

**Emergency Solutions Grant  
Homelessness Prevention and Rapid Re-Housing Program**

**1. How do I qualify for rental assistance?** Your annual combined household income cannot exceed these maximum income limits based on family size of:

FY 2014 Income Limit Area - Naples-Marco Island, FL MSA	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% - of HUD Median Family Income	\$14,000	\$16,000	\$20,090	\$24,250	\$28,410	\$32,570	\$36,730	\$40,890

2. You must be in danger of becoming homeless (eviction notice) or if you are currently homeless.
3. This program may also be able to assist you if you are in danger of having your utilities shut-off.
4. You must be a US Citizen or permanent resident.
5. The unit must be able to pass a habitability standard inspection and be within the HUD fair market rent.

If you are in need of assistance and believe you may qualify please complete all the attached documents and make an appointment, by calling 239-252-4228, to turn in your application.

Applications will only be accepted if all required documents are turned in at the initial appointment.





**Re: Collier County Emergency Solutions Grant - Homelessness Prevention and Rapid Re-Housing Program**

Thank you for your interest in the Collier County Emergency Solutions Grant – Homelessness Prevention and Rapid Re-Housing program. Funds are available on a first come/ first qualified basis, upon funding availability, for applicants who meet the program requirements.

Once all other checklist items are completed you can submit the application for a final review and determination.

**Please submit these items along with your application:**

- Name, address & phone number of your Rental Agent or Landlord;
- 30-days of pay stubs, including name, address & phone number of your employer. (For anyone employed and living the home);
- Current Social Security Statement or any other Benefits received by yourself or family member living in the house. (401K, FRS, IRA, Retirement, Pension, etc.);
- Six most current monthly checking's account bank statements- Account number and current balances. (For all parties living in the home, including minors);
- One most current monthly savings account bank statement. (For all parties living in the home, including minors);
- 1 yr of IRS 1040, W-2s or 1099 / For Self-employed: 2 yrs of IRS 1040, W-2s or 1099, Schedule C, & Profit & Loss;
- Copy of your current lease (1 year lease required);
- US Citizens- Copy of drivers license and birth certificate or US Citizenship Certificate. If you are a permanent resident please provide a U.S Passport or a Permanent Resident Card;
- Copies of each household members Social Security Card; and
- Any divorce decree or child support court orders and the payment history from the Child Support Office.

**Applications will only be accepted if all of the above documents are turned in at the initial appointment.** Once again, thank you for your interest and please do not hesitate to call me if you should have questions, or require additional information and to make an appointment to turn in your application.

**Note: Third- Party Verifications** must be completed and signed by all adult household members, where applicable.

**Note: Dependents:** If you show a child as household member, but do not claim them on your tax returns, you must provide a court order showing that you are the primary custodian of that child and provide school records that the child resides with you at your residence.

**Note: Self employed/ 1099 employee:** CHS will require you complete a profit and loss statement in addition to a Verification of Employment form. You must provide all business bank accounts for the last six months and two years of your business and personal filed tax returns (all schedules).

**Please include all of the applicable items above and deliver to:**

Collier County Community and Human Services  
3339 East Tamiami Trail, Suite 211  
Naples, Florida 34112

## **ESG Form #1 - DECLARATION OF CITIZENSHIP STATUS (SECTION 214)**

### **NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.
  - Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - Permanent residence under §249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - Parole status under §§212(d)(5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

**1/ Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

**COLLIER COUNTY COMMUNITY & HUMAN SERVICES  
EMERGENCY SOLUTIONS GRANT  
VERIFICATION OF INCOME**

ESG Applicant Name: \_\_\_\_\_

**Instructions for Employer/Payment Source Representative:** This is to certify the income received by the above named individual for purposes of participating in the ESG program. This information will be used only to determine the eligibility status and level of benefit of the household. **Complete only the selected section below that includes an authorization to release information.**

**Please return this form to:**

Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Employment Income

**ESG Applicant Release: I hereby authorize the release of the following employment information.**

ESG Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer representative to complete this section:**

The person named above is employed by \_\_\_\_\_ since \_\_\_\_\_. He/she is paid \$ \_\_\_\_\_ on a \_\_\_\_\_ basis and is currently working an average of \_\_\_\_\_ hours per \_\_\_\_\_.

Additional compensation please specify (if any): \_\_\_\_\_

Probability of continued employment: \_\_\_\_\_

Authorized Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, Title: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Payments and/or Benefit Income (complete one form for each distinct source of income for person named above)

**CIRCLE ONE:**    Social Security/SSI    Pension/Retirement    TANF  
                    Public Assistance    Unemployment Compensation    Workers Compensation  
                    Alimony Payments    Foster Care Payments    Child Support Payments  
                    Armed Forces Income  
                    Other (pls. specify): \_\_\_\_\_

**ESG Applicant Release: I hereby authorize the release of the following payment and/or benefit information.**

ESG Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment source representative to complete this section:**

Payments or benefits in the amount of \$ \_\_\_\_\_ are paid on a \_\_\_\_\_ basis. The expected duration of the payments or benefits is \_\_\_\_\_.

Authorized Payment Source Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name, Title: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

**Sworn Declaration of Zero Income Status  
Addendum to Application**

*To be completed by each adult household member who does not receive income.*

Household Name \_\_\_\_\_ Unit # \_\_\_\_\_

Development Name \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Social Security payments, annuities, insurance policies, retirement funds, pensions, Supplemental Security Income (SSI), or death benefits;
  - e. Unemployment or disability payments;
  - f. Public assistance payments;
  - g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - h. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - i. Any other source not named above.

2. During the next 12 months there is no change expected in my financial or employment status.

3. I will be using the following sources of funds to pay for rent and other necessities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

# Emergency Solutions Grant (ESG) HOMELESS CERTIFICATION (if applicable)

ESG Applicant Name: \_\_\_\_\_

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: \_\_\_\_\_

**This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.**

**Check only one box and complete only that section**

## Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation:

\_\_\_\_\_

Homeless Street Outreach Program Name: \_\_\_\_\_

*This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.*

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: \_\_\_\_\_

*This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).*

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Living Situation: Transitional Housing

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: \_\_\_\_\_

*This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).*

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

emergency shelter OR  a place unfit for human habitation

Authorized Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_