Live United Village
600 N. Highway 17-92, Suite 130
Longwood, FL 32750
(407) 260-9155
www.thesharingcenter.org

Information for Rent, Mortgage and Utility Assistance

(Seminole County Residents Only)

- PAPERWORK WILL NOT BE RETURNED TO YOU SO DO NOT PROVIDE ORIGINALS
- YOU MUST TURN IN ALL DOCUMENTATION AT THE SAME TIME
  - APPLICATIONS MISSING ANY OF THE REQURIED DOCUMENTS STATED BELOW WILL BE SHREDDED AND YOU WILL HAVE TO REAPPLY
- THERE WILL BE NO IN PERSON ASSESSMENTS - COMPLETED PACKETS CAN BE:
  - DROPPED OFF MONDAY - FRIDAY BETWEEN 9AM AND 4PM TO SUITE 154 (DOCUMENTS MUST BE IN ENVELOPE)
  - MAILED TO: ATTENTION CLIENT SERVICES, 600 N HWY. 17-92, SUITE 130, LONGWOOD, FL 32750
- COMPLETED PACKETS WILL BE ASSESSED WITHIN 7-14 BUSINESS DAYS OF BEING SUBMITTED

You will be disqualified if we see a regular pattern of financial requests from our agency or other organizations. We will also check to see if you have received financial assistance from any other organization within the last 12 months, as that will disqualify you. If you think your situation may qualify, you will need to provide ALL the following documentation:

1. Completed application
2. Completed Sharing Center and HMIS ROI's
3. Completed Landlord form if renting. (Not needed for utility assistance requests)
4. Picture identification of all adults in the household 18 years or older (Driver's License or State ID)
5. Social Security Cards for all household members (most recent tax return/immunization records from the Health Department/Passport can be used in place of SS cards)
6. Proof of all household income (earned and unearned) including Food Stamps for last 6 months
7. Proof of hardship (Documents of unemployment, loss of benefits, missed hours at work, illness, etc.)
8. Rental Lease or Mortgage Statement (must be current)
9. Most recent month's utility bills (electric, water, natural gas)
10. All other monthly bills (car insurance, cell phone, cable/internet, car payment, etc.)
11. Bank Statements for all adults in household for last 6 months. (Ex: Unemployment Eppicard Account, SSI Direct Express Account, etc.)

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Información para Asistencia Renta/Hipoteca y Utilidades
(Residentes Condado de Seminole solamente)

- ASISTENCIA ECONOMICA SERA PARA RENTAS, HIPOTECAS y UTILIDADES
- LA DOCUMENTACION NO SERA DEVUELTA, FAVOR Y NO SOMETER ORIGINALES
- ES REQUISITO SOMETER TODA LA DOCUMENTACION A LA MISMA VEZ
  - APLICACIÓN INCOMPLETA SERA DESTRUIDA Y TENDRA QUE RE-APLICAR
- NO SE HARA ASESORAMIENTO EN PERSONA. APLICACION COMPLETADA PUEDE SER:
  - ENTREGADA LUNES A VIERNES 9AM TO 4PM, OFICINA #154. LOS DOCUMENTOS DEBEN SER ENTREGADOS EN UN SOBRE.
  - ENVIADO POR CORREO: ATTENTION CLIENT SERVICES, 600 N HWY. 17-92, SUITE 130, LONGWOOD , FL 32750
- PAQUETES COMPLETADOS SERAN EVALUADOS DENTRO DE 7-14 DIAS LUEGO DE SOMETIDOS

Usted será descalificado si vemos un patrón de ayuda financiera en nuestra u otras agencias. También investigaremos si ha recibido ayuda financiera dentro de los últimos 12 meses, ya que eso lo descalificará. Si entiende usted que su situación lo cualificaría para esta ayuda, los siguientes documentos deben ser TODOS sometidos.

1. Aplicacion completada
2. Documentos de Sharing Center y HMIS ROI's firmados
3. Documento de arrendador/propietario completado (si está rentando solamente). No es necesario para ayudacon utilidades.
4. Identificación de todos los adultos mayores de 18 anos
5. Tarjeta de seguro social de todos los miembros de su familia (también puede someter última planilla de contribución sobre ingresos o pasaportes pueden ser utilizados de no tener las tarjetas de seguro social).
6. Prueba de ingreso incluyendo prueba estampillas de alimentos si las tiene ultimos 6 Meses
7. Prueba de crisis. Como por ejemplo; prueba de desempleo, pérdida de beneficios, reducción de hora detrabajo, enfermedad, etc.)
8. Contrato de renta (debe estar al día)
9. Más recientes facturas del agua, luz y gas natural
10. Otras facturas a pagar como seguro de carro, celulares, cable etc. del mes corriente
11. Estados de cuenta bancaria dentro de 6 Meses. De no tener, entonces someter tarjeta de desempleo, SSI, etc.si aplica.

Cualquier duda o pregunta, favor de llamar al Sharing Center, 407-260-9155 línea de Español

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Financial Assistance Application			HMIS #:	
Date:	# Adults:	# Minor children:		
Head of household:			Date/time received: Received by:	
First Name:	Last Name:		☐ Male	☐ Female
SS# :	DOB:		Marital Status:	
Address:				
Phone # :	Email address:			
Employer:	School:		Grade:	
Ethnicity:	Race (choose all that apply):			
☐ Hispanic	☐ White	☐ American Indian or Alaskan Native	☐ Asian	
☐ Non-Hispanic	☐ Black	☐ Native Hawaiian or Pacific Islander	☐ Multi-racial (3 or more races)	
Valid Driver's License/ ID ☐ Yes ☐ No	License/ ID # ____________	Do you have your social security card? ☐ Yes ☐ No		

Other household members: (additional household page available for households of six or more)

First Name:		Last Name:		☐ Male	☐ Female
SS# :		DOB:	Age:	Marital Status:	
Employer:		School:		Grade:	
Ethnicity:	Race:	Relationship to you:			

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First Name:		Last Name:		☐ Male	☐ Female
SS# :		DOB:	Age:	Marital Status:	
Employer:		School:		Grade:	
Ethnicity:	Race:	Relationship to you:			

First Name:		Last Name:		☐ Male	☐ Female
SS# :		DOB:	Age:	Marital Status:	
Employer:		School:		Grade:	
Ethnicity:	Race:	Relationship to you:			

First Name:		Last Name:		☐ Male	☐ Female
SS# :		DOB:	Age:	Marital Status:	
Employer:		School:		Grade:	
Ethnicity:	Race:	Relationship to you:			

Additional household members: (continued below)

First Name:		Last Name:		☐ Male	☐ Female
SS# :		DOB:	Age:	Marital Status:	
Employer:		School:		Grade:	
Ethnicity:	Race:	Relationship to you:			

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<table>
<tr><td colspan="2">First Name:</td><td colspan="2">Last Name:</td><td>☐ Male</td><td>☐ Female</td></tr>
<tr><td colspan="2">SS# :</td><td>DOB:</td><td>Age:</td><td colspan="2">Marital Status:</td></tr>
<tr><td colspan="2">Employer:</td><td colspan="2">School:</td><td colspan="2">Grade:</td></tr>
<tr><td>Ethnicity:</td><td>Race:</td><td colspan="4">Relationship to you:</td></tr>
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Financial Assistance Application
HMIS:

Languages spoken in home (other than English):

Monthly combined household income:

	receiving		Started
Earned income			
Earned income			
Other income			
Unemployment			
SSI			
SSDI			
Worker's Compensation			
AFDC/TANF			
Social security (retirement)			
Veteran's disability/Medical			
Veteran's pension			
Child support			
4C/Early Head Start/Head Start			
Alimony			
Food stamps			
WIC			
Pension			
Medicaid/ Medicare			
Section 8/ Other rental asst.			
HUD			

Monthly Expenses	Amount
Emergency Fund / Savings	$
Rent	$
Electricity	$
Water & Sewer	$
Gas Bill	$
Telephone	$
Cell Phone	$
Food	$
Gasoline/ Bus / Taxi Fare	$
Alimony	$
Car Insurance	$
Car Payment	$
Car Maintenance	$
Health Insurance	$
Child Care/Baby items	$
Medical bills	$
Credit Card/Loans	$
School Expenses	$
Wi-Fi / Internet	$
Cable TV/Hulu/Netflix	$
Mortgage	$
Other	$

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Financial Assistance Application
HMIS:

Household Financial Accounts:

Name on account	Bank name	Account type	Amount in account

Household Financial Information:

Do you have unpaid bills in your name? Yes No

Bill Type	Amount Owed
Rent/Mortgage	$
Water	$
Electric	$
Car Payment	$
Car Insurance	$
Credit Card(s)	$
Gas	$
Child Support	$
Alimony	$
Other	$

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Employment History: (Begin with current job and provide a minimum of your last 3 jobs)
Are you employed? Yes No
If no, date stopped working:
If no, briefly explain why you are not working:

Job Title:	Employer:	City:	State:
Hourly Wage:	Hours per week:		
Raises/Promotions: Yes No	Reason for leaving:		

Job Title:	Employer:	City:	State:
Hourly Wage:	Hours per week:		
Raises/Promotions: Yes No	Reason for leaving:		

Job Title:	Employer:	City:	State:
Hourly Wage:	Hours per week:		
Raises/Promotions: Yes No	Reason for leaving:		

Job Title:	Employer:	City:	State:
Hourly Wage:	Hours per week:		
Raises/Promotions: Yes No	Reason for leaving:		

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Please describe your current situation:

___

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Disclosure Statement:

By signing below, I agree that the information I have provided in this application is complete and true to the best of my knowledge. I understand that full disclosure of all the information requested by staff members is a mandatory requirement for financial assistance and that if any information listed in this application packet is found to be untrue, my household will be immediately disqualified. I understand that if I omit information, I will be disqualified.

____ ______________

Applicant Signature Date

____ ______________

Applicant Signature Date

the Sharing center

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Landlord/Property Manager Statement & Caseworker Verification

Please provide a statement on your letterhead or complete the worksheet below. This form verifies what is owed by your tenant and will be used for determining the tenant's rental assistance eligibility.

*To the landlord/owner/manager: The Sharing Center has informed our client that this statement is not a guarantee of financial assistance. Final decision of our assistance is determined upon receipt of all required documents.

I verify that ___________________is currently residing at:

____ ____________________ ________________

Mailing Address (Street Address) City State/Zip

The above indicated renter(s) will not be evicted or otherwise displaced if payment for the month of ____________________in the sum of $__________is paid by ___________.

(base rent) (date)

Renter also owes past due rent or late fees in the sum of $____________________(if any).

____ ____

Landlord's Name Printed Landlord's Name Signature

Check payable to:

____ ____________________ ________________

Mailing Address (Street Address) City State/Zip

Telephone/Fax: __________________________ Email: ____

*To the landlord/owner/manager: The Sharing Center has informed our client that this statement is not a guarantee of financial assistance. Final decision of our assistance is determined upon receipt of all required documents.

Caseworker Verification

I confirm that the above information was verified from the property manager or owned via telephone.

____________________________________ ________________ ____________________________________

Coordinator's Printed Name Date Coordinator's Signature

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Consent for Release of Confidential Information

I, ____authorize The Sharing Center, Inc, to disclose and/or obtain information relevant to my participation in The Sharing Center programs to others, including but not limited to other private social service agencies, governmental units, landlords or their representatives, medical providers, past and present employers, utility companies, religious organizations, banks and other financial institutions, etc. for the purpose of verifying information provided as part of determining eligibility for assistance.

I understand that this information is confidential and protected by Federal regulations, which prohibit further disclosure without specific written authorization of the undersigned or as otherwise permitted by such regulations. If this information is further disclosed by the recipient to individual's organizations not subject to Federal privacy regulations it may no longer be protected.

I understand that this authorization may be revoked upon written notice to the Sharing Center, Inc, except to the extent that action has already been taken on this authorization. This release will automatically expire one year from signature date: ____.

____   ________________________

Client Signature   Date

____   ________________________

Witness Printed Name & Signature   Date

____

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Client Informed Consent & Authorization for Release of Information for Homeless Services Network HMIS

This notice describes how information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions or desire any further information regarding this form, please contact the system administrator via the **HMIS** Help Desk by phone (407-893-0133 x210) or by email (hmis@hsncfl.org).

To best serve your needs at The Sharing Center to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, The Sharing Center and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records in any Agency is considered confidential and privileged and cannot be exchanged, shared and/or released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent to share information with other service agencies is a critical component of our community's ability to provide the most effective services and housing possible.

I understand that:

- This agency may not refuse to serve me simply because I do not want my information shared with other service agencies.
- This form specifically authorizes the use of information about me in research conducted using information maintained in the HMIS. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- If I give permission, the HSN HMIS will allow information about me, including records previously entered into the HSN HMIS, to be shared among HSN HMIS Partner Agencies. This may include, but is not limited to, my photograph, information regarding my education, history and employment background, income, program eligibility and participation, and personal history. The purpose of sharing information is to help the agencies from which I seek services to obtain information about me faster, to assist my case management, and to connect me more quickly with the services I need.
- Agencies that join the HSN HMIS after I sign this consent authorization will have access to the personal information that I authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of HSN HMIS Partner Agencies.
- I understand that I have the right to inspect, copy, and request all records maintained by an Agency relating to the provision of services provided by an Agency to me and to receive a copy of this form unless specifically denied under federal or state law. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law. I understand that this release is valid for three years from the date I sign this document. I may, revoke this authorization al any time verbally by written request, but the cancellation will not be retroactive.

I give my consent to the exchange of information via the HSN HMIS: Yes No

I have read this document, or it was read and/or explained to me and I fully understand and agree with the terms of this document.

Signature of Client or Guardian Date Signature of Witness Date

Printed name of Client or Guardian Printed Name of Witness