

WestCOP's New Rochelle & Peekskill CAP Application

(Please read all instructions below)

Thank you for your application to WestCOP's New Rochelle or Peekskills CAP, where we strive to help those in need, hold on to their housing in times of crisis. Please see directives below for submitting an application and supporting documents to WestCOP's New Rochelle & Peekskill CAP.

1. Complete and sign the 'Interagency Intake Form' application and budget sheet. (*Please be sure to print legibly)
2. Read and sign the agency consent form
3. Read and complete the attached CAP intake form and information document(s) for all persons in the household (* If you are not yet registered at the CAP site)
4. Provide all documents listed below.
***(Applications will not be assessed until all supporting documentation is submitted)**
 - Written explanation of precipitating crisis/hardship or reason for move
 - Supporting documentation of crisis/hardship (i.e. medical bills, receipts, paystubs verifying loss of income/hours, termination letter etc.)
 - Denial or Guarantee letter from the Department of Social Services (DSS)
 - Proof of *all* household income-
 - 2 bi-weekly paystubs or 4 weekly paystubs (current)
 - SSI/SSD/SSA/VA statement(s)
 - SNAP award letter(s)
 - Unemployment benefit letter(s)
 - Child support letter(s)
 - Public Assistance (PA) award letter(s)
 - Notarized letter/Legal Document/Rent Ledger showing rental arrears or amount due for move
 - Bank Statement(s) coinciding with crisis (no more than 3 months unless requested)
 - CVR/Section 8/DSS rent share letter
 - Documentation of Monthly Expenses- (Please provide all that are applicable)
 - Con Ed (utility bill)
 - Cable bill
 - Credit card bill (monthly)
 - Car loan (monthly)
 - Car insurance bills (monthly)
 - Cell phone bill
 - First and last page of the current lease agreement
 - Copy of identification (ID), social security card **and** health insurance card
5. **Once the application is complete and all supporting documents are confirmed, please drop off all documents to either the New Rochelle CAP or Peekskill CAP sites.**

*Upon receipt of the application and all supporting documentation, our team will complete an initial assessment and the client and referring agency will be contacted. For any questions or concerns, please contact us at (914) 636-3050 / (914) 739-1454

Document Checklist

****Please verify you have all of the applicable documents outlined below completed and attached to the application for submission.**

- Complete and signed 'Interagency Intake Form' application and budget sheet.
- Consent to Release Information form
- Completed HMIS Consent Form and Information Document(s) for all persons in the household
- Written explanation of precipitating crisis/hardship or reason for move
- Supporting documentation of crisis/hardship (i.e. medical bills, receipts, paystubs verifying loss of income/hours, termination letter etc.)
- Denial or Guarantee letter from the Department of Social Services (DSS)
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Consent to Release of Information

Please read, understand and consent to all areas, as directed.

Applicant Name: _____

DOB: _____

SSN: _____

Address: _____

I, hereby authorize WestCOP to inquire, request, obtain and release the following information, as it pertains to my application for financial assistance: (please initial all)

_____ Application and all supporting documentation
_____ Landlord Information
_____ Documentation of household bills/expenses

_____ All forms of identification
_____ Court documentation

I give WestCOP permission to release this information to following, as deemed necessary for my application for financial assistance and/or the ongoing monitoring of my housing status in the future: (please initial all)

_____ Partnering agencies [including but not limited to Cluster Inc, Westchester Residential Opportunity (WRO), Catholic Charities, Legal Services of the Hudson Valley (LSHV), Department of Social Services (DSS), The Bridge Fund of Westchester] for the purpose of resolving my crisis and/or meeting my need(s).

_____ Current/perspective landlord/management Company in order to obtain a current rent ledger of arrears and/or tenancy and for the ongoing monitoring of my tenancy for two years post assistance.

_____ Referral sources [including but not limited to public benefits, mental health, employment/vocation center(s)] in order to adequately complete the referral process for additional support and/or services

I acknowledge that:

_____ This consent is valid for 25 months after rendered service for monitoring purposes.

[Service date (check date) ____/____/____] (***Leave blank until the check is disbursed**)

_____ All information provided for the consideration of my case for financial assistance is true and accurate at the time of my application.

_____ I have the right to withdraw this consent form at any time, however, recognize that it may impede on my ability to receive financial assistance.

(Applicant Signature)

(Date)

(Witness)

(Date)

INTERAGENCY EVICTION PREVENTION INTAKE FORM

Agency: WestCOP's New Rochelle CAP / Peekskill CAP

Telephone: (914) 949-8146 Fax: (914) 949-1162

Today's Date: _____ Date of Birth _____ Social Security Number: _____

Name: _____ DSS Number (if applicable) _____

Current

Address: _____

Street Address

Apt #

City/Town

Zip Code

Cell Phone _____ Home: _____ Business _____

Email Address _____

Ethnicity (please circle): Caucasian / African American / Hispanic / Asian / American Indian / Other _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Other _____

Spouse/Roommate's Name _____ Social Security Number _____

D.O.B. _____

Number of Children in the Household: _____ Ages and Sex of each child: _____

(Ex. F 5, M 14) _____

Number of total people living in household: _____

Total Gross Family/Household Income:

Under _____ \$10,000 _____ \$10,000-\$15,000 _____ \$15,000-\$20,000 _____ \$20,000-\$30,000 _____ Over \$30,000

Employer _____ Job Title _____ How long there _____

Spouse/ Roommate Employer _____ Job Title _____

What assistance are you applying for? _____

Housing Information:

Size of Unit: _____ Number of Rooms _____ Monthly Rent/Mortgage: \$ _____ Heat Inc?: _____

Section 8 tenant share \$ _____

_____ 1 Bedroom

Number of Months Owed: _____

_____ 2 Bedrooms

Total Arrears Owed: \$ _____

_____ 3 Bedrooms

Amount You Can Pay: \$ _____

_____ Other

Assistance Requested: \$ _____

How long have you resided there: _____ Amount of Assistance from other sources: \$ _____

(Family /Friends)

Do you have a lease? Yes _____ No _____ (Please include a copy)

Have you received or applied for rental assistance from any agencies in the past 12 months? _____

If "yes" from which agency/agencies _____

Please write a brief explanation of why you are requesting assistance (attach additional paper):

Current Landlord's/Mortgage Company Name _____ Telephone _____

Monthly payment is made out to _____

Address _____
Street Apt# City Zip

Landlord's Attorney: Name _____ Telephone: _____

Have you received a Legal Notice or Demand Letter? _____ Date Received _____ (please include a copy)

Do you have 72 hour notice? _____ (please include a copy)

Do you have a Court Date or have you already been to Court? _____ (Y/N and Date)

Is this your first time in arrears? _____ If "no" how many times before and when? _____

Do you owe utilities? Electric/Gas amount owed: \$ _____ Home Heating Oil \$ _____
Telephone amount owed: \$ _____

Do you receive a subsidy (such as Section 8, DSS) _____ (Y/N) By what agency? _____

Agency contact person & telephone number: _____
(Must provide share letter)

How will you continue to pay your rent and/or balance if you are assisted with one month's rental arrears or the first month's rent for a new apartment?

For First Months Rental Assistance Only:

Address of the new apartment _____
Street address Apt # City/Town Zip
Landlord's Name _____ Telephone# _____

FOR AGENCY USE ONLY

Other agencies contacted for assistance: PLEASE NOTE: A DSS DENIAL LETTER IS REQUIRED

<u>Name of agency:</u>	<u>Amount of assistance requested:</u>	<u>Response (Y/N):</u>
_____	\$ _____	_____
_____	\$ _____	_____

**** Your signature will allow this information and any supporting documents to be released to other agencies on your behalf.**

(Signature of Applicant)

(Signature of referring Caseworker)

(Name of Agency accepting application)

(Signature of accepting Caseworker)

MONTHLY BUDGET

HOUSEHOLD INCOME:

	<u>SELF</u>	<u>OTHER</u>
<u>Gross Income:</u>	\$ _____	\$ _____
(Weekly _____ x4)	(monthly)	
(Bi-Weekly _____ x2)		
**<u>Net Income</u> (including tips):		
Take home amount \$ _____	\$ _____	\$ _____
(circle one) weekly or bi-weekly	(monthly)	
Sources of Income:		
Pension	\$ _____	\$ _____
Annuity/401/403B	\$ _____	\$ _____
SSI/ SSD/ SSA	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Public Assistance/TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony/ Palimony	\$ _____	\$ _____
Other (Please Specify)	\$ _____	\$ _____

Total Households Monthly Gross Income \$ _____

Gross Income- Expenses \$ _____

** not used in any calculations

MONTHLY EXPENSES:

Housing:

Rent/Mortgage	\$ _____
Maintenance	\$ _____
Utilities (avg. monthly bill)	\$ _____
Cable/ Internet/ Phone (avg. bill)	\$ _____

Personal:

Toiletries	\$ _____
Cell Phone	\$ _____
Groceries	\$ _____
Laundry / Dry Cleaning	\$ _____

Transportation:

Fuel/ Gas	\$ _____
Transportation (bus/train)	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____

Debt:

Credit Cards Payment(s)	\$ _____
Loans to Family/ Friends	\$ _____

Other Expenses:

Child Support (you paid)	\$ _____
Child Care	\$ _____
Medical Expenses	\$ _____
Entertainment	\$ _____
Other Expenses (Please List)	\$ _____
_____	\$ _____
_____	\$ _____

Total Monthly Expenses \$ _____