

Kane County Homeless Prevention Plan

Intake Packet Cover Letter

You have expressed interest in **financial assistance** from the Kane County Homeless Prevention Program. Please read and be aware of the following eligibility and documentation requirements before coming to the financial appointment. Please be aware that the Kane County Homeless Prevention Program may be able to help with only a portion of the assistance needed, and the process may take several days. The Kane County Homeless Prevention Program cannot guarantee assistance. Please ask about other financial referrals.

In order to be eligible for financial assistance from the Kane County Homeless Prevention Program, you must meet some of the following conditions:

- Household must have been impacted by COVID-19
- Household must live in Kane County (Elgin or Aurora within the following zip codes: 60120,30123,60137,60505,60506)
- Loss of employment
- Medical disability or emergency
- Loss or delay in receipt of public benefits
- Natural disaster
- Substantial change in household composition
- Victimization by criminal activity
- Illegal action by a landlord
- Displacement by a government or private action, or
- Some other condition which constitutes a hardship comparable to other conditions enumerated above.

The households must also be able to demonstrate an ability to meet prospective rental/utility obligations or mortgage payments after assistance has been granted based on current or anticipated income. Payments for Homeless Prevention series will be made to a landlord, utility company or other vendor who provides housing or other services on behalf of an applicant for assistance. Payments will not be made directly to an applicant.

Financial assistance depends on funding availability. Financial assistance is limited to one time in any 24-month period. Rental unit must pass Housing Quality Standards inspection and be appropriate for family composition.

In order to apply for financial assistance from the Kane County Homeless Prevention Program, you must be able to provide the following documents.

- **Documentation of COVID-19 and a statement of impact on household**
- Documentation of Crisis (car repair bill, medical bill, police reports, etc.)
- Photo identification for all adults in the household (18 years and older)
- For all children in the household: EITHER Birth Certificates **OR** social security cards **AND** medical cards
- Proof of all income for the household: Check stubs for the last 90 days including the preceding month of initial arrears **OR** Employer Verification Form **OR** SSI, SSDI, Unemployment, Public Aid Case benefits (letters must be dated within 30 days of application)
- Prior year income tax return (with attachments and W2's)
- Recent bank statement of all accounts (90 days) including the preceding month of initial arrears
- For utility assistance: a gas, water or electric bill **AND** a shutoff, disconnect or late notice
- For rent assistance: Landlord Verification Form and Request for Taxpayer ID# Form (W 9)
- For rent assistance: Eviction Notice (unless application is a move in)
- Shelter Verification Form (if applicable)
- A letter by you stating why you are in this temporary economic crisis situation (handwritten is acceptable)

- Receipt for your portion paid to the landlord
- Emergency Assistance Application (Complete with all adult signatures and date)

It is your responsibility to provide all necessary documentation to complete your application. If you cannot attend your scheduled appointment, please advise prior to your appointment. A completed application does not guarantee financial assistance. You are eligible for financial assistance from the Department of Human Services as distributed by the Kane County Homeless Prevention Program.

Kane County HPP Initial Prescreen Request for Financial Assistance (client form)

Last Name: _____ **First Name:** _____

Phone Number: _____

Street City Zip code County

Email: _____

Have you received financial assistance for rent or utilities in the past 24 months? Yes ___ No ___

Do you have a Housing Choice Voucher or other housing subsidy? Yes ___ No ___

If yes, are you in a Repayment Agreement with the Housing Authority Yes ___ No ___

Total number of members in the household: _____

Gross Monthly Income: \$ _____ (must include all income)

Please complete the following sections that you are seeking help with:

Eviction: If you are not in a current 12+ month lease you are not eligible.

Do you have a 5 Day Notice or court papers? Yes ___ No ___

How many months are you behind in rent: _____

Are you current on all utility bills? Yes ___ No ___

Utility Assistance: if you are not in a current 12+ month lease you are not eligible.

Please fill in which utilities you have a shut off notice for and the amount

Electric: _____ Gas: _____ Water: _____

Sewer : _____ Garbage: _____

Are you in a in a 12 month lease? Yes ___ No ___ Are you current on your rent? Yes ___ No ___

Are all utility bills in the tenant's name? Y Yes ___ No ___

Have you received help from LIHEAP since September? Yes ___ No ___

If you have been denied assistance please explain:

Kane County HPP Prescreen Request for financial Assistance (client form)

Security Deposit: must have a unit offer from a landlord. Unit must have its own kitchen and bathroom.

Address for unit offer: _____

Landlord Name: _____ Phone # _____

Number of Bedrooms: _____ Proposed rent: \$ _____ Security Deposit \$ _____ What

utilities will you be responsible for (check all that apply):

Electric Gas Water Sewer Garbage

Do you have any outstanding utility bills? Yes ___ No ___

Office Use Only
Date Rec's _____ Staff Initials _____ Intake Appt _____
<ul style="list-style-type: none">• Incomplete__ Returned to Applicant:• Denied: Did not complete application Falsified info Lack of documentation No 5 day/evict/shutoff notice• No future ability to pay Rent/utility No lease Rec's asst with/in 24 months No landlord Ref'd to LIHEAP

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED