



HMIS #: \_\_\_\_\_  
 CalSAWS Case #: \_\_\_\_\_

## Application for Housing Needs Flex Fund

The goal of the Housing Needs Flex Fund is to provide assistance to Mendocino County residents impacted by homelessness or at-risk of homelessness to access or retain housing.

**Funds Eligibility:** All applications to the Housing Needs Flex Fund are evaluated on a case-by-case basis.

Several funding streams support the Housing Needs Flex Fund. Each funding stream has different regulations and eligibility requirements. When evaluating a Flex Fund application, program staff must consider the household composition; the age of the applicant(s); involvement in child welfare services or adult protective services; housing or homelessness status; past application/assistance requests; eligibility for other support resources; and whether the household has a viable housing sustainability plan in place. Additional factors may also be considered.

**Funds Availability:** Funding is **NOT** guaranteed. If funding is approved, a confirmation will be sent to staff in writing. Checks may take up to three (3) weeks to process.

**A complete application includes this form plus:**

- Verification of Housing Status form
- Back-up documentation (bill, invoice, lease)
- HMIS Intake form/entry for each family member
- W-9 (for requests over \$600)

**Important:** This form is to be **completed by agency or organization staff**, not the client. Applications may only be submitted by local agencies and organizations; applications from individual recipients will not be accepted.

<b>Today's Date:</b>		<b>Agency:</b>			
<b>Staff Name:</b>			<b>Phone:</b>		
<b>Applicant's Information</b>					
<b>Applicant's Name:</b>					
<b>Preferred Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:					
<b>Applicant's Phone Number:</b>					<input type="checkbox"/> <b>Accepts Texts</b>
<b>Household Information:</b> Include all persons living with applicant and those who plan to live with applicant.					
First Name	Last Name	Birthdate	Relationship to Applicant	Monthly Income	Income Source
			<i>self</i>		

**Does any member of the household have an open child welfare (CPS) case?**  Yes  No

### Current Housing Situation

Completed a Verification of Housing Status form:  Today  Previously

Where are they currently staying:

Are the children currently living with applicant?  Yes  No. Where are they living?

### Sustainability Plan to Maintain Housing

Has income that can sustain rent. If all future income is not listed in the Household section, give details:

Plans to get a job, get more hours, return to work. Details:

Has applied for a voucher, type: \_\_\_\_\_

Has a voucher (in hand), type: \_\_\_\_\_

Is applying for income benefits, type: \_\_\_\_\_  
(SSI, Cash Aid, CalWORKs, Unemployment, Disability, etc.)

A friend or family member is helping pay rent. Details:

Is getting a roommate. Details:

Other ways this household plans to sustain this housing:

Repeat Request: Household has submitted a Flex Fund request previously.

Assistance Request 1	
<input type="checkbox"/> Rental application fee: \$	<input type="checkbox"/> "informal" room rental (up to \$400): \$
<input type="checkbox"/> Rental security deposit: \$ <input type="checkbox"/> First months' rent: \$	<input type="checkbox"/> Past utility bills (to turn on utilities at new home) \$
<input type="checkbox"/> Ongoing Rent: (per month) Which Month(s):	Child Welfare Cases Only (BFH) <input type="checkbox"/> Other Assistance: \$ Details:
<input type="checkbox"/> Back rent owed: \$ Will payment prevent eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Month(s):	Details:
Checks can only be paid to landlord or company listed on W-9.  <b>Check Payable To:</b> _____  <b>Mail Check To:</b> _____  Address: _____  <input type="checkbox"/> W-9 attached or on file <input type="checkbox"/> Lease attached <input type="checkbox"/> Eviction Notice attached <input type="checkbox"/> Back-up attached (if required)	
Assistance Request 2	
<input type="checkbox"/> Rental application fee: \$	<input type="checkbox"/> "informal" room rental (up to \$400): \$
<input type="checkbox"/> Rental security deposit: \$ <input type="checkbox"/> First months' rent: \$	<input type="checkbox"/> Past utility bills (to turn on utilities at new home) \$
<input type="checkbox"/> Ongoing Rent: (per month) Which Month(s):	Child Welfare Cases Only (BFH) <input type="checkbox"/> Other Assistance: \$ Details:
<input type="checkbox"/> Back rent owed: \$ Will payment prevent eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Month(s):	Details:
Checks can only be paid to landlord or company listed on W-9.  <b>Check Payable To:</b> _____  <b>Mail Check To:</b> _____  Address: _____  <input type="checkbox"/> W-9 attached or on file <input type="checkbox"/> Lease attached <input type="checkbox"/> Eviction Notice attached <input type="checkbox"/> Back-up attached (if required)	

**Case Manager/Housing Guide Recommendations**

- I believe this is the best sustainability plan they have available to them.
- I recommend funding as requested.     I do not recommend funding this request.
- I recommend funding this household, but would suggest financial participation by the household, such as:

**Child Welfare Involved Household (BFH) Only**

Will this funding and sustainability plan **help them reunify**?     Yes     No     N/A

Will this funding and sustainability plan **help them retain custody**?     Yes     No     N/A

Has the Social Worker approved this plan?     Yes     No

*For Internal Use Only*

Category of homelessness:

Funding source:

**Approved:** \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

**Approved:** \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

**Declined:** \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_

Reason:

Declined email sent to requestor