

Notice of Enrollment Housing and Essential Needs Program

RE:

This letter is to confirm the above named person is enrolled in the King County Housing and Essential Needs (HEN) Program of Catholic Community Services. Eligibility is verified every 90 days through the Department of Social and Health Services (DSHS).

The above named client is eligible to receive services from HEN for up to 90 days from .

Assistance will continue past this date if the person is still eligible according to DSHS decision.

Type of Assistance HEN may provide

- Monthly Rent/Utility Assistance
- One-Time Past Due Rent/Utility Assistance (for rental situations that qualify)
- One-Time Move-in Assistance for rental situations that qualify (includes application fees)
- CANNOT provide ongoing rent/utilities for public housing –King County, Seattle Housing or Renton Housing Authorities (KCHA, SHA, RHA) including Section 8 vouchers. Can only provide one time move in costs and first month rent for this situation.

Assistance Levels and Paperwork Requirements

Living Arrangement	Funding Level Maximum	Space Requirement	Paperwork requirement
Living with friend or family member not on a lease	Up to \$400 monthly assistance and one month past due rent/utilities up to \$400	Living at the address where payment is requested	<ul style="list-style-type: none"> • HEN Certification of Payment Form • W9
Renting a room with shared space	Up to \$400 monthly assistance, one-time \$400 move in costs, and one month past due rent/utilities up to \$400	Private room with window and lock	<ul style="list-style-type: none"> • Lease with property owner • W9 • Landlord Habitability Standards Certification **
Renting a room with private amenities	Up to \$600 monthly assistance, one-time \$600 move-in costs, and one month past due rent/utilities up to \$600	Must have either private bathroom OR kitchen	<ul style="list-style-type: none"> • Lease with property owner • W9 • Landlord Habitability Standards Certification **
Renting an apartment	Up to \$1000 monthly assistance, one-time \$1000 move-in costs, and one month past due rent/utilities up to \$1000	Private entrance, kitchen and bathroom	<ul style="list-style-type: none"> • Lease with property owner • W9 • Landlord Habitability Standards Certification **

** Only needed in new lease situations. Current residents will need a signed, dated notice of losing housing in 14 days from the landlord with the address of the unit in order to qualify for assistance.

- * Accepted funding level for Clean and Sober programs is granted on a case by case basis.
- * Final approval of assistance payments are subject to review.
- * Must submit full utility bill for each payment requested

* Upon receipt of the required documentation, CCS will disperse payment via checks mailed directly to the landlord/friend/family or utility provider. Eligibility for the program is ongoing as long as a person is deemed eligible by DSHS, program funds are available, and the enrollee resides in King County.

* A Lease and/or Certification forms must be received within the same current month to be eligible for current assistance for that month.

* Assistance payments disbursed to friends, family and private landlords by the HEN program is required to be reported to the IRS as taxable income.

Change in Housing or Rent

The enrollee must notify the HEN program by the 15th of the month of any changes in the amount of rent owed. Rent increases will require new documentation from the landlord by the 15th of the month before the increase takes effect.

The enrollee must notify the HEN program by the 15th of the month before moving into a new housing situation. New housing documentation must be submitted for processing before payment is due.

Denial / Termination of Assistance

The enrollee may be denied services if we are unable to verify continued eligibility or the enrollee (or landlord, friend or family) intentionally falsifies information or attempts to commit fraud. The enrollee may be terminated for future assistance for the following reasons: he/she is no longer eligible for HEN, or no longer living in the same housing situation approved for HEN assistance.

In the event of one of these situations, a termination letter will be sent to the HEN enrollee and the landlord / friend / family stating that payments will be terminated, and the last month of rent/utility assistance authorized under the program.

Please fax documents and include the enrollee's name on the documents or cover letter submitted. Fax: ATTN: HEN CCS 206-324-4835. HEN may also contact the enrollee, landlord or friend/family to affirm the housing situation or to request other documentation, as required.

Document Prepared By: HEN Prevention Coordinator

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