

AHCCCS HOUSING PROGRAM (AHP) EVICTION PREVENTION

1 ELIGIBILITY CRITERIA

Eligible program applicants must meet ALL the following criteria with service provider verification. Awards are one-time per member, per year state fiscal year (July 1 through June 30).

- The applicant is at risk of eviction and/or homelessness.
- The applicant is referred by their clinical team and has an SMI designation or GMHSU.

2 ELIGIBLE ACTIVITIES

- **Rental Arrears** - AHP will pay up to 2 months rental arrears not to exceed \$3,000.
- **Utility Arrears** - AHP will pay up to 2 months utility arrears not to exceed \$1,000.
- **Move-in Assistance** - AHP will pay move-in costs including required fees and deposits, security deposits, utility deposits, and first month's rent not to exceed \$3,000.

Move-in assistance is only available to *non-subsidized* members. Members who receive housing assistance from any of the following permanent housing assistance programs are **INELIGIBLE** for move-in assistance:

- Permanent Supportive Housing (PSH) (including AHP, HUD CoC, other funding)
- Rapid Rehousing (RRH) (including HUD CoC, ESG, other funding)
- Supportive Services for Veteran Families (SSVF)
- Housing Choice Voucher (HCV) programs (including HUD-VASH, FUP, Mainstream, EHV, etc.)
- Section 8 Project-Based Rental Assistance

3 APPLICATION PROCESS

ABC will accept applications as funding is available. Available funding is not guaranteed. An eviction prevention assistance application must be completed by the applicant and their clinical team. Once completed it may be submitted to ahp-ep@hominc.com.

The following is a step-by-step guide to complete the application process.

1) Complete the assistance application and attach the following supporting documentation:

- Identification documentation

- State-issued ID (preferred document),
- or one of the following:
 - A birth certificate or delayed birth certificate issued in any state, territory, or possession of the United States
 - A United States certificate of birth abroad
 - A United States passport
 - A foreign passport with a United States visa
 - An I-94 form with a photograph
 - A United States citizenship and immigration services employment authorization document or refugee travel document
 - A United States certificate of naturalization
 - A United States certificate of citizenship
 - A tribal certificate of Indian blood
 - A tribal or bureau of Indian affairs affidavit of birth

- Documentation based on need:

- Eviction prevention (rental) - include copy of eviction notice with application
- Utility shut-off (utility) - include copy of disconnect notice with application
- Move-in assistance - (rental security & utility deposits)
 - copy of proposed lease
 - Move-in cost sheet
 - Verification from the utility company that clearly states the total deposit due

- Member current income verification

- Social Security income (SSI, SSD, etc.) verification letter
- Employment - Last two pay stubs
- Other income verification

2) Email the application and supporting documentation to ahp-ep@hominc.com.

3) HOM will confirm receipt of application within one (1) business day and provide a decision or request additional documentation within two (2) business days of application receipt. If approved, funds will be issued no later than five (5) business days from receipt, provided all payment information is received and confirmed.



AHCCCS Housing Program (AHP) Eviction Prevention Application

Please send completed application and required documentation to ahp-ep@hominc.com

Applicant Information

Last Name		First Name		Middle Initial	Gender	Social Security Number
Do you use any other Social Security Number or Name(s)? No Yes Other SSN: _____ Name(s): _____					Date of Birth (MM/DD/YYYY)	
Race – Check All that Apply <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Alaskan Asian/ Pacific Islander <input type="checkbox"/> Other					Ethnicity Hispanic Non-Hispanic	
Are you a citizen of the U.S? Yes No		Are you a veteran? Yes No		Title XIX (AHCCCS) Yes No		Designation: SMI GMH/SU
AHCCCS ID Number			Health Plan			
Current or Proposed Address			Apt #	City	Zip	
Phone Number		Second Phone Number		Email Address		
Are there other family members living in the household? No Yes # of other adults: # of children:						

Financial Assistance Request

Please check financial assistance type you wish to apply for: <input type="checkbox"/> Rental Arrears (Max \$3,000) <input type="checkbox"/> Utility Arrears (Max \$1,000) <input type="checkbox"/> Move-In Assistance (Max \$3,000)			Total Financial Assistance Requested (Max \$7,000)
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Referring Agency

Case Manager Name:	Provider Name:	Clinic / Health Home Site:
Provider Address:	Provider Phone:	Provider Email Address:

Attach supporting documents to the e-mail; provide any details about the documents here:

To the best of my knowledge and belief, all information is accurate and complete.

Signature – Applicant	Printed Name	Date
Signature – Agency Representative	Printed Name	Date

AHCCCS Housing Program (AHP) Eviction Prevention Supporting Documentation Checklist

Required Documents

<p>IDENTIFICATION DOCUMENTATION</p> <p>Include one of the following:</p> <ul style="list-style-type: none">State-issued ID <i>preferred document</i>Birth certificate or delayed birth certificate issued in any state, territory, or possession of the United StatesA United States certificate of birth abroadA United States passportA foreign passport with a United States visaAn I-94 from with a photographA United States citizenship and immigration services employment authorization document or refugee travel documentA United States certificate of naturalization or citizenshipA tribal certificate of Indian bloodA tribal or bureau of Indian affairs affidavit of birth
<p>DOCUMENTATION BASED ON REQUEST</p> <p>Include all of the following documents for each funding type requested</p> <ul style="list-style-type: none">Eviction Prevention<ul style="list-style-type: none">Eviction noticeUtility Shut Off<ul style="list-style-type: none">Disconnection notice that clearly states the total balance due and utility usage historyMove-In Assistance (rental & utility deposits)<ul style="list-style-type: none">Rental Deposits: Proposed lease (copy)Rental Deposits: Move-in cost sheetUtility Deposits: Verification from the utility company that clearly states the total deposit due
<p>MEMBER INCOME INFORMATION</p> <p>Include verification for all sources of income</p> <ul style="list-style-type: none">EMPLOYMENT: Copies of the last two pay stubsSOCIAL SECURITY: Benefit verification letterOTHER INCOME:OTHER INCOME:

Notes
