

<b>Emergency Housing Assistance Program</b>	
Scope of Emergency Housing Assistance Program	The DDRB provides assistance to individuals with developmental disabilities who may become homeless due to an event that has interrupted their ability or the ability of a related household provider to sustain their independence. Funds can be used toward rent and utility deposits; rent and mortgage payments; utility payments, moving expenses and other expenses to establish a household unit. Individuals and families will be connected to other local community services and resources to help sustain their independence. This program is designed to provide emergency/temporary assistance and not yearly ongoing assistance.
Eligibility	Individuals must be eligible for services through the Department of Mental Health and a current resident of St. Charles County. Individuals and families must meet the annual income guidelines according to the AMI (Average Median Family Income) for St. Charles County. Individuals and families cannot have a combined annual household income above 50% of the AMI with deductions for eligible family members. Families with a dependent may deduct from the annual total an additional \$480 for each dependent and an additional \$400 for each family member with a developmental disability.
Guidelines	<ol style="list-style-type: none"> <li>1. For those who receive case management services, applications are obtained through and submitted by the individual's case manager or service coordinator by DMH or DDRB. For those without case management services, applications are obtained through and submitted by a DDRB designated agency.</li> <li>2. Supporting documentation of income and expenses must be included with the application to verify and ensure accuracy of the application.</li> <li>3. All payments will be made directly to the vendor and not the individual applying for funds.</li> <li>4. Individuals and families are eligible for a maximum of \$1,200 per fiscal year- starting July 1 and ending June 30 each year. Each individual/family has a lifetime maximum of \$3,600. Recipients prior to July 1, 2015 are eligible for the revised lifetime maximum.</li> <li>5. Individuals and families are referred to community resources to meet ongoing support needs such as Missouri Division of Vocational Rehabilitation or the Missouri Job Center for employment services North East Community Action Corporation for utility assistance, independent living services, etc.</li> </ol>
Reference Form(s) available at <a href="http://www.ddrb.org">www.ddrb.org</a>	<ul style="list-style-type: none"> <li>• DDRB Application Instruction Sheet</li> <li>• AMI (Average Median Family Income) Reference Sheet</li> <li>• Emergency Housing Assistance Program Application</li> </ul>

# DEVELOPMENTAL DISABILITIES RESOURCE BOARD

## FY2022 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 specific action items that will assist the applicant with goals toward self-sufficiency.

- 1.
- 2.
- 3.

# DEVELOPMENTAL DISABILITIES RESOURCE BOARD

## FY2022 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 Deductions				-
Total Adjusted Annual Income				

Number of People in the Home: \_\_\_\_\_

Deduction for Number of Dependents in Household \_\_\_\_\_ X 480 = \_\_\_\_\_

Deduction for Number of Household Members with a Developmental Disability \_\_\_\_\_ X 400 = \_\_\_\_\_

Total Additional Deductions: \_\_\_\_\_

## DEVELOPMENTAL DISABILITIES RESOURCE BOARD FY2022 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

## FY2022 Emergency Housing Assistance Program (EHAP)

<b>Action Item Outcomes – (Required if applicant has accessed EHAP funds in the past)</b>	<b>Date of Previous EHAP Request:</b>
<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**  
**FY2022 Emergency Housing Assistance Program (EHAP)**  
**(Updated Each February and July)**

<b>Income Limits - St. Charles County, Missouri</b>										
<b>FY 2020 Income Limit Area</b>	<b>Average Median Income</b>	<b>FY 2020 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>\$82,900</b>	<b>Income Limit (50%)</b>	<b>\$29,050</b>	<b>\$33,200</b>	<b>\$37,350</b>	<b>\$41,450</b>	<b>\$44,800</b>	<b>\$48,100</b>	<b>\$51,400</b>	<b>\$54,570</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 .

**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

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