

Chippewa-Luce-Mackinac Community Action Agency Homeless Prevention/Rapid Re-Housing Assistance

****NOTICE: Subsidized units (low-income housing complexes, MSHDA Vouchers, Section 8, etc.) are ineligible for assistance with an eviction & first month's rent.****

Required Document Checklist

When applying for assistance, please provide the following documentation:

Required documentation for all programs – utility shut offs, eviction, move-in costs

_____ **Picture ID** for all adult household members (age 18 and over) This can be a school ID, tribal ID, State ID, Driver's License, etc.

_____ Social Security Cards for all household members

_____ Proof of income for all household members receiving income. This includes: SS statement(s), Cash Assistance(s), Check-Stub, Pension, etc.

_____ Recent copy of your bank statement(s) (last 30 days)

If seeking assistance with back rent (eviction), you need to provide:

_____ Decision notice(s) that are less than 30 days old from DHS (SER application), Sault Tribe (if tribal), and Salvation Army (utility arrears) – *if you have income*

_____ Copy of signed lease (if requesting help with rental arrearages or utility arrearages)

_____ Copy of legal notice of **eviction complaint, summons, or judgment**

If seeking assistance with a utility shut off, you need to provide:

_____ Copy of shut off notice **ONLY** electric or natural gas: *Example DTE* (if requesting help with back utilities)

If seeking assistance with move-in costs – security deposit & first month's rent, you need to provide:

_____ Eviction letter from individual you are staying with (include contact info & date)

_____ Letter from potential landlord that includes: their contact info, price of rent, security deposit amount, what is included with rent

****Applications with attached documentation must be submitted together. Applications missing documentation will be considered incomplete and will have 10 days to be completed. Otherwise they will be denied. Funds may be limited or unavailable at the time of your application. In this case, you will be notified by mail at the address you have listed on your application.****

Chippewa Luce Mackinac Community Action Agency

524 Ashmun Street

Sault Sainte Marie, MI 49783

APPLICATION FOR HOMELESS PREVENTION ASSISTANCE

I am applying for:

Security Deposit (Amount)	1 st Month's Rent (Amount)	Rent Arrears (Amount)	Utility Arrears (Amount)
Have you received assistance from us before? Yes No		When/what type/how much?	

Applicant Information:

Head of Household: _____ Date of Birth: _____ Gender: _____

Ethnicity: _____ Social Security #: _____ Driver's license #: _____

Address: _____

Telephone #(s): _____

Household Composition:

Name	Relation to HOH	Date of Birth	SSN (Last 4 digits)	Gender	Ethnicity
	Self				

Income/Benefits Information: (Includes earned income, SSI/SSDI/SSA, food stamps, cash assistance, etc.)

Household Member	Type of Income	Amount (gross)	Frequency

**Proof of all household income must be provided in addition to a bank statement*

Has your household experienced a sudden or unexpected loss in income? If yes, explain and provide proof.

Expenses—List ALL household expenses

Type	Monthly Amount	Past Due (Yes or No)	Past Due Amount
Rent			
Electric			
Heat			
Water/Sewer			
Other:			
Other:			
Other:			

**Eviction Notice/Shutoff Notice must be provided if requesting assistance*

Please briefly explain how you got behind on your bill or why you are unable to pay the expense.

Applications with Other Agencies

Agency	Applied Y/N	Date Applied	Outcome
Department of Human Services			
Salvation Army			
Sault Tribe of Chippewa Indians			
Sault Housing			
Local Churches			
Friends/Family			

By signing the application below, I acknowledge that the information in this application is true to the best of my knowledge and that fraudulent information will be cause for denial of Community Action assistance.

Head of Household Signature/Date: _____

Other Adult Household Signature/Date: _____

CONSENT TO DISCLOSE RELEASE OF INFORMATION

Consumer's Name _____

Birth Date _____

I hereby give consent and authorize the following agencies to reciprocate information to and with

Chippewa Luce Mackinac Community Action Agency
524 Ashmun Street, Sault Sainte Marie, MI 49783

Please initial and list contacts for all agencies that are permitted to reciprocate information.

Agency

Chippewa County Health Department
Contact Person: _____

Sault Housing Commission
Contact Person: _____

E.U.P. Behavioral Health
Contact Person: _____

Department of Human Services
Contact Person: _____

Great Lakes Recovery Center
Contact Person: _____

Sault Tribe of Chippewa Indians
Contact Person: _____

Michigan Works!
Contact Person: _____

MI Rehabilitation Services
Contact Person: _____

Supported Housing for Youth Program
Contact Person: _____

MSHMIS Shared (Internal only)
Contact Person: _____

Agency

EUP Dispute Resolution Center
Contact Person: _____

Hiawatha Behavioral Health Center
Contact Person: _____

Northern Transitions Co.
Contact Person: _____

Salvation Army
Contact Person: _____

Diane Pepler Resource Center
Contact Person: _____

Marquette General Hospital
Contact Person: _____

Friend of the Court
Contact Person: _____

United Way
Contact Person: _____

West Bridge Apartments
Contact Person: _____

OTHER: _____

The purpose of this Consent to Disclose/Release of Information is to assist with housing/homeless related issues including behavioral. I (we) understand that I (we) cannot be denied assistance for refusal to sign.

This consent may be revoked in writing at any time, and will expire on _____
A photocopy may serve as an original Month / Day / Year

Guest's Signature Date

Witness's (Employee) Signature Date

Guardian's (If applicable) Signature Date



TENANT-BASED RENTAL ASSISTANCE FAMILY COMPOSITION

Tenant Name:		Tenant Home Telephone Number:
Unit Address:	City, State, ZIP Code:	Tenant Work Telephone Number:
Mailing Address:	City, State, ZIP Code:	Tenant Message Telephone Number:

FAMILY COMPOSITION (List yourself and all other persons who will live in the unit)

Name	Social Security # (If no SS# use Alien Registration #)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Y/N	Hispanic or Latino? Y/N	Race	US Citizen? Y/N
		Head of Household								

After completing this form, please return to:

If there are new births, please send a copy of proof of birth and social security card. Head of Household—please complete the following section (for statistical purposes only):

Enter Code #:

- Marital Status:
1. Married
 2. Single
 3. Widowed
 4. Divorced
 5. Separated

I certify that only the people listed above will occupy the unit and that providing false information will result in denial or termination of benefits.

Signature of Head of Household

Date