MIAMI-DADE CoC

RRH Re-Assessment of Financial Need for Assistance

Income eligibility (ESG & ESG-CV only) and need for additional RRH financial assistance must be re-assessed no later than 12 months from the date that financial assistance first commenced.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_ CLIENT SS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Current Assistance:**
2. **Rental Assistance - Source of Funding:** **☐ ESG ☐ESG-CV ☐CoC**
3. Total Rent Under Approved Lease: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Program Share of Rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Participant Share of Rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **Utility Assistance - Source of Funding:** **☐ ESG ☐ESG-CV**
7. Amount of Utility Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. **Financial Assessment**

1. **Current Monthly Household Income – All Household Members** *(Independent verification required, including bank statements)*

|  |  |
| --- | --- |
| **Source of Income** | **Total Household Income Per Month** |
| Employment |  |
| Unemployment |  |
| SSI/SSDI |  |
| Other Disability |  |
| AFDC (TANF) |  |
| VA Benefits |  |
| Military |  |
| Child Support |  |
| Alimony |  |
| Foster Care |  |
| Pension |  |
| Business Income |  |
| Educational Assistance |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **TOTAL MONTHLY INCOME** |  |
| **Other Assets** |  |
| Stocks, Bonds |  |
| Savings Account |  |
| Pension/Retirement Account |  |
| Property |  |

1. **Applicable to ESG RRH Assistance:**

Does income exceed 30% of AMI:

Yes \_\_\_\_\_ *STOP further assessment of need.*

*No further financial assistance may be provided.*

 No \_\_\_\_\_\_ *Continue assessment of need.*

1. **Assessment of Need for Additional Financial Assistance**
2. **Current Monthly Household Expenses** *(Requires independent verification)*

|  |  |  |
| --- | --- | --- |
| **Household Income and Expense** | **Current Monthly Expense** | **Projected Monthly Expense for Next Month** |
| **Monthly Income** |  |  |
| **Household Expenses** |  |  |
| Rent |  |  |
| Electricity |  |  |
| Water & Sewer |  |  |
| Gas |  |  |
| Trash |  |  |
| Telephone/Cellphone  |  |  |
| Internet/Cable |  |  |
| Groceries |  |  |
| Child Care |  |  |
| Credit Card Payments |  |  |
| Medical Insurance |  |  |
| Out-of-Pocket Medical |  |  |
| Public Transportation |  |  |
| Car Payments |  |  |
| Car Insurance |  |  |
| Gasoline |  |  |
| Car Maintenance/Repair |  |  |
| Other: |  |  |
| **TOTAL EXPENSES** |  |  |
| **TOTAL INCOME MINUS EXPENSES** |  |  |

1. **Does the household lack or have limited financial resources to cover their housing costs?**

Yes\_\_\_\_ No\_\_\_\_\_

1. **Extension of Assistance**

Based on need and housing plan, the following additional rent assistance will be provided for an additional \_\_\_\_\_\_ days as follows:

1. **Rental Assistance - Source of Funding:** **☐ ESG ☐ESG-CV ☐CoC**
2. Total Rent Under Approved Lease: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Program Share of Rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Participant Share of Rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Utility Assistance - Source of Funding:** **☐ ESG ☐ESG-CV**
6. Amount of Utility Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **Policy and/or Method for Determining Amount of Financial Assistance:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Good Faith Effort to Reach Housing Stability**

Please describe the efforts of the household to become housing stable, and Housing Specialist’s efforts to assist the household since last assessment of need for assistance:

HOUSEHOLD:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HOUSING SPECIALIST:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **PLAN TO MEET HOUSING EXPENSES**

Please describe your plans to be able to pay your housing expenses after receiving additional RRH assistance for the period described above?

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PARTICIPANT CERTIFICATION

I certify that the information provided to determine my need for additional RRH assistance is true and correct to the best of my knowledge. I acknowledge that it is my responsibility to report any and all changes in the income of my household within ten days of the change. I, the applicant, further understand that any false information provided in connection with this Re-Assessment of Need may be grounds for termination from the program if further assistance is approved. I hereby acknowledge that I have been and am requesting additional assistance under a U.S. HUD-funded program and that Title 18 Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. False statements also are criminally punishable under state law.

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Re-Assessment of Need**Housing Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Re-Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RRH Agency Assistance Determination**□ Approved □ Denied.Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |