



**My Sister's Place Inc. Rent Subsidy / Security Deposit Program
In association with the Hartford Foundation for Public Giving (HFPG)**

The objective of this program is to assist people experiencing homelessness in obtaining permanent housing in the Greater Hartford region.

ELIGIBILITY GUIDELINES

The following guidelines are to be followed in determining who qualifies to be served by this program **(Very important—please read):**

1. The applicant must be 18 years or older to qualify for this program.
2. The applicant must currently be homeless and residing in a Shelter/Shelter Guest in a Hotel/Halfway House/Transitional Living Program in the Greater Hartford Region OR be homeless and in a Diversion Program.

***Homeless** is defined as a person without a home residence, and therefore could be living on the streets. Included are individuals at imminent and immediate risk of becoming homeless.*

3. **Referral to this program must be made by a staff member that provides their case management at the facility they live at or in their community. Note: Self-referred applications will not be accepted.**
4. The applicant must have already identified and been approved for an apartment in the Greater Hartford Region and the name and address of the landlord must be provided. Towns that are eligible include: Hartford, Andover, Avon, Bloomfield, Bolton, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hebron, Manchester, Marlborough, Newington, Rocky Hill, Simsbury, Somers, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, and Windsor Locks.

Please Note: ALL checks will be mailed to the Landlord or Property Management Company, never to the client. The applicant should not have already moved into the apartment before their application is approved.

5. Security deposit and first month rent funds are released on a first come, first served basis and will be completed while money is available.
6. Applicants must not be currently receiving Security Deposit/Rental Subsidy from any other agency or be receiving funds from multiple sources.

ADDITIONAL APPLICATION REQUIREMENTS

Before an application will be processed the following items must be provided with an application:

1. Income verification (a month's worth of paystubs and/or entitlements budget sheet) and documentation of subsidy assistance or housing voucher that may be provided. Please note: Applicant should not be paying more than 50% of his/her income towards rent, Rent-to-Income ratios higher than 50% will be reviewed on a case-by-case basis but are not guaranteed.

Please note, funding is limited and distributed based on date the completed application was received.

2. A completed W-9 tax form from landlord is required as proof of ownership of the apartment.



3. Agreement to provide a copy of the lease which will be mailed to the My Sisters' Place Housing Coordinator for applicant's record.
4. A promissory statement from the applicant requesting assistance that he/she will notify the Housing Coordinator of My Sisters' Place Inc. if he/she vacates the unit before one year's time has lapsed.
5. Proof that the applicant is either currently homeless or are at risk. That proof can be an eviction letter, formal or informal, a verification letter by a social worker that they are outside, receipts that they have been self-paying for a hotel for an extended period of time, Letter of displacement, etc.
6. A completed HMIS form in the back of the application authorizing release of the applicant's info.

****Any application NOT meeting the above guidelines and providing the proper documentation listed will be deemed incomplete and will not be considered.***



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HEAD OF HOUSEHOLD INFORMATION

First Name: _____ M.I.: _____ Last Name: _____

Referring Agency: _____ Shelter Transitional Living Program

Applicant Address: _____ Phone: _____

City/Town: _____ State: _____ Zip Code: _____

Date of Birth: _____ SSN: _____

Gender: Male Female Transgender Unknown

Primary Race: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian Black or African American Other Other Multi Racial White

Primary Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino

Type of Living Situation: _____

Length of Stay: One week or less More than one week, but less than one month
 One to three months More than three months, but less than one year One year or longer

Zip Code of Last Permanent Address: _____

Zip Code Data Quality: Full zip code reported Don't Know/Refused

Are you a veteran of the U.S. military? Yes No Don't Know Refused

Do you have a disability of a long duration? Yes No Don't Know Refused

Highest Educational Level Attained: _____

Marital Status: Married/Civil Union Separate Divorced Widowed
 Other (Please Explain): _____



HOUSEHOLD INFORMATION

This section excludes the head of household named above and includes both other adults and custodial children.

Full Names of All Household Members (First, MI, Last)	Relationship to Head of Household	DOB	SS#	Gender	Primary Race	Ethnicity	Veteran (Y/N)	Disability (Y/N)	Highest Educational Level Attained

FINANCIAL INFORMATION & INCOME SOURCE(S)

This section includes all household members with a source of income.

SOURCE	RECIPIENT NAME	CASE NUMBER	RECERT. DATE	MONTHLY AMOUNT
Wages – Full Time				
Wages – Part Time				
TANF				
SSI/SSDI				
Food Stamps				
Unemployment Benefits				
Alimony				
Child Support				
Medicaid				
Other (Please explain below)				



HOUSING INFORMATION

Has permanent housing been established (found): Yes No

If "No", See page 1 for Guidelines for Eligibility

If "Yes", please continue:

Landlord Information:

First Name: _____ M.I. _____ Last Name: _____

Agency/Company (if applicable): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Property Management Company Information (if applicable):

Company Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Address of Proposed Dwelling:

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Dwelling Description: _____

Amount Requested: Security Deposit: \$ _____ Rent Subsidy: \$ _____

Name and Mailing Address for Check Completion:

First Name: _____ M.I. _____ Last Name: _____

Company Name (if applicable): _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

The total rent per month tenant is paying as of this date is \$ _____

Name of Referring Staff: _____

Name Title

Phone number Email

Supervisor's Signature Title

Date Application Completed: _____



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PROMISSORY NOTE

Amount Approved: Yes - \$_____ - Security Deposit Not Applicable Date: _____
Amount Approved: Yes - \$_____ - Rent Subsidy Not Applicable Date: _____

I, _____, promise to inform the Housing
(Client's Name)

Coordinator of My Sisters' Place Inc. if I vacate my rental unit before 1 year's time has lapsed.

Provide information to the following:

My Sisters' Place Inc.
211 Wethersfield Ave.
Hartford, CT 06114
Attention: Housing Coordinator Assistant
(860) 860-969-1907 (Office)
(860) 860-756-0195 (Fax)

(Client's Signature)

(Print Name)

(Date Signed)

(Primary Worker's Signature)

(Print Name)

(Date Signed)



CT-HMIS AUTHORIZATION FOR RELEASE OF INFORMATION

It is up to you whether you want to sign this form. The information you allow us to disclose could later be re-disclosed by the recipient and if that person or organization is not a health plan or health care provider, the information may no longer be protected by Federal privacy regulations. Your decision whether to complete this form will not affect your eligibility for benefits, treatment, payment, or enrollment in other services.

- The Connecticut Homelessness Management Information System (CT HMIS) is a shared system. This means that authorized CT HMIS Participating Agencies will enter your information into the CT HMIS database. These participating agencies will have access to the information that is entered into HMIS. Sharing your data allows service providers to see if they have housing services that fit your needs. It does not guarantee that you will receive housing. The type of information collected in the system includes basic identifying information for you and each member of your household (including name, SSN, date of birth, gender, race, ethnicity, household information, phone number, military veteran status, phone numbers, military veteran status, and disability status). The information entered into HMIS may include information regarding your physical and mental health, including history of substance abuse or HIV/AIDS; whether you are currently receiving services or treatment; and about referrals for services and housing by participating agencies.

A list of participating agencies which will have access to your information is attached. To see a list of participating agencies please go to this website: <http://www.cthmis.com/info/detail/general-hmis-info/23> and click the "CT HMIS - List of Participating Agencies" link at the bottom of the page. Amendments and/or changes are made to this list from time to time. You may request an updated paper copy from The Connecticut Coalition to End Homelessness (860-721-7876) at any time.

NAME (LAST, FIRST): _____ DATE OF BIRTH: _____

I authorize the agencies referenced above to input my information described above into CT HMIS and to access my information stored there for the purpose of ensuring effective coordination of services. Information entered into or accessed from CT HMIS will not be used in any way to diagnose or treat any physical or mental health conditions.

- I understand that my information may be used for research, evaluation, and advocacy. This may include research projects that seek to match my needs with other agencies or programs that may assist in providing housing, case management, or other health and/or homelessness-related services. I will always be protected by federal and state privacy laws. My personal identity will never be part of any research reports.
- A representative of the ****AGENCY NAME**** has explained my rights with regard to the CT HMIS Project to me and given me a written copy of the explanation.
- This release of information additionally covers all minor members of the household accessing services.
- I can ask to see a document which lists the persons who have updated my client record in the CT HMIS. If I have any concerns about how my personal data is being used or entered into the CT HMIS database I can contact ****DESIGNATED AGENCY CONTACT PERSON.****

I understand that if I need homeless assistance in the future, I will be asked to complete this consent form again.

NOTICE TO RECIPIENT OF CLIENT'S INFORMATION

All or part of this information may have been disclosed to you from records protected by Federal and/or Connecticut state law which prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law(s). A general authorization for the release of medical or other information is NOT sufficient for this purpose. In addition, Federal rules (42 C.F.R. Part 2) restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I understand that this form will expire two years from the date I signed it. I may revoke this authorization in writing at any time; however, I understand that revoking it cannot be change anything about information disclosures that have already occurred.

Client Signature: _____ Date: _____



Note: If you are a legal guardian or representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Signature of Guardian/Representative: _____

Print: _____

Date: _____

Legal Authority: _____

Agency witness signature

Print Name

Date

If you have any questions or need additional information regarding this HMIS Authorization Release of Info form, please contact the Connecticut Coalition to End Homelessness at 860-721-7876 or online at cceh.org.