

****For Housing Assistance, please use this HAF Fax Checklist**

FAX

TO: Advancing Connecticut Together- Client Assistance, Fax # 860-761-6711

FROM: _____ Email: _____

DATE: _____ PAGES: _____ (including cover)

RE: **ACT Housing Assistance Request**

Required Checklist

Service Category:

- First Months Rent

- Ongoing Rental Subsidy

- Arrearage / One Time Housing
 - Two Page Use of Funds Form
 - Rental Verification Form Signed & Dated by LandLord/Business
 - W-9 Signed by Property Owner/Management Company

- Emergency Housing
 - Emergency Housing Request Form
 - Signed Emergency Housing Agreement
 - ROI to Carrier Motor Lodge/Little Village Motel

Intake Packet:

- Signature of Medical Case Manager & Supervisor
- CAREWare Referral
- CAREWare Demographic Report & Up-to-date Annual Review
- Signed Eligibility Worksheet and Income Verification (or Zero Income Affidavit)
- Release of Information to ACT
- Signed ACT Bill of Rights
- Signed Ryan White Consent
- Signed ACT CAREWare Consent for Sharing
- Lab report of CD4 and/or Viral Load within the past 12 months

**Housing Assistance Fund
Use of Funds Form**

Please complete the two Use of Funds pages along with the ACT Intake Packet. Attach the required supporting documents (Rental Verification, & W9 for LandLord). Failure to submit a complete application may result in denial of assistance.

I. Personal Household Information

of Adults in Household: _____ Age(s) and race(s) of adults: _____

of Adults identifying as Hispanic: _____

of Children in Household: _____ Age(s) and race(s) of children: _____

of children identifying as Hispanic: _____

Monthly rent payment: _____ ÷ Net monthly Income: _____ x 100 = _____ %

*Client must be within 40-80% of net to income ration in order to qualify for housing services

For example, \$800 per month for rent, divided by \$1,600 net monthly income x 100= 50%

II. Case managers must access all other available programs before applying to the HAF. Please indicate the programs that have been applied to. Is the applicant currently receiving, on a waiting list or been denied for other forms of housing assistance (indicate date or N/A)?

	Receiving (Date)	Waiting List (Date)	Ineligible (Date)
Section 8	_____	_____	_____
211/CAN	_____	_____	_____
Other	_____	_____	_____

If the person is not currently receiving a subsidy or on a waiting list for other housing assistance, explain why:

Describe the steps to be taken by applicant to keep current housing affordable in the event that this assistance is terminated:

Clearly describe the reason for arrearage (documentation should back up reason):

III. Please specify the use of funds requested.

A. First month's rent Date (m/y): _____ Amount: _____

B. Ongoing rental assistance of \$300 Date (m/y): _____ to Date (m/y): _____

C. Arrearage Date (m/y): _____ Amount: _____

Date (m/y): _____ Amount: _____

Total: _____

D. One-Time Payment Reason: _____

Attach all of the following information. Applications without complete documentation will be denied.

- Verification of income for all members of household (including Zero Income Affidavits).
- Rental Verification Form signed by landlord/business owner
- W9 for Landlord/Buisness

THE LANDLORD/BUISNESS NAME MUST MATCH ON ALL DOCUMENTS
(USE OF FUNDS, RENTAL VERIFICAITON, & W9), WHERE PAYMENTS WILL BE ADDRESSED

IV. Rental Unit/Landlord/ Business Information (Person or agency to whom check will be made out)

Rental Unit Address: _____

Name of Landlord/Buisness: _____ Phone/Fax: _____

Mailing Address: _____

I acknowledge that all information contained in this application is true and correct to the best of my knowledge. I authorize my case manager to discuss the information contained in this application with representatives of the Housing Assistance Fund. I also promise to immediately inform my case manager of any and all changes to my income or housing status.

Client Name (please print): _____

Client Signature: _____ Date: _____

Case Manager Name (please print): _____

Case Manager Signature: _____ Date: _____

Agency: _____ Phone: _____ Fax: _____

Address: _____

Supervisor's Signature: _____ Date: _____

Rent Verification for First Month's Rent

I, _____ do hereby state that
(Landlord name)

_____ is/will be my tenant at
(Tenant name)

(Address of apartment site)

Individuals that will also be living at this address are _____
(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

They will reside at this address on _____ paying a monthly rent of \$_____
(Date moving in) (Amount of current rent)

The lease calls for: () first month and/or () security deposit. (Assistance will be for first month's rent.)

The first month's rent of _____ is for the month of _____.
(Amount of rent)

A Security Deposit of _____ was paid on _____.

All of the following must have landlord's initials:

() W-9 Form completed and attached

() I understand that my tenant is applying for financial assistance and that **these funds cannot be used for security deposit under any circumstances.**

() I understand that I will be issued a tax form Misc.1099 at year's end and that this assistance is reportable income.

(Landlord/Property Manager's Signature)

Date

Rental Verification for Arrearage/ One Time Housing Assistance

I, _____ do hereby state that
(Landlord name)

_____ is my tenant at
(Tenant name)

(Address of apartment site)

Individuals also living at this address are _____
(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

They have resided at this address since _____ paying a monthly rent of \$_____
(Date moved in) (Amount of current rent)

They are in arrearage in the amount of \$_____ for the following months:

(Month) (Amount) (Late Fees)

(Month) (Amount) (Late Fees)

(Month) (Amount) (Late Fees)

All of the following must have landlord's initials:

- () Ledger of rent received/arrearage accrued
- () W-9 Form completed and attached
- () I agree not to evict if arrearage is paid
- () I understand that these funds cannot be used to pay late fees or security deposit under any circumstances.
- () I understand that I will be issued a tax form Misc. 1099 at year's end and that this assistance is reportable income.

(Landlord/Property Manager's Signature)

Date

Rent Verification for Ongoing Rent Subsidy

I, _____ do hereby state that
(Landlord name)

_____ is/will be my tenant at:
(Tenant name)

(Address of apartment)

Individuals also living at this address are _____
(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

(Specify adult or child)

They have resided at this address on _____ paying a monthly rent of \$ _____
(Date moved in) (Amount of current rent)

All of the following must have landlord's initials:

() W-9 Form completed and attached, or on file

() I understand that my tenant is applying for rental assistance and that **these funds cannot be used for security deposit under any circumstances.**

() I understand that I will be issued a tax form Misc.1099 at year's end and that this assistance is reportable income.

I (landlord/property manager) certify that they are current with their rent.

(Landlord/Property Manager's Signature)

Date

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.