**(INSERT DISTRICT LETTERHEAD)**

**\_\_\_\_\_\_\_\_\_\_\_ COUNTY SHELTER ARREARS EVICTION FORESTALLMENT (SAEF) PROGRAM APPLICATION**

|  |  |
| --- | --- |
| Application Date |  |
| Applicant Name |  |
| Date of Birth |  |
| Social Security Number (SSN) (If applicable) |  |
| Phone Number/Other Contact |  |
| Public Assistance (PA) Case Number (If not applicable, write N/A) |  |

**SHELTER:**

|  |  |
| --- | --- |
| Current Address |  |
| Monthly Rent or Mortgage Amount |  |
| Months in Arrears |  |
| Total Arrears Amount Owed |  |
| Landlord or Financial Institution Name |  |
| Landlord Business Name (If applicable) |  |
| Landlord or Financial Institution Phone |  |

# HOUSEHOLD (HH) COMPOSITION AND CITIZENSHIP/NON-CITIZEN STATUS:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First, M, Last | Relationship | DOB | Age | Sex | Citizen | Non-Citizen | Disabled | Race | SSN |
| 1 |  | Head of HH |  |  | X M F | Y / N | Y / N | Y / N |  |  |
| 2 |  |  |  |  | X M F | Y / N | Y / N | Y / N |  |  |
| 3 |  |  |  |  | X M F | Y / N | Y / N | Y / N |  |  |
| 4 |  |  |  |  | X M F | Y / N | Y / N | Y / N |  |  |
| 5 |  |  |  |  | X M F | Y / N | Y / N | Y / N |  |  |
| 6 |  |  |  |  | X M F | Y / N | Y / N | Y / N |  |  |

**\_\_\_\_\_\_\_\_\_\_\_ COUNTY SHELTER ARREARS EVICTION FORESTALLMENT (SAEF) PROGRAM APPLICATION**

**INCOME:**

Please list all monthly earned/unearned income amounts for each household member:

$\_\_\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the income and resources that are available to your household on the date of your SAEF program application:

$\_\_\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the applicant the primary tenant/homeowner of the residence in which shelter arrears are being requested? (Y/N)

Please mark the check boxes below if any of the following apply to your household:

Did your household expect to accumulate shelter arrears?

Is your household unable to pay future shelter expenses?

Has your household already received a PA shelter arrears payment within the prior five years?

If so, is the household behind on a shelter repayment agreement from a prior PA shelter arrears

payment?

By signing this application, I acknowledge that the above information is accurate. I agree to any investigation to verify or confirm the information I have given in connection with my request for the SAEF program. If additional information is requested, I am responsible to provide it. I understand that such information may affect my eligibility for the SAEF program.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CO-APPLICANT SIGNATURE DATE**

**\*\*Questions concerning your application may be directed to \_\_\_- \_\_\_-\_\_\_\_ \*\***

**FOR AGENCY USE ONLY**

Interview Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Target Population:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| HH with child under age 6 | | History of housing instability  Victim of other violence | |  | |
| Domestic violence history | | Veteran  Other | |  | |
|  | |  | |  | |

**Documentation:**

Responsibility of rental/mortgage costs (lease, landlord statement, financial institution statement)

Income

Statement or document from landlord/financial institution evidencing SAEF program funds will

prevent eviction for a specified timeframe

**Eligibility:**

Households must first apply for shelter arrears assistance which would be provided under Emergency Assistance to Families (EAF) or Emergency Safety Net Assistance (ESNA), and if they are found ineligible through both programs, they may be eligible for the SAEF program. Households must be income eligible for EAF or ESNA, denied due to other reasons, and have documentation of U.S. citizenship or non-citizen status, for at least one household member, that is satisfactory for PA eligibility purposes.

Financial eligibility for EAF is determined by the gross income immediately available to the entire household on the date of application. The household is financially eligible for EAF if the available income is at or below 200% of the Federal poverty level guidelines for the household size.

Financial eligibility for ESNA is determined by the entire household’s gross monthly income on the date of application, which may not exceed 125% of the Federal poverty level guidelines for the household size.

# ARREARS SUPPORT RECEIVED OR APPLIED FOR:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Support** | **Applied For**  **Y/N** | **Date**  **Applied** | **Accepted**  **Y/N** | **Months of Arrears Received** | **Reason for Denial** |
| **EAF Shelter Arrears Assistance** |  |  |  |  |  |
| **ESNA Shelter Arrears Assistance** |  |  |  |  |  |
| **SAEF Program Assistance** |  |  |  |  |  |

Eligibility determined by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrears payment approved for: \_\_\_\_\_ months Total arrears to be paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord/Financial Institution EIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Manual notice of determination letter must be sent\*

Denied Reason for denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Manual notice of determination letter must be sent\*

Household is active PA/SNAP, information sharing completed. Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_