugs? _____

Do you feel you want/need help cutting down on use? _____

Has anyone ever told you they thought you had a problem with alcohol/drugs? _____

Do your children have any issues with alcohol or drugs? _____

What are your favorite activities for stress relief (exercise, playing with kids, shopping, etc.)?

SERVICE PLANNING:

Are there any other agencies involved with your family (DYS, DCF, Probation, etc.)? ___ Yes ___ No

If yes, please list: _____

Have you or your children ever been in an abusive relationship or been at risk of violence? ___ Yes ___ No

If yes, please explain: _____

Do you currently feel safe? ___ Yes ___ No

If not, please explain: _____

What changes do you expect in the coming year to household income, expenses, or household composition (increase in wages, change in child's guardianship, top of BHA housing list, etc.):

Do you foresee any changes with regard to childcare for your child(ren) during your time in the HAC Program? If so, please explain below.

YOUR NEEDS & STRENGTHS:

In addition to rental assistance, what services do you feel your family needs to be successful in HAC?

What is your greatest accomplishment?

What is your greatest struggle?

List the goals you would like to achieve once accepted into the HAC Program, and how you will achieve them? You may include career and/or educational goals:

What steps have you already taken to achieve these goals?

Upon completion of the HAC Program, what changes/improvements would you like to see in your life and your family's life?

How long do you believe you would need in the HAC Program to maintain stability with your housing?

Applicant: _____ Date: _____

Case Manager: _____ Date: _____

PLEASE SUBMIT COMPLETED FORMS, along with income verification, homeless verification from current shelter provider, current resume or work history, and any other supporting documentation to:

Mikayla Francois, LCSW, Director of Housing and Prevention Services
Via fax at: 617-542-9545; U.S. Mail at: FamilyAid Boston, 727 Atlantic Ave, Boston, MA 02111;
or e-mail at: hacprogram@familyaidboston.org

BUDGET WORKSHEET

Please complete this section based on your **ANTICIPATED BUDGET** once you find an apartment, **INCLUDING ESTIMATED RENT AND UTILITIES.**

Please fill this out in its entirety as accurately as possible.

If you don't spend money for a specific expense, please write zero "(0)" in the space provided.

Your Name: _____

Date: _____

NET INCOME (After Taxes)

DTA Cash Assistance	
Employment	
Unemployment	
SSDI	
SSI	
Child Support	
Other	
Other	

TOTAL: \$ _____

Food Stamps \$ _____

ESTIMATED EXPENSES

Notes

	MONTHLY EXPENSE (\$)	DEBT (\$)
MONTHLY RENT PAYMENT		
Groceries (amount after food stamps)		
Gas (cooking and heat)		
Oil (heat)		
Electric		
Water/Sewer		
House Phone		
Cell Phone		
T Pass		
Train fare		
Bus fare		
Cab fare		
Gasoline		
Car Payment		
Car Insurance		
Car Repairs		
Parking		
Doctor/Other Provider Co-Pays		
Medication		

BUDGET, PAGE 2	MONTHLY EXPENSE (\$)	DEBT (\$)
Birth Control		
Laundry		
Barber or Hair Salon		
Nails		
Clothing		
Toiletries		
Cleaning Supplies		
Cable/internet		
Children's Allowances		
Babysitter/Childcare		
Diapers/infant supplies		
Eating Out		
Religious/Charity Donations		
Gym/Fitness Club		
Entertainment (i.e.: Netflix, etc.)		
Books, News Paper, school supplies, Magazines		
Lottery Tickets/Gambling		
Alcohol/Drugs		
Cigarettes		
Storage Fees		
Pet Care/Kennel Expenses		
Credit Card Payments		
Student Loan Payments		
Personal Loan Payments		
Medical Bill Debt Payments		
Money sent abroad		
Other:		
Other:		
TOTAL EXPENSES:	\$	\$

INCOME \$ _____

- (minus) EXPENSES \$ _____

Amount Remaining:

\$

IF THERE IS A NEGATIVE AMOUNT REMAINING, PLEASE TELL US WHICH EXPENSES YOU PLAN TO CHANGE AND HOW:
