

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

FY2019 Emergency Housing Assistance Program (EHAP) Application

Referring Agency Information

Agency Name:	Date of Application:
Agency Contact Person for this application:	Agency phone number:

List All Members In Household

LAST NAME	FIRST	Person with a Developmental Disability	DMH NUMBER (If Applicable)	DATE OF BIRTH	RELATIONSHIP
Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Household Information

Applicant mailing address:	Telephone Number:
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Explain specific circumstances that caused this housing emergency:

List action items that will assist the applicant with goals toward self-sufficiency. If the individual with the qualifying disability does not have an active case with the St. Louis Regional Office or DDRB, there must be an action item to re-open their case to be eligible for future EHAP requests.

- 1.
- 2.
- 3.

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Income Worksheet

All information below will need to be verified by supporting documentation to receive financial assistance.

List all income received from the following sources:			Family/Household Member Who Receives the Income	Enter Monthly Amount
Employment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security - Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security - Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security – Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security - Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security – Survivor Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other Unearned Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
VA Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Retirement Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Total Monthly Income				
Total Annual Income				
Total Adjusted Annual Income				

Number of People in the Home: _____	
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Deductions for family members: Number of Individuals _____ X 480 = _____

Deductions for qualified individuals: Number of Qualified Individuals _____ X 400 = _____

Total additional deductions: _____

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Type of Assistance	Vendor Name/Address/Phone	Cost of Service
<input type="checkbox"/> Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Moving	Vender Name: Vendor Address: Vendor Phone Number:	
<input type="checkbox"/> Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Moving	Vender Name: Vendor Address: Vendor Phone Number:	
<input type="checkbox"/> Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Moving	Vender Name: Vendor Address: Vendor Phone Number:	

My signature certifies the following:

1. The above information is true and complete.
2. I am at risk for becoming homeless or already homeless.
3. Assistance will provide me with decent, safe, and sanitary housing.
4. I understand that falsification or failure to report significant changes can result in denial of services both now and in the future.
5. I understand that I may be required to participate in a referral service to qualify for this or future emergency housing assistance through the Developmental Disabilities Resource Board of St. Charles County.

Signature of Applicant

Date

FOR OFFICE USE ONLY	Total Requested:		Total Paid by DDRB:
Approved by:	Received:	Entered:	Payment Date:

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FY2019 Emergency Housing Assistance Program (EHAP)**

Action Item Outcomes – (Required if applicant has accessed EHAP funds in the past)	Date of Previous EHAP Request:
<p>Restate action items from previous EHAP Request:</p> <ol style="list-style-type: none">1.2.3.	
<p>Provide outcome of the above listed action items:</p> <ol style="list-style-type: none">1.2.3.	

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
FY2019 Emergency Housing Assistance Program (EHAP)
(Updated Each February and July)

Income Limits - St. Charles County, Missouri										
FY 2017 Income Limit Area	Average Median Income	FY 2018 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
St. Charles County	\$76,800	Income Limit (50%)	\$26,900	\$30,750	\$34,600	\$38,400	\$41,500	\$44,550	\$47,650	\$50,700

NOTE: St. Charles County is part of the **St. Louis, MO-IL HUD Metro FMR Area**, so all information presented here applies to all of the **St. Louis, MO-IL HUD Metro FMR Area**. The **St. Louis, MO-IL HUD Metro FMR Area** contains the following areas: Calhoun County, IL ; Clinton County, IL ; Jersey County, IL ; Madison County, IL ; Monroe County, IL ; St. Clair County, IL ; Sullivan city part of Crawford County, MO ; Franklin County, MO ; Jefferson County, MO ; Lincoln County, MO ; St. Charles County, MO ; St. Louis County, MO ; Warren County, MO ; and St. Louis city, MO .

Additional Resources:

- **North East Community Action Corporation (NECAC):** 636-272-3477
Register for Low Income Energy Assistance Program (LIHEAP) and Energy Crisis Intervention Program (ECIP)
- **Food Pantries Resource Guide:** <http://www.communitycouncilstc.org/resources/food-resource-guide>
- **Affordable Housing Resources:** <http://www.communitycouncilstc.org/resources/affordable-housing-resources>
- **Missouri Job Center of St. Charles County:** 636-255-6060

Reviewed 07/01/18

<http://www.huduser.org/>