



## HOUSING STABILITY PROGRAM APPLICATION

### THIS IS NOT RENTAL ASSISTANCE

Applications will not be considered complete without ALL required documentation. We will only contact applicants who submit a complete application. Incomplete applications will only be kept for 30 days after which applicants must completely reapply if they are still requiring assistance.



Dear Housing Stability Applicant,

Please complete the included application for Housing Stability Assistance.

REAL Services, Inc.  
1151 S. Michigan St.  
P.O. Box 1835  
South Bend, IN 46634  
Phone: (574) 233-8205 Toll  
Free: (800) 552-2916

Aging & Disability Resource  
Center  
1416 Mishawaka Ave.  
South Bend, IN 46615  
(574) 233-8205

Alzheimer's & Dementia  
Services  
111 Sunnybrook Ct.  
South Bend, IN 46637  
Phone: (574) 232-4121  
Help: (888) 303-0180

Care Management  
Elkhart Co. (574) 322-4185  
Kosciusko Co. (574) 269-1173  
LaPorte Co. (219) 324-4199  
Marshall Co. (574) 936-3175  
St. Joseph Co. (574) 284-2644  
(800) 552-2916 (Indiana)

Community Action  
2625 S. Michigan St.  
South Bend, IN 46601  
(574) 284-2060

Energy Assistance  
(574) 232-6501  
(800) 225-3367

MOW Nutrition Services  
(574) 256-1649

Weatherization  
(574) 284-7113

[www.realservices.org](http://www.realservices.org)

- Photo ID for all Adult household members over the age of 18
- Social Security Cards for all household members
- Lease or Rental Agreement, all pages
- Landlord **Email and telephone number**
- If experiencing homelessness please provide name and email of future landlord if known
- If looking for rehousing due to COVID-19, please provide written and signed statement as to why you are in need
- Income attestation form
- Four weeks of paystubs for any household member currently working
- For any household members over the age of 18 with no income please complete the attached zero income form.
- Tracker form
- Obligations agreement

Please send your application for assistance and the requested documents to [housingstability@realservices.org](mailto:housingstability@realservices.org) or fax to **888-398-5815** Attn: **Housing Stability**

**WE WILL NOT MAKE COPIES, please make copies for yourself!**

You may drop off applications at our office at 2625 S Michigan St. South Bend, IN 46614-- right next to Bob Millers.

AREA 2 AGENCY ON AGING: Elkhart, Kosciusko, LaPorte, Marshall and St. Joseph Counties COMMUNITY ACTION  
AGENCY: Elkhart, Fulton, Kosciusko, Marshall and St. Joseph Counties ALZHEIMER'S & DEMENTIA SERVICES:  
Elkhart, Jasper, Kosciusko, Lake, LaPorte, Marshall, Newton, Porter, Pulaski, St. Joseph and Starke Counties



## Housing Stability Case Management Program

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

Applicant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

### Landlord Contact Information:

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

1. How many people live in your household? \_\_\_\_\_

Household <u>all</u> Members & <u>Birthdate</u>

2. What is your current living situation?

- I currently rent my home.
- I am currently experiencing homelessness
- I am currently looking to change my living situation due to COVID-19  
(If this box is checked, please provide a written and signed reason as to why this is necessary)

3. How many bedrooms are in your home?

- Efficiency
- 1
- 2
- 3
- 4
- 5+

4. In what Indiana County do you currently reside? \_\_\_\_\_

5. What is your current monthly rental amount?

\_\_\_\_\_

6. Has your household income decreased due to COVID-19?

- Yes
- No

7. Has your household experienced an increase in medical expenses due to COVID-19?

- Yes
- No

8. If yes, are you able to provide documentation proving that you have paid additional medical expenses due to COVID-19?

- Yes
- No

9. What is your preferred method to be contacted regarding this application?

- Phone
- Email

Is there any other information you feel is important regarding your situation. You may attach supporting documentation you feel may help explain your situation regarding your need for rental assistance.

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We hereby apply for REAL Services' Housing Stability Program.

We certify that all information given in this application and all information furnished in support of the application is true and complete to the best of our knowledge. Penalty for false or fraudulent statement U.S.C. Title 18, Section 1001 provides: "whoever in any matter within jurisdiction of any department of agency of the United States knowingly and willfully falsifies or makes false fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined no more than \$10,000.000, or imprisoned not more than five (5) years or both".

Applicant: \_\_\_\_\_

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

***Personally Identifiable information received by REAL Services as part of your application will be used for the following purposes: (1) determining eligibility for this program or other programs, (2) determining the veracity and/or accuracy of any statements made by an applicant, (3) administering this program, (4) communicating with other administrators of other public programs to confirm no duplication of benefits, and (5) monitoring, evaluating, and investigations related to this program. Personally Identifiable Information will be kept confidential and will be disclosed only as described herein and as allowed by State and federal law to the extent necessary and to achieve these purposes.***

## Self-Attestation Form

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

Address: \_\_\_\_\_

To qualify, each household must meet the following 3 criteria: 1- Pandemic Impact, 2- Housing Instability, and 3- Low Income. Please read and INITIAL each box.

Initials:  **1. Pandemic Impact** – loss or reduction in income or other financial hardship during the pandemic (On or after April 1, 2020):

Check the item(s) below that apply to your household:

- Job loss, furlough, or reduction of hours,
- One or more individuals within the household has qualified for unemployment benefits,
- Income reduction (hours or salary),
- Increased medical bills,
- Increased Child Care Expenses,
- Staying home with a child or dependent due to a school or daycare closing.

Initials:  **2. Housing Instability** - risk of losing housing or becoming homeless:

Check the item(s) below that apply to your household:

- Notice of delinquent rent or Eviction notice,
- Notice of past due utility or utility shut-off, or
- Housing cost burden (>30%).

### Applicant certification/agreement:

I certify under the penalties of perjury and fraud the information provided on this form is accurate, true, and complete. I understand that these statements may need to be verified, and hereby give my consent to IHCD to contact any person or entities necessary to verify these statements. I am a resident of Indiana. I hereby release IHCD from any liability whatsoever resulting from providing me this assistance. I also acknowledge that if I misrepresent or fail to disclose any information requested on this form, I may become ineligible from receiving assistance, and/or may be required to repay any assistance and/or benefits that I have received. In addition, I understand that IERA assistance is funded with federal funding from the US Department of Treasury: therefore, if I make any false, fictitious, or fraudulent statements, or submissions in connection with this form, I may be subject to fines, imprisonment, debarment from participating another federal programs or awards, and/or any other remedy, available under federal law.

**Fraud Warning: 18 U.S.C.1001** provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

**Acknowledgment:** Provide your signature below to agree to the statement above, and to certify the accuracy of the answers and documentation provided by you on this form.

\*Applicant Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

(Form continued on back)

Initials:  **3. Income Qualified** - must have a total gross household income that is not more than 80% of the Area Median Income (AMI):

Listed below are Qualifiers of **Categorical Eligibility**. Check the item(s) that apply to your household:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>SNAP</b> (Supplemental Nutrition Assistance Program),                 |
| <input type="checkbox"/> | <b>HIP</b> (Healthy Indiana Plan),                                       |
| <input type="checkbox"/> | <b>SSI</b> (Supplemental Security Income),                               |
| <input type="checkbox"/> | <b>TANF</b> (Temporary Assistance for Needy Families),                   |
| <input type="checkbox"/> | <b>WIC</b> (Women, Infants, & Children, families of six or fewer),       |
| <input type="checkbox"/> | <b>HCV</b> (Housing Choice Voucher),                                     |
| <input type="checkbox"/> | <b>PHA</b> (Residing in a Public Housing Unit),                          |
| <input type="checkbox"/> | <b>LIHEAP</b> Recipient (Low Income Home Energy Assistance Program),     |
| <input type="checkbox"/> | <b>LIHWAP</b> Recipient (Low Income Household Water Assistance Program). |

**\*Please provide a legible copy of your Household's Categorical Eligibility document OR proof of participation, and sign below.**

\*Applicant Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

US Dept of Treasury ERA webpage: <https://home.treasury.gov/policy-issues/cares/emergency-rental-assistance-program>

**Agency Staff Use only below this line.**

Staff Initials:  I have reviewed the Applicant (or Household's) Categorical Eligibility document or other proof of participation in those programs. A copy of the document was attached to this form prior to signing.

**Agency Staff Acknowledgment:** Provide your signature below to acknowledge to the following statement: I certify under the penalties of perjury and fraud that I have reviewed the Applicant's supporting documentation for Categorical Eligibility or other proof of participation in said programs, the proof was provided by a member of the household or obtained with my assistance and has not been altered by me.

**Fraud Warning: 18 U.S.C.1001** provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States shall be fined or imprisoned or both in accordance with federal law.

\*Agency Staff Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**IHCDA Staff Use only below this line.**

\*IHCDA Staff Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_



## Your Obligations

1. You must provide REAL Services Inc. with complete and accurate information regarding your family composition, your total family income, receipt of public assistance benefits or other income. You will be required to furnish REAL Services Inc. with two forms of identification and proof of total income upon enrollment into the program. You will also be required to provide a copy of your lease and landlord contact information.

Proof of income will be required once a year on anniversary of enrollment date.

2. You are required to meet with Housing Stability Case Manager at least once a month.
3. **You must demonstrate willingness and the potential to achieve economic and/or social self-sufficiency.**
4. **Accept responsibility and personal ownership for working to achieve your life-goals and self-sufficiency.**

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Participant Signature

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Date

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Housing Stability Case Manager

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Date

[ ] Pre-Enrolled

[ ] Re-Enrollment/ Update

**Exhibit 3**  
**CSBG Tracker Intake Form**

**Case Mgr/Agency** \_\_\_\_\_  
**(Highlight Changes)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip Code: \_\_\_\_\_

County (circle one): St. Joe/ Elkhart/ Marshall/ Fulton/ Kosci. Email: \_\_\_\_\_

Phone : Cell \_\_\_\_\_ Work \_\_\_\_\_ **Client Number** \_\_\_\_\_

Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is client **currently enrolled** in any post secondary classes/ training? [ ] College [ ] Training

Where? \_\_\_\_\_ Start date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Household Demographics**

**Household Type:**  Single Person  Two Adults – No Children  Single Parent – Female  Single Parent – Male  
 2 Parent House  Non-Related Adults with Children  Multigenerational Home  Other  Unknown/Not Reported

**Housing:**  Own  Rent  Other Perm. Housing  Homeless  Other  Unknown/Not Reported

**HOUSEHOLD INCOME (MONTHLY GROSS)**

Employment (list name of household member)		Other Income Sources				Non Cash Benefits	
	\$	SS - Retirement Income	\$	TANF Benefits	\$	SNAP Benefits	\$
	\$	SSI	\$	Pension	\$	WIC	<input type="checkbox"/>
	\$	SSDI	\$	Child Support	\$	EAP- Energy Assistance Program	<input type="checkbox"/>
	\$	VA Service-Connected Disability Comp.	\$	Alimony/ Spousal Support	\$	Housing Choice Voucher	<input type="checkbox"/>
	\$	VA Non Service Connected Pension	\$	Unemployment	\$	Public Housing	<input type="checkbox"/>
	\$	Private Disability	\$	EITC	\$	Perm Supportive Housing	<input type="checkbox"/>
	\$	Worker's Compensation	\$	Other	\$	HUD- VASH	<input type="checkbox"/>
				Unknown/Not Reported	\$	Affordable Care Act Subsidy	<input type="checkbox"/>
					\$	Child Care Voucher	<input type="checkbox"/>
					\$	Other	<input type="checkbox"/>
					\$	Unknown/Not Reported	<input type="checkbox"/>
<b>Total Employment Income</b>		\$					
<b>Total Other Income</b>		\$					
<b>Grand Total</b>		\$					



## Individual / Family Characteristics

- Include all household members, **beginning with client.**

Name	DOB	Gender	Ed Level	Disabling Condition	Health Insurance	Hispanic	Non-Hispanic	Race	Vet	Active Military	Work Status
Client				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Household Members				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Gender	Education Level	Health Insurance	Race	Work Status
<b>F</b> - Female <b>M</b> - Male <b>O</b> - Other <b>U</b> - Unknown	<b>0 - 8</b> - grades 0 - 8 <b>9 - 12</b> - grades 9 - 12 <b>HS</b> - HS graduate/ HS Equivalent <b>PHS</b> - Graduate & some post secondary <b>Grad</b> - 2 or 4 year college graduate <b>PGrad</b> - Graduate of other post secondary school/training <b>U</b> - Unknown	<b>MA</b> - Medicaid <b>MK</b> - Medicare <b>CHIP</b> <b>HIP</b> <b>MHC</b> - Military Health Care <b>DP</b> - Direct Purchase <b>EB</b> - Employment Based <b>U</b> - Unknown <b>UN</b> - Uninsured  (2 may be entered)	<b>AI</b> - American Indian/ Alaska Native <b>A</b> - Asian <b>B</b> - Black/ African American <b>NH</b> - Native Hawaiian / Pacific Islander <b>W</b> - White <b>O</b> - Other <b>M</b> - Multi-Race <b>U</b> - Unknown	<b>FT</b> - Employed Full Time <b>PT</b> - Employed Part Time <b>M</b> - Migrant/ Seasonal Farm Worker <b>UST</b> - Unemployed (short term <6mo) <b>ULT</b> - Unemployed (long term >6mo) <b>NLF</b> - Unemployed (not in labor force) <b>R</b> - Retired <b>U</b> - Unknown

Number of Youth age 14-24 who are not working or attending school \_\_\_\_\_

**Certification:** I certify this information to be true and correct to the best of my knowledge. I authorize this Agency to contact any and all income sources to verify eligibility for services. I understand this statement and realize all information is confidential.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**REAL Services – Community Services  
Zero Income Affidavit**

I, \_\_\_\_\_, desire to participate in REAL Services Community Services programs. I certify that I have not received any income within the past 30 days. **(NOTE: For the Community Services’ Rental Program, all household members over the age of 18 years must report their income.)**

I, \_\_\_\_\_, **an adult household member**, who resides with the Applicant, have stated during the application process that I am unemployed and/or am a full-time student and have no income at this time. I have not received any income since \_\_\_\_\_.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- Net income from operation of a business or profession or from rental of real or personal property;
- Interest, dividends and other net income of any kind from real or personal property;
- Periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of period receipts;
- Lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (c)(14));
- Payments in lieu of earnings, such as unemployment and disability compensation, worker’s compensation, and severance pay (except as provided in 24 CFR 5.609 (c)(3));
- Public assistance, as outlined in 24 CFR 5.609 (b)(6), except as provided in 24 CFR 5.609 (c);
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling (whether through the court system or not);
- Regular pay, special pay and allowances of a member of the Armed Forces (except as provided in 24 CFR 5.609 (c)(7));
- For Section 8 programs and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or from an institution of higher education, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children.

I herein state during this verification process that I have not received any income from 30 days ago up to today’s date. I have not received income since \_\_\_\_\_. I do not expect to receive any income until \_\_\_\_\_. I applied for other financial assistance on \_\_\_\_\_.

**I understand that, as the Applicant, any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participating in any REAL Services Community Services’ programs. I certify that the information provided in this Zero Income Affidavit is true and accurate.**

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

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

Household Member Signature: \_\_\_\_\_

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