DEVELOPMENTAL DISABILITIES RESOURCE BOARD
FY2020 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		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			

Household Information

Applicant mailing address:	**Telephone Number:**

Explain specific circumstances that caused this housing emergency:

List specific action items that will assist the applicant with goals toward self-sufficiency.

1.

2.

3.

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
FY2020 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	☐ Yes	☐ No		
TANF	☐ Yes	☐ No		
Food Stamps	☐ Yes	☐ No		
Social Security - Retirement	☐ Yes	☐ No		
Social Security - Disability	☐ Yes	☐ No		
Social Security – Disability	☐ Yes	☐ No		
Social Security - Disability	☐ Yes	☐ No		
Social Security – Survivor Benefits	☐ Yes	☐ No		
Unemployment	☐ Yes	☐ No		
WIC	☐ Yes	☐ No		
Other Unearned Income	☐ Yes	☐ No		
Child Support	☐ Yes	☐ No		
VA Pension	☐ Yes	☐ No		
Retirement Income	☐ Yes	☐ No		
Other _____	☐ Yes	☐ No		
Other _____	☐ Yes	☐ No		
			Total Monthly Income	
Number of People in the Home: _____			Total Annual Income	
			Total Deductions	-
			Total Adjusted Annual Income	

Deduction for Number of Dependents in Household _____X 480 =_____

Deduction for Number of Household Members with a Developmental Disability _____X 400 =_____

Total Additional Deductions: _____

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Type of Assistance	Vendor Name/Address/Phone	Cost of Service
☐ Utility ☐ Rent ☐ Mortgage ☐ Moving	Vender Name: Vendor Address: Vendor Phone Number:	
☐ Utility ☐ Rent ☐ Mortgage ☐ Moving	Vender Name: Vendor Address: Vendor Phone Number:	
☐ Utility ☐ Rent ☐ Mortgage ☐ 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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Action Item Outcomes – (Required if applicant has accessed EHAP funds in the past)	**Date of Previous EHAP Request:**
Restate action items from previous EHAP Request: 1. 2. 3.	
Provide outcome of the above listed action items: 1. 2. 3.	

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
FY2020 Emergency Housing Assistance Program (EHAP)
(Updated Each February and July)

Income Limits - St. Charles County, Missouri										
FY 2018 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:

Register for Low Income Energy Assistance Program (LIHEAP) and Energy Crisis Intervention Program (ECIP) through North East Community Action Corporation (NECAC) 636-272-3477

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/