



West Central Community Action



# HPRP Requirements

Ask yourself these questions as you consider applying for HPRP

1. Are you literally homeless or at imminent risk of becoming homeless?
  - If no, please be aware that this program is meant to serve those currently homeless or at imminent risk of becoming homeless but for this assistance. Make sure of this before continuing through the process.
2. Are you currently receiving housing subsidies from another federal, state, or local housing program? (i.e. Section 8, public housing, privately owned HUD subsidized rentals, general assistance, SIRHA, etc...)
  - If yes, please be aware that we cannot provide duplicate assistance to households already receiving government funded housing subsidies. In other words, we will deny your HPRP application if you are already receiving housing assistance. Make sure of this before continuing through the process.
3. Do you currently have ANY source, or potential source, of income?
  - If no, please be aware that an important piece of HPRP is to prevent homelessness and promote stability. It is critical that you have the means to sustain your housing if approved. In other words, we will deny your application for HPRP if you cannot demonstrate a cash income to pay at least a portion of your housing costs. Make sure of this before continuing through the process.

## Required Documentation to Submit with Initial Consultation Packet

Housing Status/Cost Verification (one of the following)

### FOR RAPID RE-HOUSING

- Verification of homelessness from an emergency shelter, transitional housing program, street outreach worker, or institution (i.e. hospital or correctional institution)
- Written notice of eviction from current residence within one week (including from family or friends) AND a copy of the lease from the residence where eviction occurred
- Foreclosure notice (if a homeowner and interested in renting)
- Self-Declaration of homelessness (including victims fleeing a domestic violence situation)

### FOR HOMELESS PREVENTION

- Copy of signed lease for current residence
- Copy of signed eviction notice for current residence
- Utility disconnect notice (if applicable)
- LIHEAP verification (if applicable)

## Income Verification for all adults 18 and older in household

- Employment – copy of past 30 days of income (paycheck stubs)
- Self-Employment – quarterly income tax filing statement from IWD
- Alimony/Child Support payments (statement, court order, or case number and SS#)
- TANF/FIP – printout of benefits from DHS
- SSI or SSDI – statement from SSA
- Pension/Retirement – benefits statement
- Unemployment Compensation – IWD statement
- Foster Care Payments – DHS Statement
- Armed Forces Income – earnings statement



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- Interest/Dividends – statement
- Cash Assets (i.e. checking/savings accounts & bonds) – current bank statement
- Zero Income – will need IWD printout for verification

**Non-cash Benefit Verification for all household members**

- Food stamps/Food benefits card
- Other TANF-funded services
- Section 8, public housing, rent assistance
- Special Supplemental Nutrition for WIC
- TANF Child Care services
- TANF transportation services
- VA Medical Services
- MEDICARE
- MEDICAID
- SCHIP
- Other

Complete the entire packet of information mailed or provided to you by WCCA. This includes

- Initial Screening Application
- Self-Declaration of Homelessness (if needed)
- Housing Options/Financial Resources
- Barriers to Housing Stability Assessment
- Budget Worksheet

**Failure to complete the above paperwork results in an incomplete application and progress will not occur until completion of all paperwork.**

**If you have any questions, call or text Dawn at 712-571-0157.**

**Please mail or bring the entire packet of paperwork, along with your eviction notice, other agency declaration of homelessness (if applicable), copy of your lease, and all income documentation for all adult members to:**

West Central Community Action  
Attn: HPRP  
1018 6th St.  
Harlan, IA 51537



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## HPRP Initial Screening Application

Name \_\_\_\_\_

Phone \_\_\_\_\_

Current Address \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

1. What is your current living situation?

Renting (landlord name/address/phone) \_\_\_\_\_

Living with family/friends

Living in place meant for human habitation

Homeowner/mortgage

Other (please describe) \_\_\_\_\_

2. In what city do you currently reside? \_\_\_\_\_

3. How many people are in the household? \_\_\_\_\_

4. What is your marital status?  Married  Single  Divorced  Widowed  Living w/Partner

5. How long have you been at your current address? \_\_\_\_\_

6. What are your current housing options?  Staying where I am  Moving to different apartment

Buying a house

Move in with Friends/Family

Homeless/Live in Shelter

7. What, if any housing programs have you applied for? \_\_\_\_\_

8. How many times have you been unable to pay rent in the last year? \_\_\_\_\_

9. How many months are you behind on rent? \_\_\_\_\_

10. If currently homeless, how many times have you been homeless? \_\_\_\_\_

11. Mark the factors that contributed to your homelessness  Loss of Job  Unable to find new job

Loss of income

Loss of benefits

Unable to pay rent/mortgage

Unable to pay utilities

12. Are you working?

Yes

No

13. If yes, where and how long have you worked there? \_\_\_\_\_

14. Do you have an eviction notice?

Yes

No

If yes, attach a copy to this application

15. In past six months, what other assistance have you received?  West Central Emergency Funds  LIHEAP

HUD

Embrace IA

SIRHA

Family/Friends

EFSP

Church Funds

West Central Crisis Funds – ECIP, Share the Warmth, etc...



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**16. Income Source & Last 30 days Dollar Amount**

\$\_\_ Earned Income      \$\_\_ Child Support      \$\_\_ FIP      \$\_\_ Retirement Income from Social Security  
 \$\_\_ SSDI      \$\_\_ Veteran's Disability Payment      \$\_\_ Veteran's Pension      \$\_\_ SSI  
 \$\_\_ Pension      \$\_\_ Worker's Compensation      \$\_\_ Private Disability Insurance  
 \$\_\_ Unemployment Insurance      \$\_\_ General Assistance      \$\_\_ Other

17. Total CASH INCOME per month \$\_\_\_\_\_

18. Non-Cash benefits received in past 30 days \_\_\_Yes      \_\_\_No      \_\_\_Don't Know      \_\_\_Refused

**19. Non-Cash Benefit source and Last 30 days Dollar Amount, if applicable**

\$\_\_ Food Stamps      \$\_\_ Other FIP funded services      \$\_\_ Section 8-Public Housing-Rent Assistance  
 \$\_\_ WIC      \$\_\_ FIP Child Care Services      \$\_\_ FIP Transportation Services  
 \$\_\_ SIRHA-receiving now      \_\_\_SIRHA-have applied      \$\_\_ VA Medical Services      \$\_\_ Medicare  
 \$\_\_ Medicaid      \$\_\_ SCHIP      \$\_\_ Other

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

By filling out this form and supplying additional documentation, as described on the HPRP Requirements Flier you have APPLIED for HPRP. Staff consider many factors and guidelines before acceptance into the program. Staff will contact you regarding the status of your application as soon as possible.

**Complete the entire packet of information mailed or provided to you by WCCA. This includes**

- Initial Screening Application
- Self-Declaration of Homelessness (if needed)
- Housing Options/Financial Resources
- Barriers to Housing Stability Assessment
- Budget Worksheet

**In addition, provide:**

- Eviction Notice
- Lease
- Income Verification
- Utility Disconnect Notice (if applicable)

Drop off this entire packet to your local WCCA Outreach office or you may mail to the address below:

WCCA, Attn: HPRP, 1018 6th St., Harlan, IA 51537



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# Homeless Prevention and Rapid Re-Housing Program (HPRP) SELF-DECLARATION OF HOUSING STATUS

HPRP Applicant Name: \_\_\_\_\_

- Household without dependent children (complete one form for each adult in the household)
  - Household with dependent children (complete one form for household)
- Number of persons in the household: \_\_\_\_\_

**This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant.**



**Check only one:**

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.
- I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next \_\_\_\_ days.

**I certify that the information above and any other information I have provided in applying for HPRP assistance is true, accurate, and complete.**

HPRP Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**HPRP Staff Certification**

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for HPRP assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

*Documentation of attempt made for third-party verification:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HPRP Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Homeless Prevention and Rapid Re-Housing Program (HPRP)

### Housing Options/Financial Resources & Support Networks Assessment

HPRP Applicant Name: \_\_\_\_\_

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following and other indicated information and the signed declaration by the applicant, and has no other options, resources or supports for stable housing.

If you currently have housing, can you remain in your current housing unit? Please explain: \_\_\_\_\_

Have you applied for Section 8, Public Housing, SIRHA, or other leased or subsidized housing? Please explain and state current status: \_\_\_\_\_

What financial resources do you have available to pay your current housing costs (rent, utilities, etc.)? \_\_\_\_\_

Are there extenuating circumstances that have caused you to fall behind in your rent payments or other housing costs? \_\_\_\_\_

What is the employment status for each adult? Please include # of hours, rate of pay, and any efforts to gain employment or increase income. \_\_\_\_\_

What other local financial assistance have you applied for (General Assistance, local churches, etc.)? What is the current status? \_\_\_\_\_

Do you have any friends or family who can assist you financially to obtain stable housing? Please explain. \_\_\_\_\_

What is the balance in your checking account? \_\_\_\_\_ Savings account? \_\_\_\_\_

Do you have any outstanding utility bills? If so, have you contacted the utility company to see if you are eligible for a payment arrangement? \_\_\_\_\_

Have you applied for LiHeap (winter heating assistance) or ECIP (disconnection prevention)? What is the current status? \_\_\_\_\_

I certify that the information above and any other information I have provided in applying for HPRP assistance is true, accurate and complete. I declare that I do not have any other housing options or financial resources to keep my current housing or obtain appropriate housing and requesting assistance from HPRP to maintain or find safe/affordable housing for myself and/or family.

HPRP Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HPRP Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Barriers to Housing Stability Assessment

### TENANT BARRIERS

#### Rental History

Have you ever had a lease for an apartment or home in your name?

Yes       No       Not assessed

Have you had utilities in your name?

Yes       No       Not assessed

How many times have you been evicted from housing?

0       1       2-3       4-9       10 or more

Would a prior landlord(s) give you a bad reference?

Yes       No       Not assessed

#### Credit History

Do you have unpaid rent or utility bills in your name?

Yes       No       Unknown

Do you have a credit history?

Yes       No       Unknown

Do you have poor credit?

Yes       No       Unknown

#### Criminal History

Have you ever been convicted of one or more misdemeanors?

Yes       No       Unknown

Have you ever been convicted of a felony?

Yes       No       Unknown

If yes, did the felony involve drugs, weapons, or a sex crime?

Yes       No       Unknown

Are you currently on probation?

Yes       No

If yes, what is the date your probation expires?



## PERSONAL BARRIERS

### **Family Composition**

Do you currently have more than four individuals in your household?

Yes       No       Unknown

Do you currently have a male between 12-18 in your household?

Yes       No       Unknown

### **Physical Health**

Have your physical abilities or physical health ever caused you to lose your housing?

Yes       No       Unknown

Does your physical health or abilities currently affect your ability to get housing?

Yes       No       Unknown

### **Mental Health**

Do you have mental health issues that have caused you to lose your housing in the past?

Yes       No       Unknown

Do you have mental health issues that currently affect your ability to get housing?

Yes       No       Unknown

### **Substance Use**

Has substance use (drugs or alcohol) caused you to lose your housing in the past?

Yes       No       Unknown

Does current substance use affect your ability to get housing?

Yes       No       Unknown

### **Domestic Violence/Abuse**

Has domestic violence or abuse ever caused you to lose your housing in the past?

Yes       No       Unknown

Does domestic violence or abuse currently affect your ability to get housing?

Yes       No       Unknown



**INCOME BARRIERS**

**Income**

Do you have any regular income (from a job, TANF, disability, child support, etc.) at this time?

- Yes       No       Unknown

Do you need temporary assistance to get or keep housing?

- Yes       No       Unknown

Do you need permanent assistance to get or keep housing?

- Yes       No       Unknown

If you are living in a house or apartment, what percent of income do you spend on housing (rent/mortgage AND utilities)?

- 35% or less     36-50%     51-65%     66-80%     80% or more     Unknown

If you are not living in your own house or apartment, how much money can you spend on housing each month?

- \$0     \$1-100     \$101-200     \$201-300     \$301-400     \$401-500  
 \$501-600     \$601-700     \$701-800     more than \$801     Unknown

**Other Income – Related**

Are you currently receiving Social Security or Disability?

- Yes       No       Ineligible       Unknown

Are you currently receiving TANF?

- Yes       No       Ineligible       Unknown

Are you currently receiving assistance from the public housing authority?

- Yes       No       Ineligible       Unknown

Are you currently receiving food stamps?

- Yes       No       Ineligible       Unknown

Do you have a steady, full time job?

- Yes       No       Unknown

Do you have a high school diploma or GED?

- Yes       No       Unknown

Job barrier: Is English your second language?

- Yes       No       Unknown

Job barrier: Do you have a working car or other reliable transportation to get to work?

- Yes       No       Unknown

Job barrier: If you have small children, do you have affordable child care?

- Yes       No       Not Applicable       Unknown



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## Budget Form

Type of Expenses	Budgeted Amount	Actual Amount	Difference
Income			
Rent			
Transportation			
Health Care			
Food			
Child care			
School-aged care			
Telephone			
Medicine/health supplies			
Clothing			
Utilities (TV, electricity, heat)			
School supplies and spending money			
Put away to savings			
<b>Remaining/Surplus Money:</b>			