



EFSP Application Checklist Client: _____

Hillcrest EFSP Application & Referral Checklist

Please ensure that the following is complete before submitting for approval.
Assistance is provided through referring Johnson County CoC agencies only.

- ___ Application page(s) fully completed, dated and signed by client.
- ___ Landlord Statement completed and attached.
- ___ Release/Consent form signed by all adults in household
- ___ Household ID copies for all adults attached

Referring agencies must submit the completed client application with attachments by email to Hillcrest at the email address below.

Approval/rejection of referral will be sent by email or phone to the referring agency, and to the client.

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HILLCREST MINISTRIES OF MIDMERICA - RENTAL ASSISTANCE
JOHNSON COUNTY, KS - EFSP 2018 APPLICATION/REFERRAL

Referring Agency: _____
 Referring Agency Contact Name: _____
 Referring Agency Phone: _____ Email: _____
 Date of Referral: _____

Client Last Name: _____ Client First Name: _____ Initial: _____ Date: _____

Address: _____
Street Number Street Name Unit # City State Zip Code

Address located within Johnson County? Yes No

Phone #: _____ Alt. Phone #: _____ Email: _____

Social Security #: _____ Birth date: _____ Highest Grade Level: _____ Marital Status: _____

Race: Asian White Black/African American American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Ethnicity: Hispanic Non-Hispanic

Employed? Yes (Full-Time Part-Time Temp Work) No Disabled Retired

Other Household Members:

| Name | D.O.B. | Relationship to Applicant | Entire Social Security Number | Highest Grade Level Completed | Veteran? |
|------|--------|---------------------------|-------------------------------|-------------------------------|----------|
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Reason Requesting Assistance:

1. Lost Job

Circle Current Status: *Looking for New Job* *New Job Lined Up* *Awaiting Unemployment*

Description: _____

2. Temporarily Off Work for Health Reasons

Circle One: *Illness* *Work-Related Accident* *Maternity* *Other*

Description: _____

3. Awaiting Benefits (Not Unemployment) Please Specify Type(s) of Benefit: _____

Description: _____

4. Unexpected Emergency Expense (Car Repair, Death or Illness in Family, etc.)

Description: _____

5. Other

Description: _____

How will you pay your rent next month? _____

Note: Complete only part 1 or part 2 of the next two sections:

Part 1

If you are applying for help with rent for your present apartment complete the following:

What is the cost of your rent per month? \$ _____

If you are now behind in rental payment, how much do you owe (not including late fees) \$ _____

Do you owe Late Fees? _____ If Yes, please state amount: \$ _____

Total amount Owed: \$ _____

Amount your landlord will require you to pay to remain in your apartment for 30 days: \$ _____

How much can you pay toward this amount? \$ _____

Amount you are requesting (this figure should not exceed one month's rent): \$ _____

Part 2

If you are applying for first month's rent in a new apartment:

Describe your current living situation including whether it is an apartment, shelter, vacant building, etc., how long you can stay there, when you began living there, etc. _____

What will your first month's rent be? \$ _____

How much of that can you pay? \$ _____

Amount requested for your first month's rent (cannot exceed 1 full month)? \$ _____

If there is a security deposit, please state the amount: \$ _____

How will you pay the security deposit (we cannot pay deposit)? _____

ALL APPLICANTS COMPLETE THE FOLLOWING:

Name of Landlord: _____

Apartment Complex Name: _____

Rented Unit Address, City, State & Zip Code:

Email: _____ Phone: _____

EFSP ASSISTANCE CLIENT CERTIFICATION/RELEASE OF INFORMATION
I HEREBY CERTIFY THE FOLLOWING:

I certify that my household is presently experiencing an economic emergency and is need of EFSP assistance. I also certify that I have not received EFSP assistance in the past twelve months. I understand that in EFSP assistance provided by Hillcrest is available only once every twelve months. I acknowledge that Hillcrest has a limited right to include some demographic information for reports on homelessness and services needed by those who are homeless, including in the local HMIS database system, Caseworthy. I certify that I have received a privacy notice and understand it. I understand that all information gathered about me is personal and private and that I do not have to participate in HMIS sharing. I authorize this EFSP agency, Hillcrest Ministries of MidAmerica, to share my basic identifying information and non-confidential EFSP service information with other EFSP &/or HMIS organizations. I authorize basic identifying information and non-confidential service transactions on my dependent(s) to be shared with EFSP/HMIS agencies. I consent to the release of pertinent information to the EFSP Local Board, EFSP Staff, and the HMIS system as required to report/claim regarding my EFSP services. I certify that the information I have provided is true and correct. I am aware that any use of EFSP funds contrary to the law and guidelines governing the EFSP Program will be reported to the EFSP National Board and/or the DHS/Office of the Inspector General for further action.

I have read the above paragraph and fully understand it. (ALL ADULTS MUST SIGN)

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

**RENT ASSISTANCE DOCUMENTATION
HILLCREST MINISTRIES OF MIDAMERICA**

This form must be completed in its entirety by the Local Recipient Organization (LRO) providing service, as all information is required, for each rent/mortgage payment made with Emergency Food and Shelter Program funds. Failure to provide complete, required information will result in a compliance exception.

Client Information: Date (month/day/year): _____

Client Name: _____

Client Address: _____
(complete street address)

(city/state/zip)

Type of Assistance: Rent (check one)
 Past due rent
 Current month's rent
 First month's rent (effective/move in date _____) (month/day/year)

The monthly rent payment is \$ _____

The total owed (including the amount above) is \$ _____

The one month amount being paid by this agency is \$ _____

The amount being paid is for the month of (month/year) _____

The one month amount being paid is/was due on (month/day/year) _____

The one month amount being paid is past due in its entirety at time of payment (check one): Yes No

EFSP guidelines allow for the payment of mortgage principal and interest only. Current rent/mortgage payments may be made up to 10 calendar days before the due date. First month's rent may be paid up to 30 days prior to move-in date. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. First month's mortgages are not allowed.

LRO Verification (To be completed by the LRO staff):

LRO Staff Name: _____

LRO Staff Signature: _____

Date (month/day/year): _____

Landlord/Mortgage Holder Verification (To be completed by the landlord/mortgage holder):

This is to confirm that rent for _____ for the property
(name of individual or family)

at _____ with
(complete address, street number and name, city, state, zip code)

a monthly rent amount of \$ _____ (rent only: includes no deposits, late fees, or other charges) is/was
due on _____. The total amount currently owed is \$ _____. The individual/
(month/day/year)

family now has rent due/past due for the month(s) of _____.
(month/year)

Landlord/Agent Name: _____ Phone: _____

Address: _____
(street/city/state)

Landlord /Mortgage Holder Signature: _____ Date (mo/day/yr): _____

Important: Payment will guarantee residency for an additional 30 days!

Description: The Rent/Mortgage category is intended to allow agencies to pay a one-month amount of rent or mortgage for qualifying clients. Each household may receive this assistance only once per spending period.

This Quick Reference Guide is provided to assist in the understanding of allowable costs and documentation requirements at a glance; it is not a substitute for the *EFSP Responsibilities and Requirements Manual (EFSP Manual)*. For more complete information on this category, please reference the **EFSP Manual**.

Rent/Mortgage

Eligible items:

- One month of past due balance of rent or mortgage
- One month of current balance of rent or mortgage
- First month's rent

NOTE: When paying on rent or mortgage for mobile homes, agencies may include the cost of lot fees in the payment.

Ineligible items:

- More than one month's rent or mortgage payment
- First month of new mortgage
- Deposits
- All fees, including late fees, condo fees, homeowner association fees/dues
- Rent or mortgage on an agency's own facility is not eligible

The following conditions must be met before payment is made:

- For current rent: payment due within 10 calendar days
- For past due rent: amount paid must be totally outstanding at the time of payment
- All other resources have been exhausted
- The home/apartment is the client's primary residence
- Client must be the one responsible for the rental payment
- Payment is limited to one month of assistance per spending period
- Payment must guarantee 30 days additional service
- Assistance can be provided to the client by only one LRO in the jurisdiction

Documentation Requirements - RENT

First month's rent:

- Dated and signed lease, complete with all pages OR
- Landlord letter (dated and signed by landlord) with client's name and address, the move-in date, and monthly rent amount

NOTE: Leases are only accepted as stand-alone documentation for cases of first month's rent.

Current month's rent:

- Landlord letter (dated and signed by landlord) with

client's name and address, the specific month being covered, and monthly rent amount.

Past due month's rent:

- Landlord letter (dated and signed by landlord) with client's name and address, the specific month being covered, monthly rent amount, and the total rent amount outstanding at the time of payment.

NOTE: Agencies are strongly urged to use the landlord letter formats in the **EFSP Manual**.

Documentation Requirements - Mortgage

Mortgage assistance is limited to principal and interest only; escrow, taxes, insurance and late fees cannot be included in the payment. Only mortgages on principal residences are eligible; payments on 2nd mortgages and lines of credit are not eligible. Forbearance loans and loan modification payments are also ineligible.

Current month's mortgage:

- Mortgage statement, coupon or letter from mortgagor showing the client's name and address, the mortgagor name, account number, monthly amount of principal and interest.

Past due month's mortgage:

- Mortgage statement, coupon or letter from mortgagor showing the client's name and address, the mortgagor name, account number, monthly amount of principal and interest and the amount outstanding at the time of payment.

Proof of Payment for all Rents/Mortgages:

Submit a copy of canceled checks (front and back), or copy of uncanceled fronts of checks and bank statement. Check images included in bank statements are accepted. Debit card or electronic payments require bank statement that identifies the vendor by name. Credit card payments require canceled check payable to the credit card company. Debit and credit cards must be in agency's name.

NOTE: Cash payments, money orders and reimbursements to individuals who are not the landlords or mortgagors are ineligible.