

# DEVELOPMENTAL DISABILITIES RESOURCE BOARD

## FY2018 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.

# DEVELOPMENTAL DISABILITIES RESOURCE BOARD

## FY2018 Emergency Housing Assistance Program (EHAP)

### 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: \_\_\_\_\_

## DEVELOPMENTAL DISABILITIES RESOURCE BOARD FY2018 Emergency Housing Assistance Program (EHAP)

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

<b>FOR OFFICE USE ONLY</b>	<b>Total Requested:</b>		<b>Total Paid by DDRB:</b>
Approved by:	Received:	Entered:	Payment Date:

# DEVELOPMENTAL DISABILITIES RESOURCE BOARD

## FY2018 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"><li>1.</li><li>2.</li><li>3.</li></ol>	
<p>Provide outcome of the above listed action items:</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li></ol>	

**DEVELOPMENTAL DISABILITIES RESOURCE BOARD**  
**FY2018 Emergency Housing Assistance Program (EHAP)**  
**(Updated Each February and July)**

<b>Income Limits - St. Charles County, Missouri</b>										
<b>FY 2016 Income Limit Area</b>	<b>Average Median Income</b>	<b>FY 2015 Income Limit Category</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>St. Charles County</b>	<b>\$70,300</b>	<b>Income Limit (50%)</b>	<b>\$24,650</b>	<b>\$28,150</b>	<b>\$31,650</b>	<b>35,150</b>	<b>\$38,000</b>	<b>\$40,800</b>	<b>\$43,600</b>	<b>\$46,400</b>

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 .

Reviewed 07/21/16

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

## DDRB FY18 Emergency Housing Assistance Program Application Instructions

1. The individual or the individual's dependent must have current eligibility status through Missouri Department of Mental Health Division of Developmental Disabilities.
2. Household members are defined as all individuals living in the home, including non-relatives.
3. The application requires the specific circumstances that caused the current housing emergency. Examples are:
  - a. Recent loss of income due to permanent layoff.
  - b. Loss of roommate causing temporary financial hardship.
  - c. Medical expenses causing financial hardship.
  - d. Unexpected car repairs.
4. The application requires action items that will assist the applicant with goals toward self-sufficiency. **Compliance with action items is required to be eligible for future EHAP assistance.** Examples are:
  - a. Applicant will seek employment assistance through Missouri Job Center of St. Charles County.
  - b. Case Manager will assist applicant with securing Social Security, Food Stamps, or TANF applications.
  - c. Applicant will enroll in the North East Community Action Corporation Low Income Home Energy Assistance Program (LIHEAP) utility assistance.
  - d. Applicant will utilize referrals to local food pantries.
5. Individuals, who have accessed EHAP funds in the past, must report the action items outcomes from their previous application. (Page 4 of application.)
6. DDRB EHAP funds can only be applied to the following:
  - a. Emergency utility payments, excluding late fees, to avoid imminent disconnection of:
    1. Home energy service of electric/gas/heating oil
    2. Water/Sewer
    3. Household trash removal

\*Utilities require a disconnect notice unless the individual with a developmental disability lives independently or participates in the DDRB Independent Living Assistance (ILA) Program.
  - b. Emergency rental assistance, excluding late fees, for a maximum of two months to prevent homelessness. **Must include a current signed, copy of the lease agreement.**
  - c. Emergency mortgage payments, excluding late fees, for a maximum of two months to prevent foreclosure/homelessness. Must be 90 days delinquent or have a notice of foreclosure.

**DDRB FY17 Emergency Housing Assistance Program  
Application Instructions  
Continued**

- d. Emergency rent and utility deposits to establish a household unit. Must be able to verify imminent homelessness without the assistance.
  - e. Moving expenses
  - f. Any combination of the above with a maximum amount per household of \$1,200 per fiscal year (July 1 through June 30) with a lifetime cap of \$3,600.
7. EHAP Income Worksheet
- a. Calculate the gross annual income for **all** individuals residing in the dwelling.
  - b. Apply family allowances as outlined in the policy.
  - c. If recently unemployed, calculate the actual gross income for the previous six months and multiply by two. This total must be no more than 50% of the income limit applicable to the number of persons in the household. (Refer to the income limits summary sheet included with the application.)
8. Application must include the following supporting documentation:
- a. Copy of photo I.D. of the applicant.
  - b. Verifying documentation of all sources of income.  
Examples:
    - i. Most recent paycheck stub that documents the income calculation.
    - ii. Statement of Unemployment Benefits
    - iii. Social Security Income statement or CIMOR benefits statement
    - iv. Missouri Social Services letter of benefit for food stamps.
  - c. Copies of all utility/rent invoices requested for payment.
9. Applications that contain errors or are incomplete will be returned.