



CARES Housing Assistance Program (CHAP)

Today's Date:

What type of assistance is needed?

- Rental
- Utility
- Mortgage

Client Application

Last Name, First Name, Middle:		Date of Birth:	Age:	Social Security Number:	
Current Address:		Telephone Number:		Email Address:	
City, State, Zip:					
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In-Process		Primary Language:	
				Disabling Condition: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what type: _____	
Specify Racial Group (1 or More): <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other Racial Group		How did you hear about us:		Marital Status (check one): <input type="checkbox"/> Single/never married <input type="checkbox"/> Married <input type="checkbox"/> Separated/partner left <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together <input type="checkbox"/> Other:	
				Housing Status: <input type="checkbox"/> Homeless <input type="checkbox"/> Housed and at Risk of Losing Housing <input type="checkbox"/> Eviction Pending <input type="checkbox"/> Stably Housed	
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes Branch: _____ Year Entered: _____ Year Separated: _____ Discharge Status: _____ <input type="checkbox"/> Theater: WWII <input type="checkbox"/> Theater: Korean War <input type="checkbox"/> Theater: Vietnam War <input type="checkbox"/> Theater: Persian Gulf War <input type="checkbox"/> Theater: Afghanistan <input type="checkbox"/> Theater: Iraq (Iraqi Freedom) <input type="checkbox"/> Theater: Iraq (New Dawn) <input type="checkbox"/> Theater: Other Operations		Prior Living or Housing Situation (over 30 days): <input type="checkbox"/> Homeless (place not meant for habitation) <input type="checkbox"/> Emergency shelter/Transitional Housing for homeless individuals <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Hospital <input type="checkbox"/> Psychiatric hospital <input type="checkbox"/> Jail, prison, juvenile detention facility <input type="checkbox"/> Substance abuse treatment facility <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster Care home/group home <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client with no ongoing subsidy <input type="checkbox"/> Rental by client with ongoing subsidy <input type="checkbox"/> Owned by client with no ongoing subsidy <input type="checkbox"/> Owned by client with ongoing subsidy <input type="checkbox"/> Other: _____			
How were you impacted by COVID-19 (check all that apply): <input type="checkbox"/> Loss of employment <input type="checkbox"/> Reduction in work hours <input type="checkbox"/> Furlough from employment <input type="checkbox"/> Reduction in income/salary due to reduced business revenue					
Other (please specify): _____					
Employment Status: <input type="checkbox"/> Full time (35+ hrs/week) <input type="checkbox"/> Part time (under 35hrs/week) <input type="checkbox"/> Unemployed (looking for employment) <input type="checkbox"/> Not employed and not looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Still in school			Monthly Income: <input type="checkbox"/> \$1-\$250 <input type="checkbox"/> \$251-\$500 <input type="checkbox"/> \$501-\$1000 <input type="checkbox"/> \$1001-\$1500 <input type="checkbox"/> \$1501-\$2000 <input type="checkbox"/> Over \$2001		
			Total Monthly Amount: \$ _____		

PARENTAL STATUS

Single custodial parent of dependent child/ren
 Parent of non-dependent child/ren [] Parent in two-parent family with dependent child/ren
 Non-custodial parent of dependent child/ren
 Not parent / No children
 Other:

FINANCIAL RESOURCES

\$ _____ \$ _____
 Gross annual **individual** income Gross annual **household** income

Have you received cash income from any source listed below in the last 30 days?

Yes No

Enter Income Sources and Amounts [Last 30 Days]

\$ _____ Earnings [Job or Commission]	\$ _____ Veteran's Pension
\$ _____ Unemployment Insurance [UI]	\$ _____ Pension from Employment
\$ _____ Worker's Compensation	\$ _____ Temporary Assistance to Needy Families
\$ _____ Private Disability Insurance	\$ _____ General Public Assistance
\$ _____ Veteran's Disability Payments	\$ _____ Alimony or Spousal Support
\$ _____ Social Security Disability Insurance [SSDI]	\$ _____ Child Support
\$ _____ Supplemental Social Security [SSI]	\$ _____ Social Security Retirement
\$ _____ Other Cash Income (tax return, Economic Impact Payment, _____)	

\$ _____ Total Monthly Individual Cash Income Zero Income

Have you received non-cash benefits from any source listed below in the last 30 days?

Yes No Don't Know

Non-Cash Benefits Received [Last 30 Days]

<input type="checkbox"/> Food Stamps or Benefit Card	<input type="checkbox"/> Medicaid (Health Insurance)
<input type="checkbox"/> WIC (Supplemental Nutrition for Women, Infants, and Children)	<input type="checkbox"/> Medicare (Health Insurance) <input type="checkbox"/> Section 8 Public Housing or Rental Assistance
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> TANF Child Care Services
<input type="checkbox"/> SCHIP (State Children's Health Insurance Program)	<input type="checkbox"/> TANF Transportation Services
Non-Cash Benefits _____	<input type="checkbox"/> Other TANF Funded Services <input type="checkbox"/> Other

HOUSEHOLD SIZE: # of Adults _____ # of Children (under 18) _____

PLEASE LIST ALL HOUSEHOLD MEMBERS

Name	Relationship	D.O.B	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone of the above have income? No Yes

Who? _____ Who? _____
 Source? _____ Source? _____
 Amount? _____ Amount? _____

Did you file your 2019 tax return? Yes No **Did you file your 2018 tax return?** Yes No

Did you receive your Economic Impact Payment? Yes No

PLEASE TELL US ABOUT YOUR EMPLOYMENT STATUS AND OTHER SOURCES OF INCOME/ASSETS
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
- Employed but not working due to COVID-19 Shelter in Place and closing of non-essential businesses

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: _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

Position: _____ Hourly Rate: _____

If you are unemployed and have no income: How have you been paying your household/living expenses?

What type of assistance are you applying for? _____

How much assistance (\$ amount) do you need? _____

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

- Yes No Not Yet Does Not Apply (**NOTICE MUST BE ATTACHED TO APP**)

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

- Yes No, Explanation: _____

Are you currently being assisted with Section 8, Public Housing, or a Tax-Credit Unit?

- Yes No Don't Know Does Not Apply

Are utilities included in your rent? Yes No Does Not Apply

Have you paid any portion of the current month's rent Yes No Not Applicable

If yes, how much did you pay? \$_____ Do you owe any late fees? Yes No
How much? \$_____

Did you receive your Economic Impact Payment? Yes No

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Have you paid any portion of the current month's rent Yes No Not Applicable

If yes, how much did you pay? \$_____ Do you owe any late fees? Yes No

How much? \$_____

Have you paid the rent or any portion of the rent for last month?

Yes, all Some \$ _____ No, none Does Not Apply

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

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

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 ANY PREVIOUS ASSISTANCE YOU HAVE RECEIVED FROM ANY OTHER ORGANIZATION(S).

Financial Assistance with RENT in past 12 months: \$ _____ from

Financial Assistance with UTILITIES in past 12 months: \$ _____ from

What other assistance have you applied for and where else have you tried to get help?

What was the outcome?

<p><i>I hereby certify, under penalty of fraud and perjury that all information provided on this application is true and correct. I also certify that the all income resources and assets available to my household are listed in their entirety on this application. 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. Falsification or omission of any information on this application, any program paperwork or any other documents may cause denial and/or termination of any program services offered.</i></p>	<p>_____ Applicant Signature</p>	<p>Date: _____</p>	
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CARES Housing Assistance Program (CHAP) COVID-19 Impact Statement

I, _____, certify one of the following describes my situation:

- I have lost my job because of the COVID-19 Pandemic and am now unable to pay for rent, mortgage and/or utilities.
- My wage(s) have decreased as a result of the COVID-19 Pandemic due to a reduction in work hours and am now unable to pay for rent, mortgage and/or utilities.
- I have been furloughed by my employer because of the COVID-19 Pandemic and am now unable to pay for rent, mortgage and/or utilities.
- I have experienced a reduction in my income/salary due to reduced business revenue.
- Other _____

Please use the box below to provide more information about how the COVID-19 Pandemic has negatively impacted your employment, budget and household.

Signature of applicant certifies that all information is true and correct, applicant has no other resources and that financial hardship is COVID-19 related. Falsification or omission of any information on this application, any program paperwork or any other documents may cause denial and/or termination of any program services offered by CHAP.

(Client Printed Name)

(Client Signature and Date)

(Organization Name)

(Staff Name)

(Staff Signature and Date)



CARES Housing Assistance Program Information Release

I _____ authorize the CHAP program staff to contact my landlord/property manager, employer, agencies and individuals for information about my family or myself for the purpose of rental assistance, case management and referrals. This authorization includes all agencies and individuals with those I have worked or may work through referral by any agency. This authorization will be considered a mutual release.

The release of content includes but is not limited to information regarding rental history, rental amount, landlord information, income, employment, or other information needed to determine eligibility and process request for rental assistance.

Applicant Printed Name

Applicant Signature

Date

Signature Agency Staff

Date

Nevada Community Management Information System (CMIS) Client Consent for Data Collection and Release of Information

What is the CMIS?

The CMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the CMIS for the CoCs within the state of Nevada. The purpose of the CMIS is to improve services that support people who are homeless or at risk of homelessness to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help Nevada provide housing and services. A current list of Partner Agencies is available at <http://nvcmis.bitfocus.com/>.

BY SIGNING THIS FORM, I AUTHORIZE the state of Nevada and Bitfocus to share CMIS information with Partner Agencies. The CMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- Bitfocus and Partner Agencies will keep my CMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 5 years from my last CMIS recorded activity.

I may revoke this Consent earlier at any time by returning a completed Revocation of Consent form, available at <http://nvcmis.bitfocus.com/>, to nevada@bitfocus.com.

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My CMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, and The Department of Health and Human Services. I understand that the list of auditors and funders may change over time.
- My CMIS information may be shared to coordinate referral and placement for housing and services.
- My CMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My CMIS information will be used to help evaluate the quality of social services.
- My CMIS information may be used for research; however, my identity will remain private.

Signature of Client

Date

PRINTED NAME

Refusing Consent and De-Identification of Information

If you refuse consent to have your information shared with Partner Agencies, the following information will be entered into the system for your profile and will be deemed as anonymous or "de-identified".

1. Your Social Security Number will be entered as all 0s and the Social Security Number Data Quality field will be set to Client Refused;
2. Your Date of Birth will be entered as 01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
3. Your First Name will be entered as Anonymous;
4. Your Last Name will be entered as the Unique Identifier automatically assigned by Clarity Human Services; and
5. The Name Data Quality field will be set to Client Refused.

FOR AGENCY USE ONLY:

Client Opted Out (Refused Consent)

Staff Signature

Date

Client Full Name, Social Security Number and/or Birthdate