

The Central Falls Family Self-Sufficiency Foundation

Application for HOMESAFE Rental Assistance Funds

PLEASE READ APPLICATION INSTRUCTIONS CAREFULLY BEFORE APPLYING

The Foundation announces the availability of HOMESAFE rental assistance funding to Central Falls residents. The HOMESAFE program is designed to offer one-time financial assistance for households facing a short-term emergency, with the goal of ensuring households remain housed. Eligible households must demonstrate that they have the resources to remain housed once the HOMESAFE funds have been provided. The HOMESAFE program is made possible through funding provided by RI Housing.

In order to receive assistance under the HOMESAFE program, applicants must meet the following criteria:

1. Have experienced a short-term emergency that has made it difficult to pay housing-related expenses
2. Have a household income at or below 50% of the Area Median Income. *“Household” is defined by the total number of people residing at the address you enter into your application. “Income” is defined as all income sources, regardless of taxable status, for all persons residing in the household.*

Household Size	1	2	3	4	5	6	7
Maximum Gross Income	30,450	34,800	39,150	43,500	47,000	50,500	53,590
*Newport, Portsmouth, Middletown	34,350	40,400	45,450	50,450	54,500	58,550	62,600
*Westerly, Hopkinton, New Shoreham	31,300	35,800	40,250	44,700	48,300	51,900	55,450

**Residents of Newport, Portsmouth, Middletown, Westerly, Hopkinton, and New Shoreham should use associated income levels to evaluate 50% eligibility.*

If you’ve experienced any of the following short-term emergencies, you may be eligible:

1. Temporary sickness or disability
2. Reduction of income in the last 90 days
3. Moving from shelter to permanent housing
4. Need to move due to domestic violence
5. Need to move due to lead paint poisoning of children
6. Need to move due to fire or other disaster
7. Need to move due to severe code violations or condemnation
8. Need to move due to foreclosure or eviction

TYPES OF ASSISTANCE AVAILABLE:

HOMESAFE can provide up to **\$2,000.00** of assistance to eligible households for:

1. Past due rent
2. Past due mortgage payments
3. Late fees incurred on past due rent or mortgage
4. Security deposit
5. Moving expenses
6. Past due utilities

HOW THE ASSISTANCE IS PROVIDED:

If a household is deemed eligible, payments for eligible expenses will be made directly to the creditor, on the applicant's behalf.

Program Guidelines:

1. Approved assistance payments will be issued directly to landlords or creditors.
2. Tenants occupying a property owned by relatives ARE NOT ELIGIBLE.
3. Public Housing, Section 8 and private residential tenants are eligible.
4. Applications can be:
 - Obtained online at www.cfhousing.org
 - Emailed to fssfoundation@cfhousing.org
 - Mailed to:
CF FSS Foundation
30 Washington Street
Central Falls, RI 02863
Attn: Bridgett M. Duquette
5. Only completed applications will be processed.
6. HOMESAFE awards are limited to one per household.

HOW TO APPLY

If you think you meet the criteria outlined above, please visit the Foundation's page at www.cfhousing.org to obtain the application. You may submit a paper version of the application which can be found below:

Forms required with your application:

Please provide documentation from the list below as part of your application. Gathering these ahead of time will make the application process easier, because you may be asked to provide them later.

1. Proof of residency (license, State-issued ID, etc.) OR proof of a Domestic Violence Waiver
2. The first page of your last tax return (including the list of all members residing in your household)

Required forms (continued)

3. All income documents for ALL household members. These may include any of the following that apply: (1) most recent paystub, (2) Social Security benefit letter, (3) Social Security Disability benefit letter, (4) Pension or Retirement Income documentation – IRA, 401K, etc., (5) Unemployment, TDI, Worker’s Comp or TCI benefit letter, (6) most recent bank statement for checking and savings accounts
4. Child Support documentation - if applicable
5. The Leases and/or Rental Agreements from all owned rental properties - if applicable
6. **Documentation of short-term emergency.** This could include a termination letter, past paystubs, a police report, service provider letters, Dept. of Health minimum housing or building official letters, etc.
7. **Documentation of needed financial assistance.** This could include past due utility bills, a demand notice for past due rent or mortgage payments, etc.
8. **A written statement from your landlord that supports your recent funding request.** This statement should include the total amount owed by the tenant.

NOTE – at any point in time during the process, applicants may be asked to provide additional documentation.

The Central Falls Family Self-Sufficiency Foundation HOMESAFE Program

2021 – 2022 Application for Rental Assistance

IMPORTANT: You must answer every question in this application. Skipping questions may result in a delay in processing your request.

1. Applicant Name _____
2. E-mail Address _____
3. Phone Number _____
4. Current Address _____
5. Landlord's Full Name _____
6. Landlord's Address _____
7. Landlord's Email Address _____
8. Landlord's Phone Number _____
9. How did you hear about the program? _____
10. Can we send you text messages about your application? _____
11. Birth date _____
12. Social Security Number _____
13. Ethnicity _____
14. Preferred language _____
15. Are you a current Central Falls resident? _____
16. If not, do you have a Domestic Violence waiver? _____
17. How many people reside in the house, including yourself? _____
18. Names and birth dates of all household members:

_____	_____
_____	_____
_____	_____
_____	_____
19. Check if you receive child support _____
20. Check if you own rental property _____
21. **What is your total monthly income?** _____

Please list your income sources in the space provided below:

22. Select the type of short-term emergency you are facing:

- Temporary sickness or disability
- Reduction of income in the last 90 days
- Moving from shelter to permanent housing
- Need to move due to domestic violence
- Need to move due to lead paint poisoning of children
- Need to move due to fire or other disaster
- Need to move due to severe code violations or condemnation
- Need to move due to foreclosure or eviction

23. Select the type of financial assistance you require:

- Past due rent *Amount needed:* _____
- Past due mortgage payments *Amount needed:* _____
- Late fees incurred on past due rent or mortgage *Amount needed:* _____
- Security deposit *Amount needed:* _____
- Moving expenses *Amount needed:* _____
- Past due utilities *Amount needed:* _____

24. What is the **total** amount of financial assistance needed from number 22 above?

25. Briefly describe your situation _____

26. What is your plan for making future payments if you were to receive assistance from this program? _____

27. Have you applied for HOMESAFE funds from another program? _____

If yes, were you awarded funds? _____

28. Have you received support from the Emergency Housing Assistance Program in the past? _____

29. By signing below, I certify that this application is truthful. I agree to have my application reviewed and allow the FSS Foundation and HOMESAFE to contact my 3rd party creditor/landlord. **I acknowledge that any payment will be made directly to my 3rd party creditor/landlord.**

Printed Name: _____ Signature: _____ Date: _____