



Homeless Prevention Assistance Consortium

Supplemental Application for Rent and/or Utility Assistance

If you need help completing any portion of this worksheet, we will be happy to assist you.

The program under which you are requesting assistance receives funding for operation from government sources such as Clark County, the City of North Las Vegas, the State of Nevada, and federal departments such as the U.S. Department of Housing and Urban Development (HUD), the Department of Homeland Security, and the Department of Health and Human Services. We also accept donations from individuals, local businesses, civic organizations and faith communities to supplement what the government cannot or will not pay for. Persons assisted with government funds must be qualified as eligible to receive the assistance, based on grant funding requirements.

Therefore, we are required to collect some personal information directly from you. Other personal information that we collect is important to run our programs, understand the needs of those we serve, and improve our services. We provide assistance to needy individuals without discrimination by age, race, sex, religion, disability, sexual orientation or national origin. The information you provide is confidential and is considered to be relevant to the purpose for which it is to be used; its release is only made with your expressed knowledge and written consent.

Please complete the following Supplemental Application. The Homeless Prevention Assistance Consortium (HPA Consortium) determines the portion of rent/utilities we will assist with based on an assessment of need. Your need will be determined by the information you provide on this worksheet.

Today's Date: _____

Name(s) of Adults in Hhld: _____

Current Address: _____

E-mail: _____

Have you been served with an **eviction notice** or **utility termination** (shut-off) notice?

Yes No Not yet

Do you have a **Lease**, Rental Agreement or other legal contract for the housing you are residing in?

Yes No, Explanation: _____

If yes, did you bring it with you today? Yes No

How many individuals reside with you? Adults me + _____ Children _____

Have you or anyone else in your household applied for rental assistance from another agency within the past two (2) months?

No Unsure Yes, Where: _____

Have you ever been evicted from a housing unit before (in the past 5 years)?

Yes, # of times: _____ No

Have you ever been homeless before (had to stay in shelter or place not meant for human habitation)?

Yes No Sort of: had to double-up with friends/family



PLEASE TELL US ABOUT YOUR RENTAL AGREEMENT / HOUSING CONTRACT

Monthly Rent Amount: \$_____ Apt Size: _____(how many bedrooms/baths?)

What date of the month is your rent due? _____ What date is it considered late? _____

Do you have a signed lease that has 6 or more months remaining on it? Yes No
If No, do you have a Month to Month Agreement Staying in a "Weekly"

Are you currently being assisted with Section 8, Public Housing, or a Tax-Credit Unit?
 Yes No Don't Know

Are utilities included in your rent? Yes No

Do you have pet costs included in your rent? Yes No
If Yes, how much? \$_____

About THIS month's rent: have you paid any portion of the current month's rent? Yes No
If yes, how much did you pay? \$_____ Do you owe any late fees? \$_____

About LAST month's rent: have you paid the rent or any portion of the rent for last month?
 Yes, all Some, \$_____ No, none

What was the last month you paid your rent in full? _____

Landlord Information:

Name: _____

Contact Person: _____

Address: _____

Telephone: _____

Website or e-mail (if known): _____

PLEASE TELL US ABOUT YOUR UTILITY BILLS

NV Energy/Power

SW Gas

Water

Other: _____

Current Mo: \$_____ Current Mo: \$_____ Current Mo: \$_____ Current Mo: \$_____

Past-Due Amt: \$_____ Past-Due Amt: \$_____ Past-Due Amt: \$_____ Past-Due Amt: \$_____

Date to be Shut-Off: _____ Date to be Shut-Off: _____ Date to be Shut-Off: _____ Date to be Shut-Off: _____

Have you applied for Nevada's Energy Assistance Program, through the Welfare Department?

Yes, I got assistance Yes, I've applied No, never heard of it



PLEASE TELL US ABOUT YOUR EMPLOYMENT STATUS AND OTHER SOURCES OF INCOME

(we apologize that you must repeat this information in this Supplemental Application, but it simplifies and speeds up the eligibility determination)

ADULT ONE: _____

- Current Employment Status:
- Full-time (35 hours or more weekly)
 - Part-time (17 – 34 hours weekly)
 - Irregular (less than 17 hours weekly)
 - Laid off, date: _____
 - Not employed, but looking

Are you receiving Unemployment Insurance Benefits?

- Yes, \$_____ per week
 - No, Denied
 - No, currently employed
- If denied benefits, did you file an appeal? Yes No Date appeal filed: _____

Are you **CURRENTLY** or **RECENTLY** employed at least Part-Time (20+ hours per week)?
(please circle which applies)

- If yes, average # hours per week: _____ (most recent)
- If No, last job you held for more than 6 months: _____
- When did you leave that job? _____

When was the last time you worked a full shift (e.g., 40 hours per week)? _____

Have you ever been terminated from a job? Yes No

If yes, please check all reasons that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Unable to physically perform job | <input type="checkbox"/> Problems with co-workers | <input type="checkbox"/> Inappropriate behavior |
| <input type="checkbox"/> No Call/ No Show | <input type="checkbox"/> Unable to mentally perform job | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Poor hygiene |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Aggressive behavior | Other: _____ |

What problems are you experiencing that prevent you from finding or keeping a job? (please check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Anger problems | <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Poor job skills | <input type="checkbox"/> Unable to read/write |
| <input type="checkbox"/> Cannot wake up | <input type="checkbox"/> Mental Health issues | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Unrealistic vocational goals |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Need clothing / tools | <input type="checkbox"/> Problems understanding | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> No ID | <input type="checkbox"/> Speech problems | <input type="checkbox"/> Work restrictions |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Need training | <input type="checkbox"/> Transportation | <input type="checkbox"/> Permanently Disabled |
| <input type="checkbox"/> Housing / Homeless | <input type="checkbox"/> Need work cards | <input type="checkbox"/> Unable to follow instructions | Other: _____ |

Do you have any work restrictions (imposed for a medical reason)? Yes No

If yes, are your work restrictions permanent? Yes No

Have you ever been told you need retraining due to your restrictions? Yes No

Are you currently enrolled in a Job/Career Training program designed to increase your skills and employability? Yes No Would like more information, please

If so, who sponsors it?

- Nevada Dept. of Employment, Training and Rehabilitation
- a Union
- Workforce Investment Board
- Other: _____



ADULT TWO: _____

- Current Employment Status:
- Full-time (35 hours or more weekly)
 - Part-time (17 – 34 hours weekly)
 - Irregular (less than 17 hours weekly)
 - Laid off, date: _____
 - Not employed, but looking

Are you receiving Unemployment Insurance Benefits?

- Yes, \$_____ per week
 - No, Denied
 - No, currently employed
- If denied benefits, did you file an appeal? Yes No Date appeal filed: _____

Are you CURRENTLY or RECENTLY employed at least Part-Time (20+ hours per week)?
(please circle which applies)

- If yes, average # hours per week: _____ (most recent)
- If No, last job you held for more than 6 months: _____
- When did you leave that job? _____

When was the last time you worked a full shift (e.g., 40 hours per week)? _____

Have you ever been terminated from a job? Yes No

If yes, please check all reasons that apply:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Unable to physically perform job | <input type="checkbox"/> Problems with co-workers | <input type="checkbox"/> Inappropriate behavior |
| <input type="checkbox"/> No Call/ No Show | <input type="checkbox"/> Unable to mentally perform job | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Poor hygiene |
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| <input type="checkbox"/> Cannot wake up | <input type="checkbox"/> Mental Health issues | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Unrealistic vocational goals |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Need clothing / tools | <input type="checkbox"/> Problems understanding | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Dental Problems | <input type="checkbox"/> No ID | <input type="checkbox"/> Speech problems | <input type="checkbox"/> Work restrictions |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Need training | <input type="checkbox"/> Transportation | <input type="checkbox"/> Permanently Disabled |
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- a Union
- Workforce Investment Board
- Other: _____



If you have children, do you have adequate (safe and timely) child care for out-of-school hours?
 Yes, all days Sometimes No Need Help N/A – no children

Other Sources of Income (please check all sources received by the household):

- | | |
|---|---|
| _____ Veterans Benefits | _____ TANF (Welfare) |
| _____ Workers Compensation | _____ Social Security – Retirement |
| _____ Child Support | _____ Social Security Disability (SSDI) |
| _____ Alimony | _____ Supplemental Security Income (SSI) |
| _____ Private Disability Insurance | _____ Food Stamps |
| _____ Pensions | _____ Clark County Social Service FAS |
| _____ Foster Parent Income | _____ Educational Grant for living expenses |
| _____ Interest Earned from Investments
or Other Assets | _____ Unreported Income (e.g., Day Labor, Babysitting,
House Cleaning) |
| _____ Other: _____ | _____ Other: _____ |

How much do you have right now to pay towards your rent or utilities? \$ _____

I hereby certify, under penalty of fraud and perjury, that all information provided on this application is true and correct. I fully understand that any information or documentation provided that is untrue can be used to deny my household the services for which I am applying, and may also be used in civil or criminal prosecution by this Agency, Clark County, the State of Nevada, or the US Department of Housing and Urban Development and its Attorney General.

Signed: _____ Date: _____

Please Print Name(s): _____

Program Staff Witness: _____

NOTICE: Under 18 USC 1001, knowingly and willingly concealing a material fact by any trick, scheme or device OR knowingly making a false statement in connection with this HPRP assistance is a Federal Offense, punishable by a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both.