

HAMBURG COMMUNITY DEVELOPMENT

6100 South Park Avenue * Hamburg * New York * 14075
(716) 648-6216 * www.townofhamburgny.com/community-development

Director: Christopher Hull * Assistant Director: Timothy J. Regan

Hamburg Town Supervisor: Supervisor James M. Shaw

Councilman Thomas Best, Jr. * Councilwoman Elizabeth Farrell * Councilman Michael Mosey * Councilman Michael Petrie



Town of Hamburg Homeless Prevention Program (HPP) Program Year - 2019

1) Applicant's Name(s):

2) Address of Property Rented:

E-Mail Address:

3) Phone #: _____ (Home) _____ (Work) _____ (Cell)

4) Social Security #(s):

_____ We keep this information confidential

_____ We keep this information confidential

5) Name(s) & Age(s) of all persons who reside at the above address:

6) Do you currently reside at this address? Yes [] No []

7) Do you own any property? Address: _____

8) **Employment Record for all persons over 18:**

Applicant(s)

Employer's Name: _____

Employer's Address: _____

Employer's Name: _____

Employer's Address: _____

Employer's Name: _____

Employer's Address: _____

Employer's Name: _____

Employer's Address: _____

9) **What Homeless Prevention Program (HPP) measures are you applying for?**

10) **Gross Annual Income for Household:** \$ _____

See Exhibit "A" for required income documentation (provide copies only).

11) **Total Number of Persons Residing in Household:** _____

Number of children under the age of eighteen (18) _____

12) **Additional/other important information:**

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Homeless Prevention Program (HPP) Authorization Page

"Authorization to Receive and Verify Credit Information"

(I)(We) hereby consent to the sharing among you of any credit information which (I)(we) obtain for the purpose of processing (my)(our) application for the Town of Hamburg Homeless Prevention Program. (I)(We) waive any rights which (I)(we) may have to keep that information confidential so long as it is shared only among you for determining my eligibility to receive any funds through this program. (I)(We) also agree to hold harmless the Town of Hamburg from any claims or damages for use of that information in the manner provided by this waiver. NOTICE TO APPLICANT: By signing this form you consent to lenders sharing credit information about you to process this application.

SIGNATURE(S): _____

DATE: _____

"Authorization to Receive and Verify Employment Information"

(I)(We) hereby consent to the sharing among you of any credit information which (I)(we) obtain for the purpose of processing (my)(our) application for the Town of Hamburg Homeless Prevention Program. (I)(We) waive any rights which (I)(we) may have to keep that information confidential so long as it is shared only among you for determining my eligibility to receive any funds through this program. (I)(We) also agree to hold harmless the Town of Hamburg from any claims or damages for use of that information in the manner provided by this waiver. NOTICE TO APPLICANT: By signing this form you consent to lenders sharing credit information about you to process this application.

SIGNATURE(S): _____

DATE: _____

"Authorization of Inspection"

I/We hereby grant the **Town of Hamburg Department of Community Development** permission to inspect and be on my/our property, if required, which is located at:

for the purpose of evaluating program need and to ensure the safety and viability of the residents. Inspection for items such as: Code Violations, Lead Based Paint, etc. will be completed, if required. I also agree to hold harmless the Town of Hamburg and its employees from any and all claims for damages via the access provided through this program.

SIGNATURE(S): _____

DATE: _____

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Town of Hamburg Homeless Prevention Program (HPP) Certifications

- 1) I hereby certify that I/We am/are the occupant(s) of the rental unit to be included within the Town of Hamburg Homeless Prevention Program. To the best of my knowledge, all of the information provided above is true and accurate. I agree to cooperate with the **Town of Hamburg Department of Community Development** which is administering this program and to comply with their specified rules and procedures.

- 2) The above information is true and accurate to the best of my knowledge. I am aware that Section 1001 of Title 18 of the United States code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. **In addition**, I also certify that all information provided in this program application and all financial information provided to the Town of Hamburg is true and accurate. If upon further review, information that was provided to the Town of Hamburg for program purposes is found to be false, I understand that criminal proceedings will be commenced.

SIGNATURE(S): _____

DATE: _____

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On the _____ day of _____, in the year _____ before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

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Exhibit "A"

Town of Hamburg

Homeless Prevention Program (HPP)

Income Verification & Required Documents (Renters) Copies ONLY

- 1) Copy of Rental Agreement for unit being rented.
- 2) Copy of lot rent lease agreement.
- 3) Copy of eviction notice.
- 3) Copy of homeowner's insurance policy.
- 4) Copy of latest federal and state income tax filings (INCLUDING ALL SCHEDULES AND W-2's).
- 5) Verification of checking and savings accounts, interest and annuities. (Provide last three months statements from your financial institution.
- 6) Verification of employment (four most recent pay stubs for all employed occupants).
- 7) Verification of benefits: (Provide copies of notice of award or benefit)
 - a) Social Security
 - b) Pension
 - c) SSI
 - d) Disability
 - e) Alimony/child support
 - f) Food stamps/HEAP/Etc.
 - g) Veterans
 - h) Unemployment
 - l) Welfare
 - j) Insurance dividends
 - k) Other
- 8) Verification of ALL land owned (Deed or title to property).
- 9) Verification of certificates of deposit (produce all financial documentation).
- 10) Verification of all annuities, insurance income, etc.

Please submit income documentation from the list above that applies to all members of your household.

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Exhibit "B" Homeless Prevention Program (HPP) Data Collection ONLY

For U.S. Department of Housing & Urban Development (HUD) Reporting Use Only (Not for program selection)

Ethnicity: (Select only one)	Hispanic or Latino:	_____
	Not Hispanic or Latino:	_____
Race: (Select one or more)	American Indian or Alaska Native:	_____
	Asian:	_____
	Black or African American:	_____
	Native Hawaiian or Other Pacific Islander:	_____
	White:	_____

Person(s) residing in home and age(s):

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

This information will NOT be used in the selection of program participants. All housing and program selection is available on an Equal Opportunity Basis. The Town of Hamburg heeds all federal and state Fair Housing Laws as well as having its own, more strict, Fair Housing Law. Furthermore, the Town of Hamburg is under contract with Housing Opportunities Made Equal, Inc. (HOME) to further Fair Housing within the town. For more information on Fair Housing, please contact the Town of Hamburg or Housing Opportunities Made Equal, Inc. For a brochure detailing the Town of Hamburg's Fair Housing law, contact 648-6216.

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Form to Obtain/Release Confidential Information - Homeless Prevention Program

I/We, _____ hereby authorize the Town of Hamburg Department of Community Development to **obtain/release** information **from/to** (community manager, landlord, utility company contact(s), employer(s), attorney, etc.) for the purpose of expediting my progress into/through the Homeless Prevention Program (HPP). This information will be utilized for this program only.

Name: _____
(1st Contact)

Name: _____
(2nd Contact)

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Name: _____
(3rd Contact)

Name: _____
(4th Contact)

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

By completing this form, the Town of Hamburg Department of Community Development is authorized to discuss my file/case with the above named person(s). I understand that I waive any and all confidentiality I have with the Town of Hamburg Department of Community Development for this purpose. Furthermore, with my signature, I understand that the Town of Hamburg, the United States Department of Housing and Urban Development, the State of New York nor the County of Erie, its employees/agents are NOT responsible or liable for any breach of confidentiality, liability or damage which might arise from the release of confidential information for the purpose of this program.

Client Signature

Client Signature

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On the ____ day of _____, in the year ____, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

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Town of Hamburg Homeless Prevention Program (HPP) Guidelines/Regulations

{Program History} The Town of Hamburg was left out of inclusion within the Erie County Homeless Option (ECHO) program due to a misinterpretation of the regulations drawn by the program's funding source. However, the Town of Hamburg over the past several years has continued to receive phone calls and inquiries from residents about programs similar to the original ECHO program. However, since the Town of Hamburg was not included within the funding for the ECHO Program, the town's Department of Community Development created a similar program for residents of the Town of Hamburg including the Villages of Blasdell and Hamburg. This program was originally called the HlaPP ("Homeless Impact and Prevention Program"). However, over time the parameters of the program needed to be changed due to the loss of funding. To that end, the program is now known as the **Homeless Prevention Program (HPP)**. This program is funded via the Town of Hamburg "Program Income" funding, which is a non-steady source of funding. The goal of this Homeless Prevention Program * (HPP) is to provide assistance to the following:

* = Due to the funding source for this program, assistance will be provided to persons/families who are most likely to achieve and maintain stable housing once they have been assisted by our program.

I) Class of Assistance:

- A) Low and moderate income persons/families that are at risk of becoming homeless or will otherwise become homeless.
- B) Low and moderate income persons/families who are currently homeless by rapidly re-housing them on a temporary basis until more permanent housing becomes available.
- C) Low and moderate income persons/families who are in most need of temporary assistance.

II) Definitions:

A) Low and moderate income (as of May 1, 2019):

<u>Family Size:</u>	<u>Maximum Income:</u>
1	\$43,050
2	\$49,200
3	\$55,350
4	\$61,500
5	\$66,450
6	\$71,350
7	\$76,300
8 or more	\$81,200

{Income limits are subject to change at any time by HUD.}

B) At - Risk of becoming homeless:

- 1) Household has received notice that they will be evicted within the next two weeks.
- 2) Household has experienced a sudden and significant loss of all income.
- 3) Household has experienced a sudden and significant increase in their utility payments to the point where they can no longer afford them.
- 4) Household has been told that they will be evicted due to health issues.

C) Homeless:

- 1) Living on the street, car, park, sidewalk, or abandoned building.
- 2) Living in an emergency shelter.
- 3) Is being evicted within a week from a private dwelling.
- 4) Is being discharged from an institution without having anywhere to go/reside.
- 5) Is fleeing existing housing due to one of the following reasons:
(Domestic Violence; Physical Abuse; Sexual Abuse; etc.)

III) Specific Measures:

Measures provided to clients/families must be utilized for clients/families that ARE currently homeless or AT RISK of being homeless with no appropriate, subsequent housing options along with lacking the financial resources and support network needed to obtain immediate replacement housing or to remain in their existing housing. Clients/families must be low or moderate income (80% of Erie County Median Income or lower - based upon the criteria designated by HUD, which is subject to change at any time throughout the year) and must currently reside within the Town of Hamburg. All services and assistance to be provided on a temporary basis only. It is the intention of the Town of Hamburg to stabilize an existing household situation so that time and effort can then be directed to the client/family receiving case management assistance, housing search assistance, legal services, advocacy, and, in some cases, financial assistance from the Town of Hamburg, if funding is available in ample supply.

IV) Financial Assistance Uses:

A) Rent Arrears/Short-term Rental Assistance:

A maximum of three (3) months rent can be offered as financial assistance to approved, qualified households/families. In determining financial assistance, it must be clear that the financial assistance to be provided will be sufficient to assist the household/family. Each household/family is eligible to utilize this program once (or once per grant year in extreme or rare cases of need as determined by the Director of Community Development), so as to avoid abuse of the system and to protect program funding. If a household/family is so far delinquent in their rent or mortgage that three (3) months of financial assistance would not be enough to help the overall situation, no funding can be provided from the Town.

B) Utility Arrears:

A maximum of three (3) months of utility payments can be offered as financial assistance to approved, qualified households/families. In determining financial assistance, it must be clear that the financial assistance to be provided will be sufficient to assist the household/family. Each household/family is eligible to utilize this program once, (or once per grant year in extreme or rare cases of need as determined by the Director of Community Development) so as to avoid abuse of the system and to protect program funding. If a household/family is so far delinquent in their utility payments that three months of financial assistance would not be enough to help the overall situation, no funding can be provided from the Town.

C) Extreme Homeless:

If in the combined determination of "Belmont" and the "Town", an extreme, emergency homeless situation is presented by any household/family, a provision of payment to a motel/hotel for a short period of time (one week or less) may be provided to said household/family. The household/family must sign a "Hold Harmless" agreement for both the "Town" and "Belmont" which will state that the "Town" and/or "Belmont" are not responsible or liable for any breach of contract, accident liability, or damage which might arise from the household's/family's utilization of a motel/hotel. Only a combined determination between "Belmont" and the "Town" will determine who is specifically eligible for this assistance. However, only the "Town" can approve financial assistance under this program.

V) Program Regulations:

- A) The Director of Community Development for the Town of Hamburg or his/her designee has the final say/decision in all matters/situations pertaining to this program.

B) The program regulations can be changed at any time throughout the grant year due to reasons of funding or program need. In addition, the entire program may be withdrawn and/or changed by the Town of Hamburg Department of Community Development for reasons of funding or program effect. **This edition is dated as of May 1, 2019.**

C) Receipt and Understanding of Program Guidelines/Regulations:

1) With (my)(our) initials below, I acknowledge that the Homeless Prevention Program Guidelines/Regulations have been given to (me)(us).

2) Furthermore, with (my)(our) signature(s) below, (I)(we) hereby completely understand and agree to abide by this program and its guidelines/regulations, and (I)(we) will comply with the instructions of the Town of Hamburg Department of Community Development in this regard including:

i) (I)(We) hereby authorize the Town of Hamburg Department of Community Development to investigate any and all information provided within this Hometown Housing Program application.

ii) (I)(We) have read and completely understand all information provided within this application/package.

iii) The information provided within is true and accurate to the best of my knowledge. I understand that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

iv) (I)(We) also certify that all financial information accompanying this program application is true and accurate. If upon further review, information that was provided to the Town of Hamburg for program purposes is found to be false, I understand that criminal proceedings will be commenced, (my)(our) application will be withdrawn, and no further application for assistance will be provided from the Department of Community Development.

v) (I)(We) acknowledge the requirement that all applicants for this program must attend "Budget/Credit/Debt counseling" in conjunction with receiving ANY funding through this program. These specific counseling sessions are provided free of charge by the Town of Hamburg Department of Community Development as part of this program. The following agency is under contract with us to provide services in this regard:

Belmont Housing Resources for WNY, Inc.
1195 Main Street, Buffalo, New York 14209
(716) 884 - 7791; extension 131

Tracie Groves; Counselor

tgroves@belmontshelter.org

A certificate of course completion is required of all participants! Your appointment can be held at their offices, our offices, or a place of mutual consent.

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Homeless Prevention Program Receipt and Understanding of Program Guidelines/Regulations Form

This form Along with its completed Signature/Notary page must be returned with your Program Application

*** PLEASE KEEP A COPY FOR YOUR RECORDS AS WELL ***

With (my)(our) initials below, (I)(we) acknowledge that the “Homeless Prevention Program Guidelines/Regulations” have been given to (me)(us) as part of our program application.

I) With (my)(our) signature(s) below, (I)(We) hereby completely understand and agree to abide by this program, and its guidelines/regulations, and (I)(we) will comply with the instructions of the Town of Hamburg Department of Community Development in this regard including:

A) (I)(We) hereby authorize the Town of Hamburg Department of Community Development to investigate any and all information provided within this Hometown Housing Program application.

- 1) (I)(We) have read and completely understand all information provided within this application/package.
- 2) The information provided within is true and accurate to the best of my knowledge. I understand that Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.
- 3) (I)(We) also certify that all financial information accompanying this program application is true and accurate. If upon further review, information that was provided to the Town of Hamburg for program purposes is found to be false, I understand that criminal proceedings will be commenced, and (my)(our) application will be withdrawn, and no further application for assistance will be provided from the Department of Community Development for any program now or in the future.
- 4) (I)(We) acknowledge the requirement that all applicants for this program must attend “Budget/Credit/Debt counseling” prior to being awarded ANY funding through this program. These specific counseling sessions are provided free of charge by the Town of Hamburg Department of Community Development as part of this program.

SIGNATURE / NOTARY PAGE

Applicant Printed Name: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On the ____ day of _____, in the year _____, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

STATE OF NEW YORK)
COUNTY OF ERIE) SS:

On the ____ day of _____, in the year _____, before me, the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public