



SAMARITAN HOUSE

Financial Assistance Program

You have requested that we consider your application for Financial Assistance. To do so we will need your help by providing information and documents that will enable us to determine eligibility. We would be happy to help you with this process.

This is not an entitlement program. All applications will be screened diligently in accordance with all federal, state and local regulations. **Samaritan House funds are limited and restricted.** Applications can be processed only after **all** requested verification papers have been submitted. Please complete the attached application. Answer all the questions to describe your situation. This application process takes time, so please be patient. You may be asked to bring in additional forms or information in order for us to process your application.

- You must have lived and paid rent in Menlo Park or E. Palo Alto for the past 30 days or more, and have proof that you currently live there (i.e. rent receipt, other documentation.)
- Financial Assistance funds are primarily for a family with minor children, a senior or a disabled person. There are very limited funds available occasionally for single adults without disabilities.
- You must have a verifiable critical financial need (real need to relocate, or non-recurring emergency situation, i.e. a 3 day pay or quit or a 30 day notice, utility shut off notice) and have tried all personal or community resources before submitting this application.
- You must have enough income to pay your rent in the future months in the housing you find. Your must also be able to show that you cannot pay all or part of your apartment/housing entry cost or back rent.
- For security deposit requests you must have found housing, applied for it and been accepted. Funds are only payable to the landlord and you will be asked to verify the landlord/owner.
- **No automatic eligibility. This is not an entitlement program.** Eligibility is based on verified need, **residence, ability to maintain and willingness to address any un**derlying problems that may have caused the financial crisis being experienced at the moment. No funds will be guaranteed to the landlord until all verification requested has been submitted and the screening committee has approved your completed application.
- Your household's ability to contribute towards the housing cost will be closely examined.

By signing below you acknowledge you have read and understand the terms of the Financial Assistance Program.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Application Check List:

Name: _____ Date: _____

Before your application can be presented, all items checked on this form must be completed.

_____ Personal Statement

_____ Proof of Identification for each member of the household (i.e. picture ID, birth certificate, Social Security, etc.)

_____ Budget Form

_____ Employment Verification for past 30 days (i.e. recent paycheck stubs)

_____ Other Income Verification (i.e. letters or statements from CalWorks, Child Support, Social Security, Unemployment, Employment offer letter)

_____ Bank Statements for the last 3 months

_____ Verification of critical housing need: This may include eviction notice, notice of delinquent rent, 3 day pay or quit or statements from other members of shared situation.

_____ Utility bills for the past 3 months and/or shut off notice

_____ Rental/Lease Agreement

_____ Any additional documentation deemed necessary to demonstrate the client's situation or need for assistance.

Also supply the following if checked below

_____ Documents related to COVID-19 temporary loss of income

_____ Auto registration and auto insurance policy

_____ 3 estimates for auto repair

_____ Other

Total Amount Requested: \$ _____

Total Housing Cost: \$ _____

Responda todas las secciones completamente:

Name _____, _____ DOB _____ / _____ / _____ Fecha de Nacimiento
 Nombre Last Name / Apellido First Name /Primer Nombre mm dd año (yy) Gender: M F
 Sexo: hombre mujer

Address _____ City _____ Zip Code _____
 Direccion Ciudad Codigo Postal

Telephone Number (____) _____ - _____ e-mail: _____
 Numero de Telefono Correo electrónico

Marital Status: Married Single Widowed Divorced Other _____
 Estado Civil: Casado/a Soltero/a Viudo/a Divorciado/a Otro _____

Race (circle all that apply) White Black Asian Amer Indian Native Hawaiian/Pacific Islander Other _____
 Raza (circule los que aplica): Blanca Moreno Asiatico IndioAmericano Nativo de Hawaii/Pacifico Otro _____

Hispanic (check one) Yes No Primary Language: Spanish English Other _____
 Hispano (marque uno): Sí No Lenguaje Primario: Español Inglés Otro _____

Emergency Contact: _____ Telephone Number (____) _____ - _____
 Contacto de Emergencia: Numero de Telefono

Household Members:
 Miembros del hogar:

Name Nombre	Gender: Sexo:	Date of Birth Fecha de Nacimiento	Monthly Income Ingresos Mensuales	US Citizen? ¿Ciudadano?	Country of Birth Pais de nacimiento	Vet Veterano

Highest level of education of applicant 0 - 8 yrs 9 - 12 yrs 12+ yrs
 Máximo grado de Educación del cliente: 0 - 8 anos 9 - 12 anos 12+ anos

Seguro de Medico: Ninguno Kaiser Medi-Cal Medicare ACE Otro: _____
 Health insurance None Other

Non Cash Benefits Information: (check all that apply)
 Información de beneficios no monetarios (marca el que corresponde)

- Food Stamps WIC CalWorks Transportation
 Estampillas de Comida WIC / Mujeres y niños Ayuda de transportacion
Section 8 CalWorks ChildCare
 Sección 8 Ayuda para cuidado de niños

Budget Worksheet

Applicant(s) Name(s): _____ Date: _____

MONTHLY GROSS INCOME			
	Last Month _____	This Month _____	Next Month _____
Applicant's gross income: Job #1			
Applicant's gross income: Job #2			
Second Applicant's gross income: Job #1			
Second Applicant's gross income: Job #2			
Other Household Members' Income (combined)			
SSI or SSDI benefit amount			
Other income (circle all that apply): Unemployment, Alimony, Child Support, CalWORKS, General Assistance, Retirement, Vet's Pension, Other Pension			
TOTAL MONTHLY INCOME	\$	\$	\$
MONTHLY EXPENSES			
	Last Month _____	This Month _____	Next Month _____
Rent			
Utilities: PG&E/water/garbage			
Telephone			
Food			
Health insurance			
Medical (prescriptions, doctor's visits, etc.)			
Car payment			
Auto Insurance			
Transportation (bus, gas, tolls, parking)			
Child care			
Clothing			
Toiletries			
Laundry, cleaning, other household			
Installment payments (credit cards or loans) <i>Indicate payment type:</i>			
Cable television			
Internet			
Miscellaneous (cigarettes, entertainment, etc.)			
TOTAL MONTHLY EXPENSES	\$	\$	\$
TOTALS			
	Last Month _____	This Month _____	Next Month _____
Total income (from Gross Income Section)			
Less total expenses (from Expenses Section)			
MONTHLY BALANCE	\$	\$	\$

CLIENT CONSENT FOR CLARITY SYSTEM DATA COLLECTION AND RELEASE OF INFORMATION

By signing this form, I authorize this agency, Samaritan House South and the agencies listed below and attached to share information such as my name, date of birth, gender, race, ethnicity, language(s) spoken, social security number, home address, phone number, photograph, income, employment, asset and housing status information, information about assessments, needs, services requested, services received, and other pertinent information about me and my household members for the purpose of providing services including food, shelter, clothing, transportation, housing assistance, utilities, assistance with benefit forms, tax preparation, financial education and asset development, advocacy, landlord-tenant mediation and referrals to other services.

The information that is collected in the Clarity database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has agreed to maintain the security and confidentiality of the information.

Core Service Agencies	Homeless Service Providers	
Coastside Hope	Abode Services	Samaritan House
Daly City Community Services Center	Home and Hope	San Mateo County Department of Housing
Fair Oaks Community Center	StarVista	San Mateo County Health System, Behavioral Health And Recovery Services
Puente de la Costa Sur	Housing Authority of the County Of San Mateo	San Mateo County Human Services Agency
Tides/Pacifica Resource Center	LifeMoves (formerly known as InnVision Shelter Network)	Service League Of San Mateo County
Samaritan House	Mental Health Association Of San Mateo County	Mateo Lodge
Samaritan House South	Next Step Center, Veterans Resource Center of America	VA Palo Alto Health Care System (VAPAHCS)
YMCA Community Resource Center	Project WeHOPE	San Francisco VA Health Care System (SFVA)

Efforts are made to keep this list current, however there may be Core Service Agencies and/or homeless service providers that begin to participate in the data system that are not included on this list.

Additional agencies are listed in an attached document.

I UNDERSTAND THAT:

- Use of my likeness in a photograph will be viewable by other partner agencies and providers.
- The Core Service Agencies and homeless service providers have signed agreements to maintain the confidentiality and security of my information.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- This authorization will remain in effect until I revoke it in writing.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

CONSENT FOR RELEASE SIGNATURE

Yes, I authorize this agency and other partner agencies and their representatives to share information about me and my household members for the purpose of providing the services that I am requesting.

Client Name (Please Print)

Client Signature

Signature Date

OPT OUT

No, I do not authorize these agencies to share my confidential information.

Client Name (Please Print)

Client Signature

Signature Date

AGENCY USE ONLY

Personnel Name (Please Print)

Agency Personnel Signature

Signature Date

DISTRIBUTION: Signed original to Agency's Client File