



Housing Program Application

1. Information about the Applicant

Client Name:	
Customer's telephone number:	
Email:	
Date of birth:	
Age:	
DV/HT:	
Country of citizenship:	

Ethnicity/Race:

<input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> Non Hispanic
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian	<input type="checkbox"/> American Native / Alaskan
<input type="checkbox"/> Native Hawaiian/Pacific Islander	

How were you referred to the Housing Program?

<input type="checkbox"/> Outreach	<input type="checkbox"/> Residential	<input type="checkbox"/> RAFT	<input type="checkbox"/> Clinical	<input type="checkbox"/> Other: _____
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2. Household Information

Number of children in the household: _____

Is anyone in the household currently Pregnant? Yes No

How many months? _____

Household Members:

Name	Relation	Gender	Date of birth	Age	Ethnicity/Race

Total number of people applying for RP subsidized housing funds: _____

3. Household Income

(Include all adult income in the household and attach proof)

Earned income:	
Unemployment benefits:	
Benefits for veterans:	
CalWORKs:	
Child Support:	
SSDI:	
General Assistance:	
CalFresh:	
SSI:	
Social security:	
Asset Income:	
Medi-Cal (<input type="checkbox"/> Yes <input type="checkbox"/> No)	
Section 8 (<input type="checkbox"/> Yes <input type="checkbox"/> No)	

Total monthly income: _____

Are you planning to increase your revenue? Yes No

If you answered "yes," write a 3-step plan for how you'll achieve this:

Step 1:	
Step 2:	
Step 3:	

4. Housing and Subsidies Information

<input type="checkbox"/> Room for rent	<input type="checkbox"/> Apartment	<input type="checkbox"/> House
<input type="checkbox"/> Deposit	<input type="checkbox"/> Deposit and first month's rent	
<input type="checkbox"/> Deposit, first month and continuous subsidy	<input type="checkbox"/> Ongoing rental subsidy/ <input type="checkbox"/> Other expenses (attach documentation)	

5. Subsidy History

Have you received subsidized housing from other sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you enrolled in the RP Housing Program before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your application approved or denied?	<input type="checkbox"/> Approved <input type="checkbox"/> Denied When? _____

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Duration of the subsidy:	Did you complete the Program? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any evictions on your record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anything you're concerned about in your rental history?	

6. General Information

Are you willing to receive case management from the Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to follow your case plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require special disability accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> Do not specify: _____
Other relevant information:	



Client's Affirmation *(To be completed by the Client)*

I hereby affirm that the information provided is true and complete, to the best of my knowledge. I understand that any misrepresentation or omission may be grounds for cancellation of my application for housing assistance.

I understand that the housing assistance offered by the RP Housing Program is **temporary**. If approved, the commitment will be detailed in the Program agreement, and any subsequent extensions will depend on my needs, Progress in the Program, and the availability of funds.

I further understand that the RP Housing Program may need to contact individuals and/or agencies to verify the information Provided. My signature below serves as **time-limited consent** to share this information with any individual and/or agency within the RP Housing Program, solely for eligibility determination and case management purposes. I understand that Providing false information may result in my disqualification from the Program.

This form has been completed and read by me, or for me, before signing. This consent is subject to revocation by me at any time; if it is not revoked, it will automatically expire at the time of my departure from the Program.

NOTE: All information must be complete and accurate to be considered. This is not a grandfathered Program. Submitting this application **does not guarantee** that you will receive housing assistance of any kind.

Client Name: _____

Client's signature: _____ **Date:** _____



Customer Grievance and Appeal Policy and Procedure

If you have a complaint about the performance of Restorative Pathways staff and/or feel that you have been treated unfairly, please follow the steps below to file your complaint and ensure that it is heard:

1. Talk privately with the person you are having a problem with. We encourage you to try to resolve the conflict openly and informally first.
2. If you are not comfortable talking to the person involved or if after speaking you are not satisfied with the outcome, you may schedule an appointment to speak with or submit a written complaint (may be in your preferred language), to the Director of Housing and/or Chief of Programs.

If you have a valid reason for filing your complaint in an alternative format, such as audio recording, you can do it that way as well. The Program Director of Chief of Programs will meet with you or provide you with a written response within ten (10) business days of the meeting or receipt of your written complaint.

Privacy and Confidentiality

Restorative Pathways will protect the client's identity at all times. No information about you or your rental subsidy will be disclosed without your consent, unless required by law (for example, as part of a criminal prosecution).

Appeals and Review of Decisions

If you disagree with a decision made by Restorative Pathways regarding your initial Housing Program application or an investigation related to non-disclosure or fraud, you should first speak with your case manager.

If after this conversation you still feel that the decision was wrong, you can request a formal review. You will be Provided with a paper appeal form, which you must complete and return to the Housing Program Manager within seven (7) days of notification of the unfavorable decision.

I certify that the information contained herein was satisfactorily explained to me in my Preferred language, and that I was Provided with a copy of this form.

Client's Name: _____

Client's Signature: _____ Date: _____



RP Housing Program Participation Agreement

Notice to Applicant:

The RP Housing Program is a Program administered by Restorative Pathways, designed to Provide one or more of the following supports: deposit assistance, housing assistance, and case management/housing stabilization services, to individuals who have experienced human trafficking or domestic violence.

Please read this agreement carefully, initial each appropriate section, and sign the form. If you have questions, please discuss them with your assigned case manager.

Date: _____

Name of head of household: _____

Read and initial each of the following:

1. ___ I understand that receiving housing services through the RP Housing Program is contingent on me agreeing to and complying with the requirements outlined in this form.
2. ___ I understand that the RP Housing Program may provide me with some or all of the following services:
 - (a) Assistance in finding, obtaining and maintaining housing.
 - (b) Financial assistance to support obtaining or retaining housing, which may include rent, deposits, partial rent payments and/or other financial support.
 - (c) Other related services, such as help obtaining identification, completing housing applications, searching for Properties, negotiating with landlords, among others.
3. ___ I understand that financial assistance is not guaranteed or Promised, and I agree to the following:
 - (a) I am expected to pay my share of the rent monthly, according to the subsidy schedule.
 - (b) You are expected to pay the full amount of the rent once the subsidy ends.
4. ___ I agree to:
 - Provide accurate and honest information to my case manager and program staff.
 - Submit all documentation related to my housing, such as proof of income, credit history, background checks, applications for employment or benefits, etc.

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- Submit proof of income every 6 months or when requested (pay stubs, bank statements, etc.).
 - Immediately report any changes that may affect my housing situation.
 - Collaborate with my case manager to create a realistic and achievable exit plan.
 - Pay my rent on time each month and report any difficulties in this right away.
5. ____ I am offered and encouraged to participate in the following:
- a) Customized housing plans with reviewable goals with my case manager.
 - b) Home visits during my participation in the Program.
6. ____ I understand that neither Restorative Pathways nor any other party to the RP Housing Program is responsible for the payment of my rent or lease.
7. ____ I understand that I may be disenrolled from the Program if:
- I fail to pay my portion of the rent on time.
 - I allow unauthorized persons, not included in the contract, to live with me or to stay longer than allowed.
 - I do not respond repeatedly to communications from Program staff.
 - I leave my home without warning.

Applicant's Affirmation

By signing below, I, _____, consent to participate in the Restorative Pathways Housing Program. I acknowledge the information presented in this form and agree to the above terms.

I further understand that my signature represents time-limited consent for eligibility determination and case management purposes only. This consent may be revoked at any time and, if not revoked before, will end at the time of my departure from the program. My initials and signature represent my understanding of and agreement to these conditions. I have had the opportunity to speak with a staff member to clarify any questions or concerns related to this information.

Signature of Head of Household: _____ **Date:** _____

Signature of Staff: _____ **Date:** _____



Authorization for Delivery or Request for Information Between Service Team Members

I, _____ (name), understand that Restorative Pathways collaborates with various agencies to provide comprehensive support to the people we serve. I acknowledge that it may be helpful for Restorative Pathways staff to share certain confidential information with partners and collaborating agencies to coordinate the services I and/or my children receive.

I have reviewed the services available through Restorative Pathways and its partners and have decided to access the services listed below. I understand that I can change my mind at any time. I authorize Restorative Pathways to obtain information, send confidential files, and/or have general conversations related to my treatment or services with the service team members listed below.

This authorization is valid for one (1) year from the date of signing, or until I revoke the written consent, except when the information has already been disclosed.

Services Team Members

Name	Agency/Relationship	Referral Date	Client Initials

___ I understand that information shared with Restorative Pathways will be kept confidential between Restorative Pathways staff and its partner agencies, to the extent permitted by law, unless I provide other consent.

___ I understand that this information may be shared via telephone, fax, email, or postal mail.

___ I authorize that my **non-identifiable** information (without names or other personal information) may be used for research, education, and to compile statistics intended to inform funders.

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I have read this agreement, or someone has read it for me, and I confirm that I understand its contents. I have had the opportunity to ask questions and have received satisfactory answers. I sign this document fully informed of my rights regarding the confidentiality of my information.

- I consent to the release of my information to Restorative Pathways and the above partner agencies.
- I do not consent to the release of my information to Restorative Pathways or its specific partner agencies.

Client's signature: _____ Date: _____

Signature of RP Representative: _____ Date: _____

FAMILY BUDGET FORM

Participant's Name: _____ Date: _____

Family Size: _____ # of Adults: _____ # of Children: _____

1. MONTHLY EXPENSES - FIXED	
A. Rent / Mortgage	
B. Utilities	-----
Electric/Gas	
Telephone	
Water	
Garbage	
C. Insurance	
D. Alimony / Child Support	
E. Child Care	
F. Automotive Expenses	
G. Other Fixed Payments	
FIXED EXPENSES TOTAL:	

2. MONTHLY EXPENSES - FLEXIBLE	
A. Food	200
B. Transportation	
C. Medical	
D. Laundry	
E. Clothing	
F. Entertainment	
G. Other	
H. Other	
FLEXIBLE EXPENSES TOTAL:	

3. TOTAL FIXED + FLEXIBLE EXPENSES	
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4. MONTHLY INCOME	
A. Wages - Participant	
B. Wages - Spouse	
C. Wages - Children	
D. TANF	
E. Unemployment Insur	
F. Food Stamps	
G. Alimony / Child Sup	
H. Other	
FAMILY INCOME TOTAL	

5. CALCULATED FAMILY INCOME NEEDS	
A. Total from Box #3 =	\$ /mo
B. X 12 months =	\$ /yr
C. Divided by 52 weeks =	\$ /wk
D. Divided by 40 hours =	\$ /hr
This is the calculated minimum family earnings needed to meet the identified family expenses.	

6. PARTICIPANT INCOME NEEDS	
This section calculates income, on a weekly and per hour basis, that the participant will need in order to meet or exceed the family expenses.	
Total from Box 5, Line B	\$ /yr
Minus Annual Income of FAMILY MEMBERS (Do NOT include TANF, UI or Food Stamps)	\$ /yr
= Add'l Income Req'd	\$ /yr
Divided by 52 weeks =	\$ /wk
Divided by 40 hours =	\$ /hr

**INSTRUCTIONS FOR COMPLETING
THE FAMILY BUDGET FORM**

EXPENSES - FIXED & FLEXIBLE

The purpose of sections 1 & 2 is to identify ALL expenses that the client AND all other family members have. The TOTAL of these Expenses - Section 3 - indicates the minimum income needs of the family in order to meet these expenses. The Family Budget Form requires that all expenses be calculated on a monthly basis.

SECTION 1. - FIXED EXPENSES

The Fixed expenses are those items which must be paid "on-time" at a set amount (monthly, quarterly or annually) in order to keep these goods and services, and/or to avoid penalties, re-possession, etc. Rent/Mortgage; Utilities; Alimony/Child Support Payments; Automobile Loans; and Child Care Costs should be self-explanatory line items.

Item C. - Insurance includes: a monthly calculation of costs for Medical, Health, Disability, Life, Dental Home, Property, Renter's, Fire, Earthquake, Automobile/Truck and/or other insurance policy premiums. Annual, semi-annual or quarterly premium payments should be recalculated into a monthly cost. Item G. - Other Fixed Payments include: Personal loans, furniture loans, credit cards, store accounts, or any other payments that the family is required to make on a set schedule at a fixed amount.

SECTION 2. - FLEXIBLE EXPENSES

The Flexible expenses are those which are likely to occur on a daily, weekly or monthly basis - but which no set amount nor fixed schedule for payment is established. Current and recent family experiences with these expenses should be the guiding factor in establishing a monthly expense rate. Include at least the last 6 months of actual expenditures when calculating the flexible expenses. Item A. - Food = All Supermarket Expenses; Item B. - Transportation = Bus/BART fares, parking, gas, bridge tolls and auto repairs; Item C. - Medical = Doctors, Dentists, Optometrists and Medicare.

SECTION 4. - MONTHLY INCOME

Include ALL income to the Family. If an income source is scheduled to terminate within the next 30 days, do NOT include this source in this Income Calculation. For example, if your Unemployment Insurance Benefits are scheduled to expire within the next month, do not include this as planned family income. If TANF payments are expected to be discontinued or reduced in the next 30 days, calculate the family income using the reduced level of payments and/or benefits.

SECTION 5. - FAMILY INCOME NEEDS

This section calculates the income needed by the family in order to meet the expenses as identified in Sections 1 and 2. Since the expenses are on a monthly basis, multiply them by 12 to achieve the annual expenditures; then divide the annual expenditure amount by 52 weeks to obtain the required weekly earnings for the family; then divide the weekly earnings total by 40 hours to calculate the income needed on a per hour basis.

SECTION 6. - CLIENT INCOME NEEDS

If the participant is the sole source of income for the family, then this section will be the same as Section 5. If other family members contribute income, then the client's income needs are to be calculated against the family income needs (Section 5) MINUS the income provided by the other family members. The annualized income is divided by 52 weeks and this weekly income is divided by 40 hours to establish the weekly earning levels and hourly wage required. NOTE: This weekly / per hour income calculation identifies the "take-home" level of income in order to meet the identified expenses. Gross weekly and hourly earnings MUST accommodate such deductions as taxes, fringe benefits, retirement contributions, union dues, etc. as required by the employer. w:\acap\fambudget.xls