



# Homelessness Prevention and Rapid Rehousing Program

## Emergency Solutions Grant CV Part II

The Emergency Solutions Grant (ESG) Homelessness Prevention and Rapid Rehousing Program provides financial assistance and stabilization services to individuals and families who are homeless or at risk of being homeless. Our goal is to prevent future housing instability by connecting Shelby County citizens with resources that will empower them as they work toward a plan for future housing stability.

This grant is only approved for people who live in municipal jurisdictions within Shelby County that are NOT in the City of Memphis. These jurisdictions include **Arlington, Bartlett, Collierville, Germantown, Lakeland, Millington, and Unincorporated areas of Shelby County.**

Financial assistance for housing may include:

- Rental housing application fees for new housing
- Payment of past due rent to stay in current housing if eviction is imminent
- Security deposits equal to no more than 2 months' rent
- Rental payments monthly
- Utility deposits and/or utility payments monthly, including up to 6 months of past due utility payments.
- Moving costs such as truck rental or hiring a moving company. This may include payment of temporary storage fees for up to 3 months following the date the program participant begins receiving assistance and prior to moving into permanent housing.
- Hotel fees while you seek permanent housing



**Am I Eligible? (“I” means MYSELF and/or MY FAMILY)**

- I am seeking housing and/or utility assistance in a municipal jurisdiction within Shelby County that is NOT in the City of Memphis. These jurisdictions include Arlington, Bartlett, Collierville, Germantown, Lakeland, Millington, and Unincorporated areas of Shelby County.

**AND**

- I am an extremely low-income individual and/or family with a household income of at or below 50% of Area Median Income according to HUD Income Limits (see chart below).

# of people in household	1	2	3	4	5	6	7	8
Monthly Income	2,004	2,292	2,579	2,863	3,092	3,321	3,550	3,779
Annual Income	24,050	27,500	30,950	34,350	37,100	39,850	42,600	45,350

**AND**

- I lack the financial resources and support to obtain immediate housing or remain in my current housing.

**AND**

- I am homeless under HUD’s definition of “Homeless” **OR** any category of HUD’s Definition of “At Risk of Homelessness.” ***To determine if you meet one of these definitions, please see the following questions:***



## **Homeless:**

### ***Does ONE OR MORE of these apply to me?***

- I will imminently lose my primary nighttime residence within 14 days of the date of application through eviction **AND** I have no other place to live **AND** I lack the resources or support networks needed to obtain other permanent housing.
- I am an unaccompanied youth under 25 years of age, or a family with children and youth, and do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; **AND** (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.
- I am fleeing or attempting to flee, domestic violence and have no other residence
- I am living outdoors **OR** in a car **OR** in a hotel

## **At Risk of Becoming Homeless:**

### ***Does ONE OR MORE of these apply to me?***

- I have moved two or more times during the 60 days immediately preceding the application for homelessness prevention assistance because of economic reasons
- I am living in the home of another because of economic hardship
- I have been notified in writing that my right to occupy my current housing or living situation will be terminated within 21 days after the date of application for assistance
- I am living in a hotel or motel and the cost is not paid by charitable organizations or by Federal, state, or local government assistance programs
- I live in severely overcrowded housing
- I am exiting a publicly funded institution
- I live in housing that has characteristics associated with instability and an increased risk of homelessness.
- I am unaccompanied, under age 25, and do not qualify as homeless under the homeless definition, but qualify as homeless under other Federal statutes.
- I am a child or youth, or a family with children or youth, qualifying for homelessness under section 725(2) of the McKinney-Vento Homeless Assistance Act.



## Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Household Composition:** List each individual living in the home including children

#	Name	Relationship (self, child, mother, etc.)	Sex	DOB	Race	SS# (optional)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

**Documentation of Household Income:** List **all** sources of income for everyone in the household.

**Sources of Income** include your job, unemployment check, SS, SSI, TANF, child support, & other

Names of People in Household Earning Income	Source of Income	Monthly \$ Amount	If Employed, provide name & address of employer	Proof of income attached (y/n)



### **Verification of Housing Location**

Applicants must currently reside or seek housing in jurisdictions that are not in the City of Memphis. These areas include Arlington, Bartlett, Collierville, Germantown, Lakeland, Millington, and Unincorporated Shelby County. Please provide **ONE** of the following:

- Eviction notice that shows address & zip code of current housing
- Most recent utility bill that shows address and zip code of current housing
- Current hotel/motel address receipt that shows address and zip code
- Current family/friend/temporary housing address and zip code
- Current institutional address that shows address and zip code
- Name of apartment or rental housing **where you will apply to live** along with property manager's name, address, and phone number

### **Verification of Homelessness or At Risk of Homelessness Documents**

Applicants must currently meet the HUD definition of "Homelessness" in categories 2, 3, and 4 or "At Risk of Homelessness" in categories 1, 2, and 3. Please provide **ONE** of the following forms of documentation:

- Legal Eviction notice from landlord/property owner
- Statement from landlord showing past due rent and/or utilities and stating that current housing will be terminated if past due rent/utilities is not paid.
- Hotel/motel receipt (not paid for by charity or government program)
- Written or oral statement by credible third-party or self that you are at-risk of homelessness
- Statement that you are a homeless, unaccompanied youth age 25 or under
- Statement that you are fleeing domestic violence

### **Utility Assistance**

If you need assistance with past due utility payments and/or future utility payments to secure and stabilize housing, please provide the following information:

\*Name on Utility Bill: \_\_\_\_\_

Account Number: \_\_\_\_\_

Past Due Amount (if applicable): \_\_\_\_\_

Number of months past due (if applicable): \_\_\_\_\_

\*If your utilities are under someone's name who is not a member of your household, you will need to get their permission to pay the utility bill by filling out and uploading a "Permission to Apply" form. This form is attached at the end of this application.



## **HMIS Informed Consent and Release of Information Authorization**

Our agency utilizes a secure database known as the Homeless Management Information System (HMIS) to collect and track all meaningful information related to our clients. Any personal information gathered is used to improve access to and coordination of services available within our community, and in fulfillment of requirements as dictated by the U.S. Department of Housing and Urban Development (HUD).

By signing this form, I grant permission to this agency to share any and all information regarding me and/or my dependents (if applicable) with partner agencies utilizing HMIS in the Memphis/Shelby County-area, such as:

- Name
- Date of birth
- Gender
- Race
- Ethnicity
- Social security number
- Phone number
- Address
- Program enrollments and assessments
- Housing information
- Use of crisis services, hospitals, and jails
- Pertinent medical, mental health, and substance abuse history
- Employment, income, insurance, and any received benefits
- Case notes and services provided by partner agencies
- Public Health Emergency Information (i.e. COVID-19 Assessment Information)

### **By signing this form, I acknowledge my rights as an HMIS participant:**

- I am entitled to a copy of this release form.
- I may revoke this release, at any time, by delivering or mailing a written statement cancelling my consent to this agency. Revoking my release will not remove any information shared in HMIS while my release was in effect; revoking only applies to any additional information entered on or after the date the release was revoked.
- I understand that, upon my request, this agency is required to provide me with a list of current partner agencies participating in HMIS, with which my information is shared.
- I am aware that this release is not an exhaustive list of how my information may be shared, and that further guidance is available in the Continuum of Care's Privacy Notice, by which this agency abides; and, I have been referred to the privacy notice either in paper copy or online.

**By signing this form, I acknowledge that this agency is dedicated to securing all personally identifiable information shared through the following means:**



- Log-in access that is reliant on multi-factor authentication and two factor authentication (2FA) requirements for all end-users.
- Password policy enforcement, including password complexity, maximum login attempts, self-service recovery, and other password settings.
- System encryption: by default, HMIS traffic is 2,048-bit SSL encrypted at transit and at rest. All API traffic (i.e. data visualizations) are further AES-encrypted.
- Ensured compliance with criteria established in the HMIS Proposed Rule and 2004 Data and Technical Standards notice (available online).
- Ongoing HMIS adherence to HUD-related regulations, including Federal and State Confidentiality, and the Health Insurance Portability and Accountability Act (HIPAA).

**IMPORTANT:** To ensure absolute safety of our clients, we do not enter any personally identifying information into HMIS for clients who are: 1) in a domestic violence agency; 2) currently fleeing or in danger from a domestic violence situation, including dating violence, sexual assault, stalking, or other qualifying situation; or 3) being served in a program that requires disclosure of HIV/AIDS status. If any of the above situations apply to you – DO NOT SIGN THIS FORM.

Client Name (Print)	Client Signature	Date
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Dependent Under 18 Name (Print)	Dependent Under 18 Name (Print)
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Dependent Under 18 Name (Print)	Dependent Under 18 Name (Print)
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Staff Name (Print)	Staff Signature	Date
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**Lack of Support Certification**

I certify that I lack the financial resources and support networks (friends, family, charity) to attain stable housing for myself and/or my family. Initials \_\_\_\_\_

**Release of Information**

This is to confirm that I do hereby give permission to Shelby County Division of Community Services to share and/or secure any information necessary to certify me for the Homelessness Prevention Program. I understand that this information will only be shared, secured, or verified professionally while protecting my rights to confidentiality. I also hereby grant the Agency permission to secure additional resources on my behalf, if necessary and appropriate. I do request, however, that \_\_\_\_\_ not be contacted.

**Access to Client Records**

I further acknowledge that I am aware that Program Supervisors and/or Managers and State Comptroller Auditor's will have access to my client records. Initials \_\_\_\_\_

**Reliability of Information**

I also certify to the best of my knowledge and all information provided by me in this approval process is accurate and true. I am completely aware that anyone who knowingly covers up a material fact or gives false information for eligibility determinations is liable for prosecution under applicable criminal law. Initials \_\_\_\_\_

**Grievance Procedures**

As a client applying for assistance through Shelby County Division Community Services, you have the right to appeal and request a fair hearing. You must contact the agency at **(insert email addresses for ESG)** for the proper complaint form. A complaint form must be filled out in triplicates and completed within 30 days. After a decision has been made, you, the Agency and the State will retain a copy of the complaint form. The Administrator will contact the department of Human Services for a final decision if you are not satisfied after a local hearing. Initials \_\_\_\_\_

**Follow Up Notification**

I certify that I have been informed and understand that Shelby County Division of Community Services may conduct a follow-up assessment after my initial certification for services. I agree to provide all necessary requested information for assessment. Initials \_\_\_\_\_

**Title VI Compliance**

I certify that I have been informed of the Title VI Civil Rights Act of 1964 which states no person will be discriminated against based on age race, sex, color, religion, or national origin under any program provided by Shelby County Division of Community Services. Initials \_\_\_\_\_





**When you are ready to submit this application, please be sure you attach copies of the following documents:**

- Your identification (ID)
- Proof of all income
- Proof of housing location in unincorporated area or jurisdiction outside the City of Memphis
- Copy of your **current lease** (if applicable) or **hotel receipt** (if applicable)
- If you are moving into a new rental property or staying in your current rental property, provide the following:
  - Name of Rental Property/Apartments \_\_\_\_\_
  - Property Manager Name \_\_\_\_\_
  - Property Manager Phone Number \_\_\_\_\_
  - Property Manager email \_\_\_\_\_
- Proof of Homelessness or At Risk of Homelessness
- Utility bill showing account number and balance due (if applying for utility assistance)
- Completed "Permission to Apply" form if your utilities are not in your name (if applying for utility assistance)

Thank you for completing the  
**Homelessness Prevention Program Application**

**Please mail the application and supporting documents to:**

Shelby County Division of Community Services  
160 N. Main Street  
Suite 250  
Memphis, TN 38103  
ATTN: Tori Cooper

**Or scan and email to:** [esginfo@shelbycountyttn.gov](mailto:esginfo@shelbycountyttn.gov)



**Shelby County Division of Community Services**  
**Permission to Apply Statement**

*Please complete this form if your utility services are in someone else's name.*

**If the person whose name is on the utility bill is currently living please have them complete the following portion in its entirety:**

I \_\_\_\_\_, do hereby give \_\_\_\_\_  
(Name of person on utility bill) (Name of applicant)

permission to apply for utility assistance at the following address:

\_\_\_\_\_  
Street City/State Zip

I, \_\_\_\_\_, do not live in the same household as  
(Name of person on utility bill)

\_\_\_\_\_  
(Name of applicant)

My current address is: \_\_\_\_\_  
Street City/State Zip

\_\_\_\_\_  
Signature Date Contact number

**If the person whose name is on the utility bill is deceased, the applicant must complete the following portion and attach with proof of death.**

I \_\_\_\_\_ do hereby declare that \_\_\_\_\_  
(Name of applicant) (Name of person on utility bill)

is deceased and I am financially responsible for the utility services at the following address:

\_\_\_\_\_  
Street City/State Zip

Signature \_\_\_\_\_ Date \_\_\_\_\_