



Community Action Partnership of
Lancaster and Saunders Counties
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HOMELESS VOUCHER PROGRAM

INSTRUCTIONS:

**** KEEP pages 1-6.** These are your copies of the Homeless Voucher Program Rules and Regulations, Eligibility Criteria and the Drug and Alcohol Policy

**** Fill out and Return the Intake Application (pages 7-8) to the reception desk at Community Action.**

You are applying for the Homeless Voucher Program. This is a federally funded program that helps **homeless individuals and families** toward the goal of self-sufficiency in housing and avoiding a return to homelessness. You may not have lived at one address for longer than 6 months from the date of this application until you are called for an interview to qualify for this program. You are NOT eligible for the Homeless Voucher Program if:

- **You are not eligible for a Section 8 Voucher from Lincoln Housing Authority**
- You are incarcerated
- You are a ward of the State
- You are under 18 years of age

The Homeless Voucher Program provides a Family Advocate to assist with goal planning in the areas of your life that are making it hard for you to remain permanently housed. You must continue to work on these goals to stay in the program. Lincoln Housing Authority provides rent subsidies according to a participant's ability to pay. Five years is the maximum time you can be in the program; however, it may be shorter depending on your needs.

Turning in this application does not mean you are in the program.

Once your application is completed, your name will be placed on a waiting list with Community Action. When your name comes to the top of the waiting list and a Community Action Family Advocate has a slot available, you will be called for an interview. Following the interview, your name will be placed on the Homeless Voucher Committee Waiting List for a voucher. Once you make it to the top of that list, you will be pre-screened and presented to the Homeless Voucher Committee. This committee will make the final decision whether or not you are approved for the program.

It is important that you prepare for this interview. ***Bring the following to your interview:***

- **Social security cards for you and your children (if applicable)**
- **Copy of birth certificates, and drivers license or State ID**
- **Last 2 years of addresses**
- **Documentation about regaining custody of children placed elsewhere by the court (if you are applying for family status)**

Note: In order to process your application, we will be receiving information from, and releasing information to, transitional housing facilities (such as shelters), Lincoln Housing Authority, the members of the Homeless Committee, and law enforcement. You will be asked to sign a release of information for any agency that has applicable knowledge.

Homeless Voucher Program Eligibility Criteria

Eligibility for the Homeless Voucher Program extends to all those families or individuals who meet the Section 8 Housing Choice Voucher existing program regulations and the definition of homeless according to HUD. For this program, the family must be a very low-income, homeless family that means:

A) Family means a single parent with children in the home or a reunification plan, or two or more persons living together in an established family-type relationship whose income and resources are available to meet the family's needs and who are either related by blood, marriage, or operation of law, or have evidenced a stable family relationship.

NOTE: The Homeless Voucher Program currently has 65 vouchers assigned to the program. Of these 65 vouchers, up to 10 vouchers can be used by single, non-disabled adults. All other vouchers must be used by families or disabled-adult households. ***If a disability is referenced on the initial application, then the applicant must provide LHA with the needed information for verification. LHA rules and regulations apply for this program.***

B) A homeless family includes:

- a) Any person or family that lacks a fixed regular and adequate nighttime residence; and
- b) Any person or family that has a primary nighttime residence that is:
 - 1) A supervised publicly or privately-operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing);
 - 2) An institution that provides a temporary residence for individuals intended to be institutionalized or;
 - 3) A public or private place not designated for or ordinarily used as regular sleeping accommodation for human beings.

For purposes of this program, a family or individual who lives with family or friends, if in the receipt of supportive assistance from a social agency, is considered homeless and eligible for assistance if regular home visits (no less than one per month) to verify homelessness are completed by the Case Manager while on the waiting list. A family or individual evicted from their home for non-payment of rent or for other lease violations and forced to live or stay with family or friends, is eligible unless the eviction is caused by gross negligence and the family or individual is manipulating in order to become eligible for the program. A family or individual who is living with a family or friends for more than six months and/or who has established a long-term and/or family type relationship in living with the family or friends is not eligible for the program.

Additional documentation may be required, i.e., a copy of the lease from the person client is currently staying with.

C) Very low income means the family's annual gross income does not exceed 50% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families.

ADDITIONAL ELIGIBILITY CRITERIA:

1. An applicant must participate in case management and have an agency willing and able to provide the necessary case management, including the time on the waiting list.
2. The receipt of rental assistance under the Section 8 Housing Choice Voucher program is a privilege. Lincoln Housing Authority's (LHA) policy is to assist only those households or persons who have not recently committed drug-related crimes, violent or other criminal activity, or abuse in the use of alcohol.

Households are ineligible for the Homeless Voucher Program for three (3) years after completion of time served (including parole and probation) or payment of the assessed fine for any conviction or arrest for drug-related crimes, alcohol-related offenses, or violent or other criminal activity by **any** household member.

For drug **use** or **possession** charges or alcohol-related charges ONLY, LHA **may** waive the three-year restriction if the applicant can provide documentation showing either **completion** of a supervised drug or alcohol rehabilitation program or **current participation** in such a program beginning at least 30 days prior to application.

3. If the household owes rent or other amount for any PHA in connection with Section 8 or public housing assistance under the 1937 Act, they will be denied according to the following guidelines:
 - A. If the household owes money to LHA, they will be denied from the program if the applicant, (1) refuses to establish a repayment agreement on money owed to LHA or, (2) fails to make consecutive payments on an executed repayment agreement. *NOTE: All debt incurred due to fraudulent actions with LHA must be repaid in full prior to admittance to the waiting list.*
 - B. If the household owes money to another PHA or any other Federal housing program, they will be denied from the program until all money owed is repaid to the PHA or other Federal Housing program.
4. A single applicant who has a disability is eligible to be placed on the family or disabled waiting list if proper verification of the disability is provided to the LHA.

A disabled person as defined in 41 U.S.C. 423, is determined pursuant to HUD regulations to have a physical, mental, or emotional impairment that:

- A. Is expected to be of long-continued and indefinite duration;
- B. Substantially impedes his/her ability to live independently; and
- C. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
- D. Has a developmental disability as defined in 42 U.S.C. 6001;
- E. Does not include a person whose disability is based solely on any drug or alcohol dependence.

Verification of disability may be obtained by providing LHA with a copy of an award letter through the Social Security Administration or providing the name and address of a medical professional that can verify the disability. If changes or updates need to be made to a current LHA waiting list application, please contact LHA document control.

5. A household must have a current, active application at LHA the household reaches the top of the HVP Committee's waiting list. If there is not an active application at that time, the household will be moved to the bottom of the waiting list.
6. Additional eligibility criteria apply under the Section 8 Program.

Homeless Voucher Program Drug/Alcohol Policy

Guidelines for Applicants with Identified Drug/Alcohol Issues Prior to OR After Acceptance into the Homeless Program

- The Homeless Program has adopted a policy of zero tolerance to drug use and alcohol abuse.
- Prior to your acceptance into the Homeless Program, you will be asked to sign releases for any agency or counselor that has knowledge of your substance use, mental health, and psychiatric history.
- As a part of the Homeless Program, you will be required to agree to a Drug/Alcohol evaluation and recommended services, if deemed necessary. This may include a random urinalysis if your case manager suspects drug or alcohol use.

YOUR COMPLIANCE WITH THIS POLICY WILL BE MANDATORY. IF YOU CHOOSE NOT TO COMPLY, YOUR HOUSING SUBSIDY THROUGH THE HOMELESS COMMITTEE AND LINCOLN HOUSING AUTHORITY, AS WELL AS FUTURE SUBSIDIES, MAY BE AT RISK.

HOMELESS CASE MANAGEMENT

- Monthly home visits with case manager
- Quarterly reviews will be conducted to look at progress, client compliance, and goals
- Sanitation and cleanliness walkthrough of rental property

Typical goals are found in the following areas:

EDUCATION

- Obtain GED/ college degree
- Pursue professional/trade education

BUDGET

- Develop monthly budget
- Set up repayment agreements

EMPLOYMENT

- Work up to 40 hours per week
- Attend job readiness workshops
- Apply for SSI/SSDI

PARENTING

- Attend parenting skills classes
- Have children placed in the home

HOUSING

- Find safe and affordable housing
- Develop positive rental history

FOOD/NUTRITION

- Secure/maintain SNAP benefits
- Learn about specific nutritional needs

MEDICAL/MENTAL HEALTH

- Secure access to care
- Establish a medical home

CHEMICAL DEPENDENCY

- Maintain sobriety
- Secure access to counseling
- Attend in-patient or out-patient treatment

OTHER

- Purchase a vehicle
- Resolve legal issues
- Improve social support system
- Accomplish ANY other goal you have!



**Community Action Partnership of
Lancaster and Saunders Counties
Homeless Voucher Program
Intake Application**

Applicant Information:

Name _____
First Last Middle

Other names used _____

Birth date _____ M/F _____ SS# _____
Required

Race:

☐ African American/Black

☐ Asian

☐ Caucasian/White

☐ Alaskan Native or American Indian

☐ Native Hawaiian or Other Pacific Islander

☐ Multi-racial _____

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Are you a US citizen? ☐ yes ☐ no

If not, do you have legal status? ☐ yes ☐ no

Have you ever served in the military? ☐ yes ☐ no

Are you homeless as a result of domestic violence? ☐ yes ☐ no

Do you consider yourself disabled? ☐ yes ☐ no

If yes, please explain: _____

You may be required to provide written documentation to verify the disability.

Current Living Situation:

Where are you currently living (please be specific)? _____

A family or individual who is living with a family or friends for more than six months and/or who has established a long-term and/or family type relationship in living with the family or friends is not eligible for the program.

It is your responsibility to keep your information updated. If we are unable to contact you, we will move on and you will have to reapply.

Current Contact Information:

Mailing Address _____

Phone Number _____

What is the best way to contact you now? _____

Alternate contact person _____ Phone # _____

- By supplying this information you are authorizing Community Action Partnership permission to contact this person in an attempt to contact you.

Household Information:

Other Adults living in your household:

Name _____ Birth date _____ M/F _____ SS# _____

Name _____ Birth date _____ M/F _____ SS# _____

Children:

Name _____ Birth date _____ M/F _____ SS# _____

Name _____ Birth date _____ M/F _____ SS# _____

Name _____ Birth date _____ M/F _____ SS# _____

Name _____ Birth date _____ M/F _____ SS# _____

Name _____ Birth date _____ M/F _____ SS# _____

Name _____ Birth date _____ M/F _____ SS# _____

Do you have custody of your children? ____ yes ____ no

Do you have a written reunification plan to place your children back in your home? ____ yes ____ no

Are you pregnant? ____ yes ____ no What is your due date? _____

If the family is not together, where are other members staying now? _____

You MUST have an active application in at Lincoln Housing Authority before you will be accepted to this program.

I certify that the above information is true and correct to the best of my knowledge, and authorize any duly authorized agent of the Homeless Voucher Program to verify this information through transitional housing facilities (such as Friendship Home, Peoples City Mission, etc.), Lincoln Housing Authority, Catholic Social Services, Cornhusker Place, CenterPointe, Members of the Homeless Committee, Nebraska Department of Health and Human Services, Tenant Data, and Law Enforcement. By signing, I also agree to have my basic identifying information placed in a database for tracking purposes.

Signature _____ Date _____