



## Catholic Charities LT Rental Subsidy Application/Aging Support Services (DAS)

<p style="font-size: 1.2em; margin: 0;">Catholic Charities SF</p> <p style="font-size: 1.2em; margin: 0;">Long Term Rental Subsidy</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;"><u>APPLICATION FORM</u></p>	<b>FOR OFFICIAL USE ONLY</b>
	Date Opened: _____
	Date Approved: _____
	Subsidy Effective Start date: _____
Application for:	
<input type="checkbox"/> LT Subsidy	

### Applicants Check List and Requirements:

- *Proof of Income, and assets (e.g. Bank statements, SSA/SSI letters, income statements)*
- *California ID or Driver's License or Passport*
- *IRS Form- W9 from Landlord*
- *Lease agreement with landlord*
- *Income and expense form*
- *Provide proof of residency (e.g. utility bills, phone bills, benefit letters)*
- *Medical or Disability Letter for individual 59 Y/O and younger*
- *Documentation of current rent amount and rent ledger*

<b>For Official use Only</b>	
<u>Applicant Current</u>	
<input type="checkbox"/> Monthly income:	
<input type="checkbox"/> Annual income:	
Current Rent:	
Approval subsidy amount:	

**\*\*Important Note:** All applications will be received on a first-come, first-served basis, and handled on a case-by-case basis. An official home visit and in-person interviews are required for all applicants. Only after your official home visit has been completed will we follow up with a decision regarding your eligibility for the program and being placed on the waitlist. The home visit allows the case manager to confirm housing situation, review documentations, and provide support.



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Application Type:  Initial  Annual Re-assessment  Home Certification

Referral Source/Agency Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Assessment Completed by: \_\_\_\_\_ Application Date: \_\_\_\_\_

APPLICANT/CONSUMER IDENTIFICATION

Applicant/Client ID: \_\_\_\_\_  Age 60 +  18-59 years with a disability  HIV/AIDS

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle/Initial: \_\_\_\_\_

AKA Last Name: \_\_\_\_\_ AKA First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Current Housing Status

How much is your current rent? \_\_\_\_\_

Address Type:  Apartment/Condo/House  Homeless  Hotel/SRO  Other: \_\_\_\_\_

Address: \_\_\_\_\_ Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home  Cell  Work  Other  No Phone

Secondary Phone \_\_\_\_\_  Home  Cell  Work  Other  No Phone

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

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Are you or anyone in your home currently receiving housing subsidy(s): (Please Explain)

Name of Agency/Program:

Type of Subsidy receiving:

Date subsidy is due to end:

INCOME INFORMATION

FPL (Refer to Poverty Guidelines)

- ☐ Above 100%FPL ☐ At or below 100% FPL ☐ At or below 200% ☐ At or below 300% FPL

What amount are you requesting? (Please explain the need)

Maximum Income by Household Size – San Francisco (Refer to AMI - Unadjusted Area Median Income for - HUD Fair Market Rent Area (HMFA) – Income at or below 40% = per one income- \$35,850 or below.

- ☐ 20% ☐ 25% ☐ 30% ☐ 35% ☐ 40% ☐ Other % \_\_\_\_\_

Income & Asset Source: (Please complete the Income & Expense Sheet and add to Application)

Monthly Income

- ☐ SSA \_\_\_\_\_ ☐ SSI \_\_\_\_\_ ☐ VA A&A \_\_\_\_\_ ☐ Pension \_\_\_\_\_ ☐ Other \_\_\_\_\_

- ☐ Employment Salary \_\_\_\_\_ ☐ Total Monthly Income: \_\_\_\_\_

- ☐ Total Financial Assets: \_\_\_\_\_

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Total Expenses \_\_\_\_\_

Income available after monthly Expenses \_\_\_\_\_

**Does the client have any legal issues we should be aware of?**

**Explain:**

## Household Size (Please check)

1 Person  2 Person  3 Person  4 Person  5 Person  6 Person  7 Person  8 Person

Other: \_\_\_\_\_

## Housing Composition and Characteristics

### Household

#### (1) Head of Household

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M/O: \_\_\_\_\_

DOB: 

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*Circle One* Female Male SS# 

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Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: \_\_\_\_\_

#### [2] Other Adult Receiving Services (Spouse, partner, adult child, or Caregiver etc.)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M/O: \_\_\_\_\_

DOB: 

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*Circle One* Female Male SS# 

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Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: \_\_\_\_\_

#### [3] Other Adult Receiving Services (Spouse, partner, adult child, or Caregiver etc.)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M/O: \_\_\_\_\_

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DOB:    *Circle One* Female Male

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home# Work# Cell#

Current Landlord: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home# Work# Cell#

**Residence Type:**

Hotel/SRO  Supported Senior Housing  Public Housing  Other: \_\_\_\_\_

Apartment/Condo:  Rental  Share  Own  Other Monthly Payment: \_\_\_\_\_

House:  Rental  Share  Own  Other  Rented Room  Homeless  Couch Surfer  On the Street

With friends/family  In a shelter  Unknown  Other: \_\_\_\_\_

How long has the client been homeless?  <6 mos.  6 mos-1yr  1-2yr  >2yrs

Reason(s) client is homeless?  Health issues  job Layoff  Eviction  Unknown  Other: \_\_\_\_\_

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**Physical Environment**

Emergency Contacts Name:

\_\_\_\_\_

Last Name

First Name

Middle Name/Initial

Relationship: \_\_\_\_\_

Personal  Emergency  Medical  Other

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Home  Cell  Work  Other  No Phone

Secondary Phone \_\_\_\_\_

Home  Cell  Work  Other  No Phone

**Access needed to enter the client's residence:**

Need keys for...  Gate  Apt Door  Building  Key Card  Door Entry Code \_\_\_\_\_

Need to take elevator? \_\_\_\_\_ What Floor? \_\_\_\_\_ Need to take stairs? \_\_\_\_\_

How many flights? \_\_\_\_\_ Identified Entry concerns: \_\_\_\_\_

Identified Animal/other concerns: \_\_\_\_\_

**Conditions and or problems with client's residence:**

None  Cluttered  Vermin  Unsafe Apt  Unsafe Building  Garbage

Other (Explain): \_\_\_\_\_

**Clients have access to appliance(s):**

Standard Refrigerator  Standard Freezer  Oven/Toaster  Stove  Small Refrigerator  Small Freezer

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

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

Last Name

First Name

Middle Name/Initial

Relationship: \_\_\_\_\_

Personal  Emergency  Medical  Other

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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Home  Cell  Work  Other  No Phone

Secondary Phone \_\_\_\_\_  Home  Cell  Work  Other  No Phone

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

## CONSUMER DEMOGRAPHICS

**Gender:**  Male  Female  Trans Male  Trans Female  Gender Queer/Gender Non-Binary  
 Not listed; please specify  Declined/Not stated  Question not asked

**Sex at Birth:**  Male  Female  Declined/Not stated  Question Not Asked

**Sexual Orientation/Sex Identity:**  Gay/Lesbian/same Gender Loving  Straight/Heterosexual  Bisexual  
 Questioning/Unsure  Not Listed, please specify  Declined to answer  Question not asked  
 Incomplete/Missing Data

**IF <60 Reason for Service:**  N/A (Client age 60+)  Disabled  Lives in Elder housing (Disabled)  Lives with Client   
Meal site staff  Meal Volunteer  Other  Spouse

## RACE

African/African American: (Specify) \_\_\_\_\_

Asian/Asian American: (Specify) \_\_\_\_\_

European/European American: (Specify) \_\_\_\_\_

Hispanic/Latino American: (Specify) \_\_\_\_\_

Indian/Eskimo: (Specify) \_\_\_\_\_

Multiple Race: (Specify) \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

White/Non-Hispanic: (Specify) \_\_\_\_\_

Decline to State: (Specify) \_\_\_\_\_

**Ethnicity:**  Hispanic or Latino  Non-Hispanic or Latino  Declined to state

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Primary Language: \_\_\_\_\_ Secondary: \_\_\_\_\_

English Fluency: Fluent Limited Needs Translation Literacy: English Main Language Both illiterate

Relationship Status: \_\_\_\_\_ Veteran Status: \_\_\_\_\_

District: \_\_\_\_\_ Lives with: \_\_\_\_\_

Functionally Impaired: (Specify) Yes No Unknown

Risk Assessment

Check all that apply:

- Homelessness  Eviction Process  Hospitalization  Unstable/unsafe Housing situation
- Difficulty managing household expenses  Needs linkage/assistance managing current services
- Risk of abuse  Case Management Referral  Other: \_\_\_\_\_

Notes:

\*\* Problems related to client’s living arrangement:

\* Problems/concerns related to the residence or living arrangement with others:

Home Safety Certification Checklist (Refer to the Home Safety Document):

Date Completed: \_\_\_\_\_

- **Completed Certification:**  No Safety concerns were identified
- **Pending Status:**  Some Safety concerns were identified and resolved

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• **In-Complete Certification:**  Safety Concerns identified (Refer to Home Safety Document for more information)

Community Service Needs:

**\*\* Aging Disability Resource Services (ADRC): Should client be referred:**  Yes  No  
 Referred to: \_\_\_\_\_

**\*\* Is client working with a social worker/case manager?**  Yes  No  
 If yes, please provide name and contact: \_\_\_\_\_

**\*\* Is client in need of Case Management Services: (Refer to DAS-CM Intake)**  Yes  No  
 Date Referred: \_\_\_\_\_

Brief explanation of CM needs:

Is client in immediate danger at the time of the assessment?

Should an APS Report be made? (Explain)

Legal Information:

Does the client have a conservator?

Name \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ ext. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the client have a rep payee or money manager?

Name \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ ext. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the client have a healthcare power of attorney?

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Name \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ ext. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Does the client have a burial plot?

Name \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ ext. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Intake Notes:

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## Income & Expense Sheet

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill in all areas that apply:

### Income Sources:

SSA: \_\_\_\_\_ SSI/SSDI: \_\_\_\_\_

GA: \_\_\_\_\_ Veterans A&A: \_\_\_\_\_

Pension: \_\_\_\_\_ Investments: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Other: (add. property, trust, settlement, etc.): \_\_\_\_\_

### Expenses:

Rent/Mortgage: \_\_\_\_\_ PGE: \_\_\_\_\_

Utilities: (garbage, water, etc.) \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Internet: \_\_\_\_\_ Cable: \_\_\_\_\_

Food: (grocery) \_\_\_\_\_ Restaurant: \_\_\_\_\_

Transportation (auto, public, Para Transit): \_\_\_\_\_

Health/Insurance: (Medicare/Medical/Dental): \_\_\_\_\_

Share of cost: \_\_\_\_\_ Medication: \_\_\_\_\_

Insurance (auto/home/life/other): \_\_\_\_\_

Credit Cards: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Loans: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Clothing/home/monthly dues, etc.: \_\_\_\_\_

Other not indicated above: \_\_\_\_\_

Total Monthly Income \$: \_\_\_\_\_ Total Monthly Expenses \$: \_\_\_\_\_



# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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or								
Employer identification number								
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

