

MIAMI-DADE COUNTY CONTINUUM OF CARE RAPID RE-HOUSING APPLICATION

The Miami-Dade County Continuum of Care Rapid Re-Housing (RRH) Program, operated by _____ (Agency), provides temporary rental assistance along with housing stability services to assist participants to move into their own homes and achieve housing stability independent of program financial support within a reasonably short period of time.

Program staff will perform a preliminary determination of your eligibility based on the information you provide in this Application, including all required documentation for every household member. There are limited RRH funds available, therefore, assistance will be provided to eligible persons on first-come, first-serve basis until funds are exhausted.

RRH Eligibility Criteria:

Applicants must meet the following criteria to be considered for assistance:

1. The applicant must be homeless, documented by a Homeless Trust Verification Form issued by the Miami-Dade County Homeless Trust Outreach Program, and be referred for RRH assistance through the Miami-Dade Coordinated Outreach and Assessment Process (COAP).
2. Total household income cannot exceed 50% of Area Medium Income.
3. The applicant is not receiving housing assistance from another program.
4. Upon review of documentation to determine income eligibility, applicants will undergo through further assessment by the RRH Program. Applicants determined to need rental housing assistance but no to nominal housing stability and housing search services will be referred to the HAND Program. Applicants in need of permanent supportive services will be referred back to the COAP.

RRH Program Requirements:

Primary program requirements are:

1. The recipient must contribute toward the rent, commencing the third month of assistance as follows:

Month of Program Assistance (Length of Assistance Based on Need)	Participant's Share of Rent
Month 1	0%
Month 2	0%
Month 3	25%
Month 4	50%
Month 5	50%
Month 6	75%

2. The recipient must locate and move into an approved housing unit within 45 days of acceptance into the RRH Program. Failure to do so will result in termination of the offer of assistance.
3. If an applicant is approved for assistance, the recipient must work with staff to develop and comply with a RRH Housing Plan and participate in home visits.

Types of apartments that qualify for rent assistance:

1. Private rental property.
2. Rent must be reasonable.
3. Rent must be affordable to the household's current income or reasonably potential income;
4. The rental housing cannot be assisted under Section 8, Housing Choice Voucher, Shelter Plus Care, Public Housing, Affordable Housing rent restricted units (VASH or other local or federal assistance programs).
5. Units built prior to 1978 housing a child under 6 years old or pregnant women require a lead based paint inspection.
6. The housing unit must meet local and federal housing quality standards (HQS).

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APPLICATION DOCUMENTATION CHECKLIST

Applicant must attach the following documents to their RRH Application:

- _____ Verification of Homelessness (issued by the Miami-Dade County Homeless Outreach Program).
- _____ Government-issued photo identification for all applicants 18 years of age or older.
 - _____ If none, original or certified birth certificate necessary to secure government-issued photo identification.
- _____ Social security cards (**originals**) for all household members.
- _____ Medicaid/Medicare card (**originals**) for all household members (if available).
- _____ Alien registration card / nationalization papers (if applicable).
- _____ Documentation of legal custody for all children in care of household member.
 - _____ If birth parent, original or certified birth certificate.
 - _____ If legal guardian, copy of court order granting legal custody.

Income/Asset documents (as applicable to sources of income) for ALL household members who will reside with the participant in the RRH-assisted housing unit (NOTE: all household members permitted to reside in the unit during the period of assistance will be recorded in the RRH Program Client Agreement).

- _____ Current (within 30 days) SSI/SSDI benefit statement (**TPQY**)
- _____ Current (within 30 days) TANF/Food Stamps Statement from DCF office
- _____ Current (within 30 days) Unemployment Benefits Statement
- _____ Current (within 30 days) Veterans Benefits statement
- _____ Current (within 30 days) Pension Annuities statement
- _____ Child Support Assistance print out (**original**)
- _____ Employment Verification Form completed by employer if employed (must be received from employer by lease-up date).
- _____ Copies of all payroll check stubs generated from employment within the past six weeks (must be submitted at time of application or interview to document employment pending receipt of Employment Verification Form).
- _____ IRS tax returns for most recent two (2) years. If you did not file with the IRS please call 1-800-829-1040 and ask for FORM 4506-T to be sent to you
- _____ Most recent bank statements (if one exists) for six consecutive months (or as many consecutive months that account has been opened if less than six months) to verify income and assets.
- _____ Asset Verification Form (may be submitted by lease-up date).

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HEAD OF HOUSEHOLD NAME _____

DOB: ____/____/____ SSN ____/____/____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

IF RESIDING IN A HOUSING PROGRAM:

Housing Program/Agency Name: _____

Address: _____

Name of Case Manager: _____

Phone Number: _____

EMERGENCY CONTACTS

I authorize [AGENCY] to contact the following individuals in case of an emergency or for receiving Program Notices & Communications in the event that [AGENCY] has difficulty locating me.

Name: _____ Name: _____

Address: _____ Address: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Please List Additional Members of Household (Oldest in age to youngest)

Name	SSN	Date of Birth	Race	Gender	Relationship to HOH

Do you have any alternative resources, housing options or family or support networks that can help instead of requesting this assistance?

- a. Yes
- b. No

Do you have a pending application or are you receiving assistance from another organization for the same assistance being requested?

- a. Yes, name of agency: _____
- b. No

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Has your household received rental assistance from this program previously?

- a. Yes, for this many months: _____ . Name of agency: _____
- b. No

Is anyone in your household pregnant or under the age of six (at greater risk for lead based paint)?

- a. Yes (projected delivery date: _____)
- b. No

Total Household Income: List total gross income (before taxes) and payments received by each family member from wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business or any other source.

IMPORTANT: You must report all income sources for your all members of your household. Failure to do so will delay services and may result in termination from the program.

Cash

Type	HoH (Monthly)	Member Name	Member Name	Member Name	Member Name
Social Security Income	\$	\$	\$	\$	\$
Social Security Disability	\$	\$	\$	\$	\$
Social Security Retirement	\$	\$	\$	\$	\$
VA Disability Compensation	\$	\$	\$	\$	\$
VA Pension	\$	\$	\$	\$	\$
Employment	\$	\$	\$	\$	\$
Employment	\$	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$
Private Disability Insurance	\$	\$	\$	\$	\$
Social Security Income	\$	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$
General Assistance	\$	\$	\$	\$	\$
Alimony or Spousal Support	\$	\$	\$	\$	\$
TANF Cash Assistance	\$	\$	\$	\$	\$
GI Bill/VRAP/Voc. Rehab.	\$	\$	\$	\$	\$

Non-Cash Benefits

Type	HoH (Monthly)	Member Name	Member Name	Member Name	Member Name
HOH's Healthcare	\$	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$	\$
State Children's Health Insurance Program	\$	\$	\$	\$	\$
WIC	\$	\$	\$	\$	\$
TANF Child Care Services	\$	\$	\$	\$	\$
TANF Transportation Services	\$	\$	\$	\$	\$
Section 8, Public Housing, Rental Assistance	\$	\$	\$	\$	\$
HUDVASH	\$	\$	\$	\$	\$
Medicaid: #	\$	\$	\$	\$	\$
Medicaid HMO:	\$	\$	\$	\$	\$
Medicare: #	\$	\$	\$	\$	\$

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APPLICANT CERTIFICATION

I certify that the information provided to determine my eligibility for assistance on this RRH application, dated _____, is true and correct to the best of my knowledge. I certify that I have not found a new residence, and I do not have the financial resources or support available to obtain housing without this assistance.

I acknowledge that it is my responsibility to report any and all changes in the income of my household. I further understand that any false information provided in connection with this application may be grounds for termination from the program if deemed eligible. I hereby acknowledge that I am applying for 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.

Applicant: Signature: _____ Date: _____
Applicant Name: _____

Applicant assisted in completing this Application by: Signature: _____ Print Name: _____ Date: _____ Agency Name: _____ Contact Number: _____

RRH Agency Assistance Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied for RRH Assistance. Reason: _____ _____ _____ If Approved, Level of RRH Assistance Level 1 <input type="checkbox"/> (Referred to HAND) Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> (Referred Back to COAP) Housing Stability CM Signature: _____ Print Name: _____ Date: _____
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