



Are you eligible for Homeless Prevention?

Homeless Prevention provides funding for those living in Cumberland County who are at risk of becoming homeless. Homeless Prevention assists those who have housing right now, but who may become homeless soon because they lost income or had another eligible emergency which prevents them from paying rent.

ASSISTANCE MAY INCLUDE:

- Payment of future rent or rent arrears to prevent eviction.
- Security deposits

YOU ARE ELIGIBLE IF:

- You live in Cumberland County
- You are at risk of becoming homeless due to eviction.
- You economically classify it as low-income household. To be eligible, you must have a household income at or below 30% of the area median income guidelines. Our funding at times allows income below 50% area median income.
- Your landlord completes the requirements.
- Rental meets County Fair Market Rate. ([click for FMR guidelines](#)).

Step-by-Step Guide to Homelessness Prevention Services:

1. Download and complete application with required documentation.
2. Call Community CARES 717-249-1009 ext. 2228.
3. CARES determines eligibility.
4. Schedule an appointment with a CARES representative.
5. Contingent upon landlord approval, move in process begins.
6. Property inspection completed prior to rental subsidy payment.
7. Monthly appointments with a CARES case manager/housing stabilization specialist, if applicable.
8. Income recertification every 90 days, if applicable.

Items you will need to provide:

- Valid photo identification & social security numbers for all adults in the household. Must be legal residents.
- Birth certificates & social security cards for all children in the household.
- Proof of all income, including child support, unemployment compensation, and wages are required. Must be 30% below Area Median Income guidelines.
- If receiving Food Stamps, Disability, TANF, SSI, or other cash benefit assistance, a benefit letter will be required.
- Complete budget with all expenses noted.
- Proof of need: Court Ordered Eviction notice or a letter certifying homelessness from a homeless shelter.
- There are other federal requirements that you will be notified of through the case manager.

Income Guidelines

FY 2023 Income Limit Area	Median Family Income Click for More Detail	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Harrisburg- Carlisle, PA MSA	\$102,700	Very Low (50%) Income Limits (\$) Click for More Detail	34,950	39,950	44,950	49,900	53,900	57,900	61,900	65,900
		Extremely Low Income Limits (\$)* Click for More Detail	21,000	24,000	27,000	30,000	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$) Click for More Detail	55,900	63,900	71,900	79,850	86,250	92,650	99,050	105,450

Community CARES Application

(Please read all instructions below)

Thank you for your application to Community CARES, where we strive to help those in need hold on to their housing in times of crisis. Please see directives below for applying and supporting documents to Community CARES.

1. Complete and sign the 'Intake Form' application and budget sheet. (*Please be sure to print legibly)
2. Read and sign the agency consent form.
3. Read and complete the attached intake form and information document(s) for all persons in the household.
4. Provide all documents listed below.
 - ***(Applications will not be assessed until all supporting documentation is submitted)**
 - Written explanation of precipitating crisis/hardship or reason for move
 - Supporting documentation of crisis/hardship (i.e., medical bills, receipts, paystubs verifying loss of income/hours, termination letter etc.)
 - Documentation based on need:
 - Eviction prevention (rental) - include copy of eviction notice with application. or lease with first month's rent or deposit request
 - Utility shut-off (utility) - include copy of disconnect notice with application.
 - Denial or Guarantee letter from the Department of Social Services (DSS)
 - Proof of *all* household income-
 - 4 bi-weekly paystubs or 4 weekly paystubs (current for the last 30 days)
 - SSI/SSD/SSA/VA statement(s)
 - Unemployment benefit letter(s)
 - Child support letter(s)

- SNAP award letter(s)
 - Public Assistance (PA) award letter(s)
 - Notarized letter/Legal Document/Rent Ledger showing rental arrears or amount due for move or to avoid eviction.
 - Bank Statement(s) coinciding with crisis (no more than 3 months unless requested)
 - Section 8/rent share letter
 - Documentation of Monthly Expenses- (Please provide all that are applicable)
 - Utility bills
 - Cable bill
 - Credit card bill (monthly)
 - Car loan (monthly)
 - Car insurance bills (monthly)
 - Cell phone bill
 - Current lease agreement
 - Copy of identification (ID), social security card all in household
 - State-issued ID (preferred document), or one of the following:
 - A United States certificate of birth abroad
 - A United States passport
 - A foreign passport with a United States visa
 - An I-94 form with a photograph.
 - A United States citizenship and immigration services employment authorization document or refugee travel document
 - A United States certificate of naturalization
 - A United States certificate of citizenship
 - A tribal certificate of Indian blood
 - A tribal or bureau of Indian affairs affidavit of birth
5. Once the application is complete and all supporting documents are confirmed, please drop off all documents to 50 West Penn Street Carlisle, PA 17013 or email levans@morethanshelter.org.
6. CARES will confirm receipt of application within one (2) business day and provide a decision or request additional documentation within two (3) business days of application receipt. If approved, funds will be issued no later than five (5) business days from approval, provided all payment information is received and confirmed. Some funds will take longer if a house inspection is required. For any questions or concerns, please contact us at 717-249-1009 x2228

Document Checklist

****Please verify you have all the applicable documents outlined below completed and attached to the application for submission.**

- Complete and signed 'Interagency Intake Form' application and budget sheet.
- Consent to Release Information form
- Completed HMIS Consent Form and Information Document(s) for all persons in the household.
- Written explanation of precipitating crisis/hardship or reason for move
- Supporting documentation of crisis/hardship (i.e. medical bills, receipts, paystubs verifying loss of income/hours, termination letter etc.)
- Denial or Guarantee letter from the Department of Social Services (DSS)
- Proof of *all* household income-
 - 4 bi-weekly paystubs or 8 weekly paystubs (current for past 30 days)
 - SSI/SSD/SSA/VA statement(s)
 - SNAP award letter(s)
 - Unemployment benefit letter(s)
 - Child support letter(s)
 - Public Assistance (PA) award letter(s)
- Notarized letter/Legal Document/Rent Ledger showing rental arrears or amount due for move.
- Bank Statement(s) coinciding with crisis including savings (no more than 3 months unless requested)
- Section 8/DSS rent share letter.
- Documentation of Monthly Expenses- (Please provide all that are applicable)
 - Utility bills
 - Cable bill
 - Credit card bill (monthly)
 - Car loan (monthly)
 - Car insurance bills (monthly)
 - Cell phone bill
- A current signed lease agreement.
- Copy of identification (ID), social security card **and** birth certificates of all family members.

Consent to Release of Information

Please read, understand, and consent to all areas, as directed.

Applicant Name: _____

DOB: _____

SSN: _____

Address: _____

I, hereby authorize Community CARES to inquire, request, obtain and release the following information, as it pertains to my application for financial assistance: (please initial all)

_____ Application and all supporting documentation

_____ All forms of identification

_____ Landlord Information

_____ Court documentation

_____ Documentation of household bills/expenses

I give Community CARES permission to release this information to following, as deemed necessary for my application for financial assistance and/or the ongoing monitoring of my housing status in the future: (please initial all)

_____ Partnering agencies [including but not limited to] for the purpose of resolving my crisis and/or meeting my need(s).

_____ Current/perspective landlord/management Company in order to obtain a current rent ledger of arrears and/or tenancy and for the ongoing monitoring of my tenancy for two years post assistance.

_____ Referral sources American Red Cross, The Rase Project C.A.R.E.S, James Wilson Safe Harbor Career, Link Landlords (Current and Prior), Center for Independent Living, Legal Guardians Central PA Family Support Local & State Legislative Offices, All Drug/Alcohol Treatment Hospitals/Clinics, Local & State Police Department,s Community Action Commission, Maranatha, Public Assistance Office, MidPenn Legal Services, Children & Youth Services, New Hope Ministries Cumb. Cty., Homeless Assist., New Visions Cumb. Cty., MH/IDD Office of Inspector General Cumb. Cty., Ofc of Aging/Comm Svc, Employment Skills Center Probation & Parole Project, Share All School Districts, Salvation Army, Cumberland Link, Samaritan Fellowship, Cumb./Perry Assoc. of Retarded Citizens (CPARC), Social Security Administration, Merakey, Todd Baird Lindsey Foundation, Central PA Family Support Services Cumberland Cares for Families, United Cerebral Palsy of the Capital Area, YMCA/YWCA, Domestic Relations, All Public Housing Authorities, All Behavioral Health, Hospitals/Clinics, Hope Station, Roxbury, All Employers] including but not limited to public benefits, mental health, employment/vocation center(s)] in order to adequately complete the referral process for additional support and/or services

I acknowledge that:

_____ This consent is valid for 24 months after rendered service for monitoring purposes.

[Service date (check date)____/____/____] **(*Leave blank until the check is disbursed)**

_____ All information provided for the consideration of my case for financial assistance is true and accurate at the time of my application.

_____ I have the right to withdraw this consent form at any time, however, recognize that it may impede my ability to receive financial assistance.

(Applicant Signature)

(Date)

(Witness)

(Date)

Community CARES Prevention Application

Telephone: (717) 249-1009 Fax: (717) 243-5103

Today's Date: _____ Date of Birth _____ Social Security Number: _____

Name: _____

Current

Address: _____
Street Address Apt # City/Town Zip Code

Cell Phone _____ Home: _____ Business _____

Email Address _____

Ethnicity (please circle): Caucasian / African American / Hispanic / Asian / American Indian / Other _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Other _____

Spouse/Roommate's Name _____ Social Security Number _____

D.O.B. _____

Number of Children in the Household: _____ Ages and Sex of each child: _____

(Ex. F 5, M 14) _____

Number of total people living in household: _____

Total Gross Family/Household Income:

Under _____ \$10,000 _____ \$10,000-\$15,000 _____ \$15,000-\$20,000 _____ \$20,000-\$30,000 _____ Over \$30,000

Employer _____ Job Title _____ How long there _____

Spouse/ Roommate Employer _____ Job Title _____

What assistance are you applying for? _____

Housing Information:

Size of Unit: _____ Number of Rooms _____ Monthly Rent/Mortgage: \$ _____ Heat Inc?: _____

Section 8 tenant share \$ _____

_____ 1 Bedroom

Number of Months Owed: _____

_____ 2 Bedrooms

Total Arrears Owed: \$ _____

_____ 3 Bedrooms

Amount You Can Pay: \$ _____

_____ Other

Assistance Requested: \$ _____

How long have you resided there: _____ Amount of Assistance from other sources: \$ _____

(Family /Friends)

Do you have a lease? Yes _____ No _____ (Please include a copy)

Have you received or applied for rental assistance from any agencies in the past 12 months? _____

If "yes" from which agency/agencies _____

Please write a brief explanation of why you are requesting assistance (attach additional paper):

Current Landlord's/Mortgage Company Name _____ Telephone _____

Monthly payment is made out to _____

Address _____
Street Apt# City Zip

Landlord's Attorney: Name _____ Telephone: _____

Have you received a Legal Notice or Demand Letter? _____ Date Received _____ (please include a copy)

Do you have 72-hour notice? _____ (Please include a copy)

Do you have a Court Date, or have you already been to Court? _____ (Y/N and Date)

Is this your first time in arrears? _____ If "no" how many times before and when? _____

Do you owe utilities? Electric/Gas amount owed: \$ _____ Home Heating Oil \$ _____
Telephone amount owed: \$ _____

Do you receive a subsidy (such as Section 8, DSS) _____ (Y/N) By what agency? _____

Agency contact person & telephone number: _____
(Must provide share letter)

How will you continue to pay your rent and/or balance if you are assisted with one month's rental arrears or the first month's rent for a new apartment?

For First Months Rental Assistance Only:

Address of the new apartment _____
Street address Apt # City/Town Zip
Landlord's Name _____ Telephone# _____

FOR AGENCY USE ONLY

Other agencies contacted for assistance: PLEASE NOTE: A DSS DENIAL LETTER IS REQUIRED

Name of agency:	Amount of assistance requested:	Response (Y/N):
	\$ _____	_____
	\$ _____	_____

** Your signature will allow this information and any supporting documents to be released to other agencies on your behalf. Your signature also verifies that all information provided is factual and true.

(Signature of Applicant)

(Signature of referring Caseworker)

(Name of Agency accepting application)

(Signature of accepting Caseworker)

MONTHLY BUDGET

HOUSEHOLD INCOME:

	<u>SELF</u>	<u>OTHER</u>
<u>Gross Income:</u>	\$ _____	\$ _____
(Weekly _____ x8)	(monthly)	
(Bi-Weekly _____ x4)		
**Net Income (including tips):		

Take home amount \$ _____	\$ _____	\$ _____
(circle one) weekly or bi-weekly	(monthly)	

Sources of Income:

Pension	\$ _____	\$ _____
Annuity/401/403B	\$ _____	\$ _____
SSI/ SSD/ SSA	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Public Assistance/TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Child	\$ _____	\$ _____
Support Alimony/ Palimony	\$ _____	\$ _____
Other (Please Specify)	\$ _____	\$ _____

MONTHLY EXPENSES:

Housing:

Rent	\$ _____
Maintenance	\$ _____
Utilities (avg. monthly bill)	\$ _____
Cable/ Internet/ Phone (avg. bill)	\$ _____

Personal:

Toiletries	\$ _____
Cell Phone	\$ _____
Groceries	\$ _____

Laundry / Dry Cleaning

Laundry / Dry Cleaning	\$ _____
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Transportation:

Fuel/ Gas	\$ _____
Transportation (bus/train)	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____

Debt:

Credit Cards Payment(s)	\$ _____
Loans to Family/ Friends	\$ _____

Other Expenses:

Child Support (you paid)	\$ _____
Child Care	\$ _____
Medical Expenses	\$ _____
Entertainment	\$ _____
Other Expenses (Please List)	
_____	\$ _____
_____	\$ _____

Total Households **Monthly** Gross Income \$ _____
 Gross Income- Expenses \$ _____

Total **Monthly** Expenses \$ _____

** not used in any calculations

