



OFFICE OF COMMUNITY DEVELOPMENT
 474 BROADWAY, THIRD FLOOR
 SARATOGA SPRINGS, NEW YORK 12866
 518.587.3550 X2575
 SARATOGA-SPRINGS.ORG/167/COMMUNITY-DEVELOPMENT

COVID-19 EMERGENCY HOUSING ASSISTANCE PROGRAM (CEHAP)
 APPLICATION FOR ASSISTANCE

Requesting (choose one): Rapid Re-housing Emergency Rental Assistance

PARTICIPATING PROVIDER INFORMATION

ORGANIZATION NAME:

STREET ADDRESS:

PHONE:

WEBSITE:

CASE MANAGER/PRIMARY CONTACT NAME:

PHONE:

EMAIL:

CLIENT HOUSEHOLD INFORMATION

NAME:

PHONE:

EMAIL:

ADDRESS:

PLEASE CHECK THE FOLLOWING BOX IF CLIENT IS A DOMESTIC VIOLENCE VICTIM, AND ABOVE INFORMATION CANNOT BE RELEASED DUE TO CONFIDENTIALITY ISSUES.

AGE: ETHNICITY: RACE: # IN HOUSEHOLD: # OF CHILDREN (<18 YRS):

OF SENIORS (62+ YRS): # OF DISABLED: FEMALE HEAD-OF-HOUSEHOLD: Yes No

DOES THE CLIENT REQUIRE LANGUAGE ASSISTANCE? Yes No IF YES, PLEASE LIST PRIMARY LANGUAGE:

HOUSEHOLD MEMBER(S) AT HIGH-RISK FOR SEVERE COVID-19 INFECTION? Yes No HOW MANY?:

QUALIFYING CONDITION(S) VERIFIED AND DOCUMENTED BY PARTICIPATING PROVIDER? Yes No

ANNUAL YEARLY INCOME: UNDER 80% AMI (ALBANY –SCHENECTADY-TROY MSA)? Yes No

INCOME VERIFIED BY PARTICIPATING PROVIDER? Yes No (SELF-CERTIFICATIONS ARE NOT PERMITTED. PLEASE UTILIZE [CPD INCOME ELIGIBILITY CALCULATOR](#) ON HUD EXCHANGE AND MAINTAIN BACKUP DOCUMENTATION ON FILE.)

MEETS DEFINITION OF HOMELESS UNDER:



The City of Saratoga Springs does not discriminate on the basis of age, race, color, gender, religion, handicap, sexual orientation, familial status or national origin in employment or the provision of services.

WHAT IS THE CONFIRMED SOURCE OF FUTURE INCOME TO MAINTAIN HOUSING?:

AMOUNT OF ANTICIPATED INCOME PER MONTH?

ASSISTANCE REQUEST

REASON FOR REQUESTING ASSISTANCE (PLEASE INCLUDE HOW CURRENT CIRCUMSTANCES RELATE TO COVID-19 PANDEMIC):

RENT COST PER MONTH (CURRENT OR IDENTIFIED HOUSING UNIT): INCLUDES UTILITIES? YES NO

OF BEDROOMS: TOTAL REQUEST: \$ (LIMIT OF 6 MONTHS FMR)

EMERGENCY RENTAL ASSISTANCE

THIS SECTION IS SPECIFIC TO REQUESTS FOR EMERGENCY RENTAL ASSISTANCE ONLY. IF YOU ARE REQUESTING RAPID REHOUSING FUNDS, PLEASE SKIP TO NEXT SECTION.

IS CLIENT A CITY RESIDENT? YES NO IS CLIENT IN ARREARS ON RENT? YES NO

IF YES, TOTAL DUE: FOR WHICH MONTHS?

CLIENT CURRENT ON ALL RENT PAYMENTS AS OF MARCH 1, 2020 (AS VERIFIED BY LANDLORD)? YES NO

PLEASE EXPLAIN HOW LAPSE IN INCOME IS RELATED TO COVID-19 PANDEMIC:

IF TOTAL REQUEST IS LESS THAN TOTAL AMOUNT OWED, HOW WILL THE BALANCE BE FUNDED?

WILL CEHAP AND OTHER CONFIRMED SOURCES OF ASSISTANCE, AS APPLICABLE, PREVENT EVICTION (AS VERIFIED BY LANDLORD)?

YES NO

RAPID REHOUSING FUNDS

THIS SECTION IS SPECIFIC TO REQUESTS FOR RAPID REHOUSING FUNDS ONLY. IF YOU ARE REQUESTING EMERGENCY RENTAL ASSISTANCE, PLEASE COMPLETE PREVIOUS SECTION.

DID CLIENT PRESENT AS HOMELESS WITHIN CITY LIMITS? YES NO IF YES, TO WHICH AGENCY?:

IF TOTAL OF FIRST 6 MONTHS OF RENT IS GREATER THAN THE TOTAL REQUEST, HOW WILL BALANCE BE FUNDED?

IS HOUSING COST TO CLIENT LESS THAN 30% OF THEIR ANTICIPATED INCOME? YES NO

ADDRESS OF IDENTIFIED HOUSING UNIT:

PLEASE CHECK THE FOLLOWING BOX IF CLIENT IS A DOMESTIC VIOLENCE VICTIM, AND ADDRESS CANNOT BE RELEASED DUE TO CONFIDENTIALITY ISSUES.

WAS BUILDING CONSTRUCTED PRIOR TO 1975? YES NO IF YES, HAS A LEAD CLEARANCE BEEN OBTAINED? YES NO

DOES UNIT MEET HUD HOUSING QUALITY STANDARDS (HQS)? YES NO

BRIEFLY DESCRIBE CLIENT'S INDIVIDUALIZED HOUSING PLAN (INCLUDING A PATH TO PERMANENT HOUSING STABILITY):

CLIENT SPECIFIC NEEDS AND WRAP-AROUND SERVICES

PLEASE GIVE BRIEF OVERVIEW OF CLIENT'S CIRCUMSTANCES AND SPECIFIC NEEDS:

HAS CLIENT BEEN ASSESSED TO DETERMINE ELIGIBILITY FOR MAINSTREAM BENEFITS? YES NO

HAS CLIENT BEEN CONNECTED WITH SARATOGA COUNTY DEPARTMENT OF SOCIAL SERVICES? YES NO

HAS CLIENT BEEN ASSISTED WITH OBTAINING EMPLOYMENT AND/OR JOB TRAINING? YES NO

PLEASE LIST ANY ADDITIONAL AGENCIES CLIENT HAS BEEN REFERRED TO FOR SERVICES:

I UNDERSTAND THAT DOCUMENTATION OF REQUIRED 6-MONTH CLIENT "CHECK-IN" MUST BE PROVIDED TO OCD: Yes No

DUPLICATION OF BENEFITS MONITORING

DOES THE CLIENT LIVE IN GOVERNMENT-SUBSIDIZED HOUSING, RECEIVE TBRA, HOUSING CHOICE VOUCHER, SECTION 8, OR ANY OTHER TYPE OF PERMANENT HOUSING ASSISTANCE? YES NO IF YES, HOW MUCH OF THE MONTHLY RENT COSTS ARE THE CLIENT'S RESPONSIBILITY?

COMPLETE THE TABLE BELOW SHOWING ALL FEDERAL, STATE, LOCAL GOVERNMENT AND PRIVATE GRANTS AVAILABLE TO CLIENT FOR EMERGENCY HOUSING ASSISTANCE DURING THE COVID-19 PANDEMIC.

| ASSISTANCE PROGRAM & SOURCE | AMOUNT | STATUS | USE OF FUNDS | FUNDING USE TIME PERIOD |
|--|--------|---|----------------------------|-------------------------|
| TEMPORARY ASSISTANCE SARATOGA COUNTY DSS | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| CARES ACT ESG-CV SARATOGA COUNTY DSS | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| COVID RENT RELIEF PROGRAM NYS HOMES AND COMMUNITY RENEWAL | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| CoC RAPID REHOUSING WELLSPRING | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| NYS HOME REBUILDING TOGETHER SARATOGA COUNTY | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |

| | | | | |
|---|--|---|----------------------------|--|
| STHEP TRANSITIONAL SERVICES ASSOCIATION | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| STHEP WELLSPRING | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| STHEP CAPTAIN COMMUNITY HUMAN SERVICES | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| SSVF VETERANS AND COMMUNITY HOUSING COALITION | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| SSVF SOLDIER ON | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |
| FUNDS/GRANTS FROM NON- PROFIT OR FAITH BASED ORG IDENTIFY: | | RECEIVED DENIED NOT ELIGIBLE FUNDS EXHAUSTED | RENT UTILITIES OTHER | |

REQUIRED ATTACHMENTS

EMERGENCY RENTAL ASSISTANCE REQUESTS:

- CPD INCOME ELIGIBILITY CALCULATOR RESULTS.
- CURRENT LEASE.
- LANDLORD CERTIFICATION LETTER.

RAPID REHOUSING FUNDING REQUESTS:

- CPD INCOME ELIGIBILITY CALCULATOR RESULTS.
- PROPOSED LEASE.
- IF BUILDING CONSTRUCTED PRIOR TO 1975: LEAD-CLEARANCE REPORT AND/OR ESTIMATES FROM CERTIFIED LEAD PROVIDER.
- HUD HOUSING QUALITY STANDARDS (HQS) VERIFICATION.

CERTIFICATION

THE PARTICIPATING PROVIDER AND CLIENT (THE "PARTIES") HEREBY CERTIFY THAT ALL THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND COMPLETE AS PROVEN BY DOCUMENTATION PROVIDED BY THE CLIENT AND/OR OBTAINED BY THE PARTICIPATING PROVIDER FROM THIRD-PARTIES WITH DOCUMENTED PERMISSION FROM THE CLIENT. ADDITIONALLY, THE PARTIES GRANT PERMISSION TO THE CITY OF SARATOGA SPRINGS COMMUNITY DEVELOPMENT DEPARTMENT TO REQUEST FURTHER DATA, MAKE INQUIRIES TO LISTED THIRD-PARTIES, VERIFY CONTENT AND INSPECT THE PREMISES IN THE COURSE OF EVALUATION OF THIS APPLICATION.

CLIENT SIGNATURE NAME DATE

*PLEASE CHECK THE FOLLOWING BOX IF CLIENT IS A DOMESTIC VIOLENCE VICTIM, AND NAME CANNOT BE RELEASED DUE TO CONFIDENTIALITY ISSUES. *Documentation permitting the Participating Provider to sign on behalf of the client must be completed and kept in case file maintained by the Participating Provider.*

PARTICIPATING
PROVIDER SIGNATURE NAME DATE
TITLE

WARNING: TITLE 18 US CODE SECTION 1001 STATES THAT A PARTIES ARE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. IF KNOWINGLY FALSE OR INCOMPLETE INFORMATION IS PROVIDED, RESPONSIBLE PARTIES MAY BE REQUIRED TO RETURN ALL ASSISTANCE PROVIDED, FINED UP TO \$10,000, IMPRISONED FOR UP TO 5 YEARS; AND/OR PROHIBITED FROM RECEIVING FUTURE ASSISTANCE.