RAPID RE-HOUSING

Rapid Re-housing involves helping households experiencing homelessness obtain permanent housing by providing temporary financial assistance and services.For more information about eligible services, client populations, and program requirements, please see the DOA website.

# Eligible Activities:

|  |  |
| --- | --- |
| **Housing Payments** | **Housing Services** |
| * Application Fees
* Security Deposits
* Rent Payments
* Utility Payments/Deposits
* Moving Costs
* Arrearages
 | * Housing Search and Placement
* Housing Stability Case Management
* Mediation
* Legal Services
 |

# Part 1: Applicant Information

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Project Name** |  |
|  |  |
| Project Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |
|  |  |
| Local Continuum of Care |  |
| Primary Cities or Counties Served |  |

# Part 2: Rapid Re-Housing Funding Request

Fill out the chart below with the request for funding. Work with other applicants to ensure that your rapid re-housing funding request, when combined with all other funding requests, abides by all minimums and maximums.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **ESG** | **HPP** | **Overall Total** |
| Rapid Re-Housing Housing Payments |  |  |  |
| Rapid Re-Housing Housing Services |  |  |  |
| **Overall Total** |  |  |  |

# Part 3: Project Design

## Description

|  |
| --- |
| **Describe the project for which funding is being requested. Include project details, the need addressed by the project, and the populations to be served.** |
|  |

## Budget and Staffing

Enter information about the project for your agency’s last fiscal year. If you did not have this project in the last year, write N/A.

|  |
| --- |
| **Fiscal Year** |
| Total Re-Housing Project Budget |  |
| Total Homeless Program Budget |  |
| Total Agency Budget |  |

|  |  |
| --- | --- |
| **Staff (# of individuals)** | **Volunteers (# of individuals)** |
| Full-Time |  | Part-Time |  | Volunteers |  |

## Project Design

|  |
| --- |
| **Rental Payments** |
| Select the average duration of rent payment assistance: | [ ]  1 month [ ]  2-6 months [ ]  More than 6 months [ ]  Arrears only |
| Select the type of rental subsidy model the project uses: |
| **Income-Based Subsidy:** household pays a fixed percentage of their income for rent | [ ]  |
| **Flat Subsidy:** subsidy is fixed andbased on a client’s rent or apartment size | [ ]  |
| **Declining Subsidy:** subsidy is income-based or flat and declines in steps based upon a fixed timeline or when the individual has reached specific goals | [ ]  |
| **Complete Subsidy**: subsidy covers full rent payment until the subsidy period ends | [ ]  |
| **Describe the parameters and flexibility of the model chosen.** |
|  |

|  |
| --- |
| **Describe the provision of case management and homeless and mainstream services to clients.**  |
|  |