

HOME ARP FINANCIAL ASSISTANCE PROGRAM



Through a generous grant from the City of Santa Rosa, financial aid will be available to eligible residents of Santa Rosa. Catholic Charities of Northwest California and COTS are partnering to support the most vulnerable households to prevent and end episodes of homelessness through housing counseling, mental health services, and temporary financial assistance.

Eligibility Screening

Applicants can expect to be put on a shared waitlist until an available case manager is assigned. Please have documentation ready to provide for review. Case managers will determine eligibility through a screening process.

Requirements

- Applicants must reside within the City of Santa Rosa limits.
- Proof of hardship (unemployment, etc.)
- Proof of income (wage statements, most current paystubs)
- Have a valid photo ID (State ID, Driver's License, passport, Etc.)
- Additional documentation may be requested to determine eligibility.

For more information please contact the following

- Catholic Charities of Northwest California at (707) 615-8712
- Committee on the Shelterless (COTS) at (707) 765-6530



What is the Financial Stability Program?

Catholic Charities Diocese of Northwest California Financial Stability Program is designed to support participants in their financial, credit and housing goals. Clients are supported and empowered to make informed decisions through education, access to financial tools and navigating relevant resources. Case management will review realistic options to ensure that goals are sustainable and achievable.

The case management process will include:

- An analysis of current financial situation
- Developing a sustainable budget
- A client action plan relevant to client's needs.

Additional services are also available as needed. These additional services include:

- Financial management, Debt reduction and credit counseling,
- Housing search strategies and rent ready support,
- Landlord conflict mediation,
- Navigating Banking,
- Fair housing education,
- Navigating community resources
- Financial aid readiness.

For clients interested in financial aid, please note that Direct financial assistance may or may not be available dependent on funding and individual eligibility. Direct financial assistance, including rental or utility payments, will only be provided to each eligible household once every two years. Clients who meet one or more of the following criteria will be added to a waitlist that will be assigned to cases managers for follow-up.

- Client must reside within the city of Santa Rosa limits.
- Be at Risk of Homelessness.
- Clients who are Homeless (I.E. Living in car but employed). Chronically homeless are welcome to access the Caritas Center at [707.308.4684](tel:707.308.4684) or [707.542.5452](tel:707.542.5452) ([301 6th Street Santa Rosa, CA 94011](https://www.catholiccharitiesnw.org/301-6th-street-santa-rosa-ca-94011))
- Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking.
- Must be at Greatest Risk of Housing Instability.

Once clients are assigned to a case manager, the following documents will be required.

- Have documentation of Financial Need (Notice to Pay or Quit, Notice of Eviction)
- 3 months of bank statements
- 3 months of paystubs.
- Have documentation of Income to sustain ongoing rent.
- Self-employed, please provide 2 years of recent tax filings.
- Fix income (SSI), please provide the most recent award letter.
- Government issued identification card.

Please keep in mind The process is different for each client based on their situation. A case manager works with the client to focus on key areas to ensure long-term success. On average, the process can take three (3) or more weeks.



Catholic Charities New Client Registration Form

Intake Date: ____/____/____

Client Information			
*First Name _____		Middle Name _____	
		*Last Names _____	
Also Known As _____		*DOB ____/____/____ MM DD YYYY	
Street Address: _____		Apt #: _____	Zip Code: _____
<input type="checkbox"/> Homeless			
Mailing Address: _____		Zip Code: _____	<input type="checkbox"/> Same as Above
*Primary Phone: (____)-____-____		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Can we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail: _____		What is the best way for us to contact you? <input type="checkbox"/> Call <input type="checkbox"/> E-mail <input type="checkbox"/> Text	
*What language would you like to receive services in (Select One)? <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Other _____			
*Are there any additional languages you are comfortable receiving services in? _____			
*Race and Ethnicity (Select as many as apply)		*Gender (Select as many as apply)	
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American or African <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> My race/ethnicity is not represented		<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Culturally Specific Identify (e.g., Two-Spirit) <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Questioning <input type="checkbox"/> Different Identify: _____ <input type="checkbox"/> Prefer not to answer	
		*Employment Status (Select as many as apply)	
		<input type="checkbox"/> Employed – <i>Circle One</i> Full Time Part Time Seasonal <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Prefer not to answer	
*Are you a U.S. Veteran?		How did you hear about our services? (Select as many as apply)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Friend or Family <input type="checkbox"/> Social Media <input type="checkbox"/> Event <input type="checkbox"/> Church/Faith Community <input type="checkbox"/> Website <input type="checkbox"/> Catholic Charities Staff <input type="checkbox"/> Flyer <input type="checkbox"/> Referral from another agency: _____ <input type="checkbox"/> Other: _____	
Household Information (Household members are individuals with whom you live and share financial resources. Do not include roommates unless you share your financial resources with them.)			
How many members are in your household including yourself? _____			
*Total Gross Annual Income for Household (Before Taxes, include all sources of income): \$ _____			

Please Flip to Next Page to Finish Form

Program Intake

*Please mark all the services you are interested in receiving:

<input type="checkbox"/> Food and/or Nutrition Education	<input type="checkbox"/> Benefit Enrollment (CalFresh or MediCal)	<input type="checkbox"/> Financial Counseling (Banking, Budgeting, Credit)	<input type="checkbox"/> Rental Counseling/Support
<input type="checkbox"/> Homeless Services and/or Shelter	<input type="checkbox"/> Disaster Preparedness and Recovery	<input type="checkbox"/> Senior Services (Transportation, Daily Calls)	<input type="checkbox"/> Citizenship Classes
<input type="checkbox"/> Immigration Legal Services	<input type="checkbox"/> Other (please specify):		

Is there anything else you would like to share with us today?

Thank you! We look forward to working with you!

For Office Use Only

AMI%: ☐ 0-30% ☐ 31-50% ☐ 51-80% ☐ 81-100% ☐ 100%+

Does client need translation and/or interpretation services? ☐ Yes ☐ No

☐ Agency Contract Received (Required)

☐ DataLink or HMIS Entry Complete (Required)

☐ Program Referrals Complete (as needed)

☐ Reasonable Accommodation Request (as needed)

☐ Language Access Unmet Need (as needed)

Staff Name: _____ Date: _____



Housing Assistance Application

Instructions: Please complete form by checking all that apply.

Full name: _____

Date: _____

How many members in your household?

☐ 1(Single)

☐ 2-4

☐ 5+

Are there children in your household?

☐ Yes

☐ No

Why type of assistance do you need?

☐ Back rent

☐ Future rent

☐ Security Deposit

☐ Utilities

☐ Other: _____

3rd Party

Is your landlord willing to work with Catholic Charities/COTS to pay rent on your behalf if determined eligible for financial assistance?

☐ Yes

☐ No

Back Rent

Are you on the lease?

☐ Yes

☐ No

How much is owed?

Enter Amount: \$ _____

Future Rent

Do you need support to pay future rent?

☐ Yes

☐ No

If yes, please explain:



Housing Assistance Application

Security Deposit	
Have you secured housing?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Utilities	
Are your utilities under your name?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
How much is owed?	Enter Amount: \$ _____

Income	
Do you have an income?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Check all that apply.	
<input type="checkbox"/> Employment	Amount: \$
<input type="checkbox"/> SSI	Amount: \$
<input type="checkbox"/> SSD	Amount: \$
<input type="checkbox"/> SDI	Amount: \$
<input type="checkbox"/> TANF	Amount: \$
<input type="checkbox"/> General Assistance	Amount: \$
<input type="checkbox"/> Unemployment	Amount: \$
<input type="checkbox"/> Workers' comp	Amount: \$
<input type="checkbox"/> Pension	Amount: \$
<input type="checkbox"/> Child Support	Amount: \$
<input type="checkbox"/> Spousal Support	Amount: \$
<input type="checkbox"/> Other: _____	Amount: \$
Total income	Amount: \$



Housing Assistance Application

Hardship affidavit

Please explain your reason for assistance. **The statement below must include:**

- (1) How were you impacted?
- (2) Explain why you are seeking financial assistance
- (3) Other urgent need(s) you'd like to share to better assist your family.

I attest that information contained in this application and stated above is true and accurate. I understand that any information, if represented, or incomplete, may be grounds for immediate termination for financial assistance consideration.

Sign:

Date:



Housing Assistance Application
