



SCCAP Family Services Rental Assistance Packet

533 S. Main Street Chambersburg, PA 17201
(717) 263-5060 Fax: (717) 263-7060

1. This program is for homeless or near homeless individuals (as defined below) who can prove they are able to be self-sufficient if they receive assistance for their current situation.

Homeless as defined for this program: live in a group shelter; domestic violence shelter; prison; mental health, drug or alcohol facility; hotel/motel paid for by public or charitable funds, are living in a condemned building; or are residing in a dangerous structure that presents life threatening conditions, e.g., no working plumbing. (Doubled up is not considered homeless for this program.)

Near-homeless as defined for this program: those with a written lease and who have received a written eviction notice from their landlord or property manager or a Court Order of Eviction.

2. All applicants must have lived in Franklin County for six consecutive months.

3. Household income for the last 30 days must be below the guidelines below:

Family Size	Gross Monthly Income
One (1)	\$2,430
Two (2)	\$3,287
Three (3)	\$4,143
Four (4)	\$5,000
Five (5)	\$5,857
Six (6)	\$6,713
Seven (7)	\$7,570
Eight (8)	\$8,427

4. **Financial assessment will be required** to determine whether income will be sufficient to pay monthly rent/utility bills for future months. **You must be able to show you are able to afford all your bills including housing moving forward to qualify for assistance.**
5. **For those who are homeless**, a written agreement is needed with the new landlord before financial assistance is considered. **For those who are near-homeless**, a landlord agreement that the tenant may stay once the arrears have been paid is mandatory.
6. The amount of financial assistance available to each applicant will depend, in part, on the need as shown by the budget assessment and **will be determined by the Family Services Specialist**. Rental assistance is dependent on the applicant complying with all portions of the Service/ Responsibility Plan & the Goal Plan.
7. Applicants will be asked to contribute some of the total amount of money needed. This funding does not pay for utilities, utility deposits, late fees, pet fees, court fees, or any other fee incurred or charged during the eviction or move in process. Clients are responsible for these fees. All money owed by clients must be paid prior to a check being processed.

8. Funding is limited and capped for a 24-month period.
9. All adults must sign the application attestation and release of information.
10. **You are required to provide the following information. Eligibility cannot be assessed until all information is received:**
 - a. Completed application package (must be readable). If you need help completing the packet, please let us know. Documents **must** be signed by all adults in the household.
 - b. Landlord documentation including W9.
 - c. Proof that you have lived in Franklin County for the past 6 months (a lease of 6 months or longer or photo ID matching your current address that was issued at least 6 months prior).
 - d. Proof of income for the last 30 days including:
 1. Wages and salaries, (if self-employed a copy of your most recent taxes and business income and expenses for the last 30 days.)
 2. Social Security, SSI, SSDI or Social Security survivor's benefits for adults and children
 3. Unemployment compensation and/or workers' compensation payments,
 4. TANF and SNAP benefits,
 5. Alimony and child support,
 6. Military compensation
 7. Pension income
 8. Rental income,
 9. A copy of your taxes and federal Earned Income Credit (if applying between January and April,)
 10. Bank Statement, Pay Card Statements or other mobile payment documents showing current balance and transactions for last 30 days. We are required to show there was/is no funding available to pay your rent.
 - e. Copy of lease or rental agreement signed by tenant and landlord.
 - f. Eviction notice (if requesting assistance for past due rent).
 - g. Social Security Cards and Photo ID for all adults residing at the house.
 - h. Documentation that shows you will be able to afford your cost of living if you receive this assistance. (Complete the budget form and provide documentation of enough income to meet living expenses.)
 - i. A completed goal sheet showing what your goals are to prevent a future housing crisis.

YOU MUST TURN IN THE FOLLOWING DOCUMENTS

After completing the application and gathering all required documentation turn in the folder with the application and all the documents to the SCCAP Franklin County Office.

Documentation will NOT be accepted without a completed application.

- Completed Application Packet
- Proof that you have lived in Franklin County for the past 6 months (if your lease is for more than 6 months, that will suffice)
- All income for the last 30 days for all adults in the household
- Copy of your lease if you are facing eviction or rental agreement if you are homeless and moving to a new place
- Eviction notice if applying for Rental Assistance
- Social Security cards for adults in the household
- Photo Id for all adults in the household
- Completed **budget sheet** and **goal plan** (documentation supporting you can pay all bills after receiving assistance).
- Bank, Mobile Payment, & Pay Card Statements for last 30 days
- Taxes with EITC form if filing between January and April

Remember if you are applying for help with the first month's rent and security deposit – **DO NOT** sign a lease until after you have met with us and completed our paperwork. **If you sign the lease before your appointment, unfortunately you will not be eligible for assistance.**

SCCAP RENTAL APPLICATION

All lines MUST be completed. Please refer to your lease or contact your landlord or property manager if you need their information.

Name: _____ Phone Number: _____

Address: _____

Email: _____

Number of Adults in the Household _____ Number of Children in the Household _____

PLEASE BRIEFLY EXPLAIN THE REASON(S) YOU ARE REQUESTING RENTAL ASSISTANCE

(What caused you to experience homelessness or receive a notice of eviction.)

1. Number of adult household members that are Veterans _____
2. Number of adult household members receiving Mental Health Services _____
3. Number of adult household members receiving Drug/Alcohol Services _____
4. Number of household members receiving Domestic Violence Services _____
5. Number in the household on Medicaid _____

Rental Assistance Information

Monthly Rent \$ _____ Total Amount of Rent Owed \$ _____

How long have you lived in Franklin County? _____

Landlord Name: _____

Landlord Address: _____

Landlord/Property Manager's Telephone (required) _____

Landlord's or Property Manager's Email: _____

Please list all other Household members

Characteristic	Applicant/Self	Spouse, Significant Other or Dependent 1	Dependent 2	Dependent 3
Last Name				
First Name				
Date of Birth				
Gender				
Relationship				
Ethnicity				
Race				
Education Level Completed				
Medicaid # if on Medicaid or Health Insurance Type if not				
Military Status				
Disability Status				
Employment Status				

Rights and Responsibilities

RIGHT TO NONDISCRIMINATION

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Additionally, program information may be made available in languages other than English.

RIGHT TO CONFIDENTIALITY

We will keep your information private. It will only be used to decide which programs you may be eligible for. Any person knowingly violating any of the rules and regulations of this department shall be guilty of a misdemeanor and, upon conviction shall be sentenced to pay a fine, not exceeding one hundred (\$100) dollars, or to undergo imprisonment, not exceeding six months, or both (62 P.S. section 483).

RESPONSIBILITY TO PROVIDE INFORMATION

You must give true, correct and complete information. You must help in proving the information, you give. Benefits may be denied if you fail to provide certain proof. If you are contacted by Department of Human Services (DHS) or the Office of State Inspector General, you must fully cooperate with those persons or investigators.

RIGHT TO APPEAL

You have the right to ask for a hearing to appeal a decision if you believe it is unfair or incorrect, or if SCCAP staff fail to act on your application for benefits. You may file the appeal by emailing mshreve@sccap.org or by dropping off your appeal letter (listing the details of why you are appealing) at our Gettysburg Office 153 N Stratton St, Gettysburg PA 17325 or our Franklin County Office at 533 S Main St. Chambersburg, PA 17201 att. Megan Shreve CEO. At the hearing you may represent yourself, or someone else, such as a lawyer, friend or relative may represent you. If you are not satisfied with the decision at SCCAP, you may file a decision with Franklin county and information will be provided for you at that time on who to contact.

Attestation/Certification and Authorization for Release of Information

I/we understand and agree that I/we are responsible for any fraudulent statements made on this application, even if the application is being submitted by someone acting on my behalf. I/we certify that all information that has been entered is true under penalty of perjury. I/we understand that the information entered in this application will be kept confidential and used only to administer benefits. I/we understand that I/we may be required to work with other agencies as a condition of my approval for assistance. I/we agree to provide upon request any additional documentation required (i.e. pay stub, lease, recent bills, proof of unemployment etc) to aid in determining edibility. I/we also acknowledge that I/we received my rights and responsibilities in this application packet.

I/we also, hereby authorize and request the disclosure to SCCAP any information concerning the age, residence, citizenship, employment, income, and any additional information involving eligibility for the rental and utility assistance programs for myself. It is understood that the information obtained will only be used for determination of rental/utility assistance or other housing assistance programs.

Signature of Household Member

Printed Name

Date

Signature of Household Member

Printed Name

Date

Signature of Household Member

Printed Name

Date

Signature of Household Member

Printed Name

Date

Family Budget Worksheet

Please list your typical monthly costs. Staff may ask for documentation if needed.

Name: _____ Date: _____

Monthly Income	
Monthly Income from Employment	
Monthly Child Support	
TANF	
Pensions or SS Income	
Other	
Total Income	
Routine Monthly Expenses	
Rent or mortgage	
Electric	
Gas/Oil or Propane or Kerosene	
Water and Sewer	
Trash	
Food costs (Do not include what is covered by SNAP or WIC)	
Transportation (Car payment, public transportation, parking, Taxis)	
Gas for the month	
Fines/Court Costs	
Cable TV/Satellite/Streaming or Internet/WiFi	
Child Support Paid Out	
Credit card payments or payday loans	
Insurance (health, life and property/rental, car)	
Child Care Costs	
Student or other loans	
Telephone/Cell Phone	
Other (Household, Baby, Pets, Rentals, Etc)	
Other (Entertainment, Cigarettes, Alcohol, Etc)	
Total Expenditures	
Positive or Negative Monthly Balance	

Name: _____

My Goal Plan

Date: _____

Signature _____

To reach long term stability and to be able to meet all of our family's needs.

S		M	A	R	T
Specific		Measurable	Attainable	Relevant/Meaningful	Time
What is your strategy or goal?		How will you know you met it?	What attainable steps can you complete to reach your goal?	Why is this goal meaningful?	When will you accomplish these steps?
Select this Strategy	Create and follow a realistic budget	Budget is created and followed	<ol style="list-style-type: none"> 1. Document all forms of income for my family. 2. Save my receipts and document monthly payments so I know what I have to spend. 3. Put it in the budget spreadsheet and see the balance. 4. Make adjustments to balance my budget 		
Select this Strategy	Find a job	When I start work.	<ol style="list-style-type: none"> 1. Identify what hours I can work. 2. Identify my transportation and/or child care needs and find ways to meet these needs. 3. Begin looking for jobs that fit my skills or offer training. 4. Apply for jobs and continue applying until I obtain a job. 5. Get help if I need help. 		
Select this Strategy	Find a second job	When I start a second job.	<ol style="list-style-type: none"> 1. Identify what hours I can work. 2. Identify my transportation and/or child care needs and find ways to meet these needs. 3. Begin looking for jobs that fit my skills and schedule. 4. Apply for jobs and continue applying until I obtain a job. 5. Get help if I need help. 		
Select this Strategy	Find more affordable housing	When I sign a lease and move into more affordable housing.	<ol style="list-style-type: none"> 1. Identify what I can afford. 2. Look at my current lease to see when it ends and the notice I must give. 3. Obtain a copy of my credit report (www.annualcreditreport.com) so I know what prospective landlords will see. Clean up anything I can. 4. Begin saving for application fees and security deposit. 5. Start looking for more affordable housing (check with any income based housing providers). Check with friends and coworkers to identify potential housing, also look on social media but do not give money to someone before you have seen a house and a lease. 6. Apply for housing, if you are rejected ask why so you know what to work on. Make corrections and apply again. 		

Name: _____

My Goal Plan

Date: _____

Signature _____

To reach long term stability and to be able to meet all of our family's needs.

S		M	A	R	T
Specific		Measurable	Attainable	Relevant/Meaningful	Time
What is your strategy or goal?		How will you know you met it?	What attainable steps can you complete to reach your goal?	Why is this goal meaningful?	When will you accomplish these steps?
Select this Strategy	Find a room mate	When a room mate moves in and pays toward the bills	<ol style="list-style-type: none"> 1. Confirm with your landlord that you can add someone to the lease and share costs 2. Think about what traits you would want in a room mate and write down questions you would ask. List the non-negotiables. 3. Think about how you would share costs. 4. Reach out to people you trust to begin looking for a room mate. 5. Set up a trial. 6. Have a written agreement. 		
Select this Strategy	Apply for SNAP and Medicaid	When I have submitted the application for SNAP and/or Medicaid	<ol style="list-style-type: none"> 1. Go to https://www.dhs.pa.gov/Services/Assistance/Pages/Apply-for-Benefits.aspx 2. Complete the online application or download the paper applications and fill it out. 3. Submit any needed documentation (either upload it to the website or get paper copies and turn it into the local office with your application. 4. Ask for help if needed. 		
Select this Strategy	Work on my credit	See improvement in my credit score	<ol style="list-style-type: none"> 1. Obtain a copy of my credit report (www.annualcreditreport.com) and review the report 2. If you find inaccurate information file a formal dispute with the credit agency providing documentation. 3. Pay off anything you can. 4. Pay bills ontime. 5. Pay down credit. 		
Create Your Own Goal					