

Monroe County Social Services Homeless Prevention Funds

Mail Application to:
Monroe County Social Services
Homeless Prevention Program
1100 Simonton Street 1-190, Key West, FL 33040

Applications are accepted by mail ONLY.

The Homeless Prevention and Rapid Re-Housing Program (HPRP) is funded by the American Recovery and Reinvestment Act of 2009. Monroe County Social Services has a limited amount of funding available to assist eligible Monroe County households with the prevention of homelessness. This funding is directed to households who would be homeless without this assistance. Also, the intent of this funding is to help persons who can remain stably housed AFTER this temporary housing assistance ends. This is temporary housing assistance – generally providing rent for 3 months or less – and is not a long-term assistance program.

HPRP funds are paid directly to the landlord, not the tenant. The tenant will not receive any direct funding from this program.

HPRP funds can not be used to assist homeowners pay their mortgages – Congress has established other funds to assist homeowners. Only renters are eligible to apply for HPRP funding.

This application must be completed in its entirety. Due to the large demand for assistance and the limited amount of funding, incomplete applications will not be processed. **Applications will be accepted by mail ONLY.**

Once your application is received, reviewed, and pre-screened by Monroe County Social Services, you will receive an appointment letter in the mail. Your appointment will be with a Monroe County Social Services staff member and will be held at one of the three offices closest to your home. Offices are located in Tavernier, Marathon, and Key West. With your appointment letter, you will receive a list of documentation that **MUST** be brought to the appointment.

In order to qualify for this funding, you MUST:

- * be a renter, not a homeowner
- * lack the financial resources and support needed to remain in your home
- * be able to remain in your home once this temporary assistance has ended
- * have a current lease, signed by your landlord or property management company
- * attend all case management appointments
- * agree to a home visit by a Monroe County Social Services staff member
- * agree to participate in follow up mailings and/or phone calls
- * meet any/all additional eligibility requirements outlined at your appointment

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To be Completed by Office Staff Only:

Date Rec'd in Office: _____

Rec'd by: _____

Forwarded to: _____

Appointment Scheduled for: _____

Application Date: _____

Person Completing Form: _____

I am applying for Homeless Prevention Assistance Other _____

I currently receive OTHER financial assistance for housing (i.e., Section 8) No Yes _____

My monthly rent is: \$ _____

First Name: _____ **Last Name:** _____ **MI:** _____

Date of Birth: _____

Social Security Number: _____

Driver's License or State ID Number: _____

Gender – Check One	Marital Status – Check One	
Male <input type="checkbox"/>	Single/Never Married <input type="checkbox"/>	Separated <input type="checkbox"/>
Female <input type="checkbox"/>	Married (living with spouse) <input type="checkbox"/>	Widowed <input type="checkbox"/>
Refused <input type="checkbox"/>	Married (not living with spouse) <input type="checkbox"/>	Common Law <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Other <input type="checkbox"/>

Household Type – Check One	
Single Person <input type="checkbox"/>	Single Parent-Female <input type="checkbox"/>
Two Parents with Children <input type="checkbox"/>	Single Parent-Male <input type="checkbox"/>

Two Adult no Children **Do you currently rent or own the home you are living in?**

Name of Other Adult: _____ **SSN:** _____

Date of Birth: _____ **Gender: Male Female**

List ALL Others Living in Household					
Name and Relationship	Gender	Age	Name and Relationship	Gender	Age

List Current Address:	Emergency Contact:
Address: _____	Name: _____
Apartment or Lot: _____	Address: _____
City: _____	City: _____
State: _____	State: _____
Zip Code: _____	Zip Code: _____
Phone Number: _____	Phone Number: _____
Alternate Phone Number: _____	Alternate Phone Number: _____

List Your Housing Status:			
Literally Homeless <input type="checkbox"/>	Imminently at-risk of becoming literally homeless <input type="checkbox"/>	Precariously housed and at-risk of homelessness <input type="checkbox"/>	Stably Housed <input type="checkbox"/>
Income of ALL Household Members – Please Be Specific. Use back of page if additional space is needed.			
Current Employer			
Monthly Income			
Other sources of Income and Amount			
List ALL Financial Resources You Receive as of the Date of Application for HPRP Funds (check all that apply and list amount received PER MONTH)			
<input type="checkbox"/> Social Security \$	<input type="checkbox"/> AFDC/TANF \$	<input type="checkbox"/> SSI \$	<input type="checkbox"/> SSDI \$
<input type="checkbox"/> Child Support \$	<input type="checkbox"/> Veterans Benefits \$	<input type="checkbox"/> Unemployment Benefits \$	<input type="checkbox"/> Medicare \$
<input type="checkbox"/> Medicaid \$	<input type="checkbox"/> Food Stamps \$	<input type="checkbox"/> Other Financial Resources (please list) \$	
Ethnicity – Check the Most Applicable			
American Indian/Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Asian Indian <input type="checkbox"/>	Black/African American <input type="checkbox"/>
Hawaii Native/Pacific Islander <input type="checkbox"/>	Other <input type="checkbox"/>	White, Hispanic <input type="checkbox"/>	
White, Non-Hispanic <input type="checkbox"/>			
Veteran Status			
Veteran	<input type="checkbox"/>		
Non-Veteran	<input type="checkbox"/>		
Don't know	<input type="checkbox"/>		
Primary Language			
English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Other <input type="checkbox"/> Please list: _____	
Citizenship			
US Citizen	<input type="checkbox"/>		
Eligible Non Citizen	<input type="checkbox"/>		
Ineligible Non Citizen	<input type="checkbox"/>		
Where Did You Live BEFORE the Address Listed on Page 1?			
Apartment or House owned <input type="checkbox"/>	Rental Housing <input type="checkbox"/>		
Foster Home/Group Home <input type="checkbox"/>	Emergency Shelters <input type="checkbox"/>		
Jail/Prison <input type="checkbox"/>	Hotel/Motel <input type="checkbox"/>		
Permanent Housing for Homeless <input type="checkbox"/>	Safe Haven <input type="checkbox"/>		
Substance Abuse Facility <input type="checkbox"/>	Transitional Housing <input type="checkbox"/>		
Place Not Meant for Habitation <input type="checkbox"/>	Hospital <input type="checkbox"/>		
Domestic Violence Shelter <input type="checkbox"/>	Psychiatric Facility <input type="checkbox"/>		
Living with Relatives and/or Friends <input type="checkbox"/>	Other <input type="checkbox"/>		

Length of Stay at the Location Marked Above		
One week or less	<input type="checkbox"/>	
More than 1 week, less than 1 month	<input type="checkbox"/>	
1 to 3 months	<input type="checkbox"/>	
More than 3 months, Less than 1 year	<input type="checkbox"/>	
More than 6 months, less than 1 year	<input type="checkbox"/>	
1 year or longer	<input type="checkbox"/>	
Zip Code or City and State of last Permanent Residence of 90 days or longer		
What is Your Frequency of Homelessness?		
12 months or more living on streets or in emergency shelter	<input type="checkbox"/>	
4 episodes of homelessness in the past 3 years	<input type="checkbox"/>	
Never	<input type="checkbox"/>	
Do You Have a Disabling Condition?		
No	<input type="checkbox"/>	
Yes	<input type="checkbox"/>	
If Yes, Please Check All That Apply Below		
Physical Disability	<input type="checkbox"/>	
Developmental Disability	<input type="checkbox"/>	
Chronic Health Condition	<input type="checkbox"/>	
Substance Abuse	<input type="checkbox"/>	
Alcohol Abuse	<input type="checkbox"/>	
HIV/AIDS	<input type="checkbox"/>	
Mental Disability	<input type="checkbox"/>	
List the Highest Grade You Completed In School:		
1st <input type="checkbox"/>	8 th <input type="checkbox"/>	1 year college/trade <input type="checkbox"/>
2 nd <input type="checkbox"/>	9 th <input type="checkbox"/>	2 years college/trade <input type="checkbox"/>
3 rd <input type="checkbox"/>	10 th <input type="checkbox"/>	3 years college/trade <input type="checkbox"/>
4 th <input type="checkbox"/>	11 th <input type="checkbox"/>	4 years college/trade <input type="checkbox"/>
5 th <input type="checkbox"/>	12th no diploma <input type="checkbox"/>	+ 5 years/Master's and/or PhD <input type="checkbox"/>
6 th <input type="checkbox"/>	HS diploma <input type="checkbox"/>	
7 th <input type="checkbox"/>	GED <input type="checkbox"/>	
Who referred You to this Program (check only one)		
Self <input type="checkbox"/> Street Outreach Worker <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Public Housing <input type="checkbox"/> Church <input type="checkbox"/> Psychiatric Hospital Staff <input type="checkbox"/> Hospital <input type="checkbox"/> Alcohol/Drug Program <input type="checkbox"/> Police <input type="checkbox"/> Mental Health Outpatient Clinic <input type="checkbox"/> Other <input type="checkbox"/> _____		
Under penalty of perjury, I certify that the information contained on all pages of this HPRP application is true and correct.		
Sign Name: _____ Date: _____		