



Community Action Partnership of
Lancaster and Saunders Counties
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Lincoln, NE 68508
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HOMELESS VOUCHER PROGRAM

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 application will be presented to the Supportive Housing staff. If the Supportive Housing staff determines that you are eligible and would benefit from the program and Community Action case management, your name will be placed on the Homeless Waiting List for a voucher. Once you make it to the top of the list, you will be pre-screened and presented to the Homeless 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. ***You will NOT be interviewed or eligible for the Homeless Voucher Program if you unable to provide the following information to Homeless staff.***

- **Verification of Lincoln Housing Authority application**
- **Social security cards for you and your children (if applicable)**
- **Copy of drivers license, State ID, or birth certificate**
- **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.

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 7-10) to the reception desk at Community Action.**

Homeless Voucher Program

Eligibility Criteria

Eligibility for the Homeless Program extends to all those families or individuals who meet the Section 8 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 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 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 or two adults without children. All other vouchers must be used by families with children 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 or who comes to live with family or friends, if in the receipt of supportive assistance from a social agency, is considered homeless in the context of this program and eligible for assistance. 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.

- 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. An applicant or participant will be denied housing assistance if any member of the family is a person whose pattern of abuses of alcohol and/or drug abuse interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.

Applicants will be denied access to the waiting list for (3) three years after completion of their sentence or date of disposition for drug activity, violent criminal activity or abuse of alcohol.

If a person can provide evidence that they have successfully completed a supervised drug or alcohol program, or are currently actively involved in treatment for a minimum of (30) thirty days, they may be considered for Homeless Program.

LHA will require written evidence of successful completion of, or participation in, a treatment program.

Criminal history checks with law enforcement agencies will be used to determine involvement in drug activity and alcohol abuse. LHA will also use this as a guide for eligibility. Tenant data checks will also be completed.

Felonious Sex Offender: Any household member who committed a felony offense will be subject to a lifetime prohibition from the program.

Methamphetamine: Any household member who has been convicted for manufacture or production of methamphetamine on the premises of federally-assisted housing is subject to a lifetime prohibition from the program.

Any household member who has engaged in or threatened abusive or violent behavior towards an LHA employee, or Homeless representative will be denied access to the waiting list or program for three years from the documented incident.

3. An applicant will be denied assistance if an applicant owes money to the LHA or another public housing agency in connection with any HUD rent subsidy program. An applicant will be denied assistance until all amounts are paid in full or the applicant has entered into a repayment contract with LHA and one payment is made. If the applicant has breached a previous repayment contract, payment will be required in full.

ALSO SEE NUMBERS 4-6 on the next page →

4. A single applicant without children who has a disability is eligible for assistance and must provide certification to the Lincoln Housing Authority. A disabled person is:
 - a) A person who cannot engage in any substantial gainful activity because of physical or mental impairment that is expected to result in death or has lasted continuously for at least 12 months.
 - b) A person who has a physical, mental or emotional impairment that is expected to be of long, continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such nature that ability to live independently could be improved by more suitable housing conditions.
 - c) A person with severe and persistent mental health problems or chronic drug addiction will be considered disabled, with proper certification.
5. An applicant will have an active application at Lincoln Housing Authority at the time their name comes to the top of the Homeless waiting list. If there is not an active application at that time, the applicant's name 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.



**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:

- | | |
|---|---|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Other Multi-racial _____ | |

Ethnicity

- ☐ Hispanic
☐ Non-Hispanic

Are you a US citizen? ☐yes ☐no

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

How long have you lived in Lancaster County? _____

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)? _____

Address _____

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.

How can you be contacted 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 legal custody of your children? ____ yes ____ no

Do you have children that are placed in CPS custody? ____ yes ____ no

Do you have a CPS worker? ____ yes ____ no

If yes, Name? _____ Number _____

Do you have a written plan from CPS stating that children will be in the home within 6 months for children who are not in the household now? ____ yes ____ no

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

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

Addresses:

What were your addresses for the last two years (include city, state, zip)?

1. Address: _____ City, State, Zip _____

2. Address: _____ City, State, Zip _____

3. Address: _____ City, State, Zip _____

4. Address: _____ City, State, Zip _____

5. Address: _____ City, State, Zip _____

6. Address: _____ City, State, Zip _____

Did you have a lease in your name for any address? _____

How long have you lived in Lancaster County? _____

Have you ever rented from Housing Authority in Lincoln or in another city or state? ____ yes ____ no

If yes, Where? _____ Do you owe Housing Authority any money? _____

How much? _____ For what? _____

Financial Resources:

What is your current monthly income? _____

What is your source of income? _____

Participation with other agencies:

Do you receive assistance from the Department of Health and Human Services? ____yes____no

If yes, Caseworker's name/number: _____

Are you currently being sanctioned by DHHS? ____yes____no

If yes, why? _____

Do you participate in any of the following: ☐ACS ☐Workforce Development ☐Voc Rehab

Legal:

Do you have a criminal record? ____yes ____no If yes, where? _____

For what offenses? _____

Does any other member of your household have a criminal record? ____yes____no

If yes, who and for what? _____

If yes, who and for what? _____

Debt:

Do you owe LES any money? Yes No If yes, how much? _____

Do you owe Black Hills Energy any money? Yes No If yes, how much? _____

You ARE required to 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 _____

HOMELESS CASE MANAGEMENT

Please indicate which of the following topics are concerns for you or you would like to improve upon if accepted into the Homeless Program.

CASE MANAGEMENT (standard for all participants)

- Monthly home visits with case manager
- Quarterly reviews will be conducted to look a progress, client compliance & goals
- Release of information will be signed to communicate with all other agencies involved
- Sanitation and cleanliness walk-through of rental property

EMPLOYMENT

- _____ Working up to 40 hours per week
- _____ Attend job readiness workshops
- _____ Volunteer 10-30 hours per week/Community Services Work
- _____ Comply with Dept. of Health & Human Services rules and regulations

COUNSELING

- _____ Parenting skills
- _____ Domestic violence workshops
- _____ In-home individual/family counseling
- _____ Outpatient counseling

DRUG AND ALCOHOL COUNSELING

- _____ Outpatient drug and alcohol
- _____ In-patient drug and alcohol
- _____ AA/NA support groups

FINANCIAL

- _____ Monthly budgets monitored
- _____ Set up repayment agreements
- _____ Credit counseling
- _____ Consumer workshops

LEASING

- _____ Landlord/tenant workshops
- _____ Repayment agreements with housing authority or case manager

EDUCATION

- _____ Enroll and/or complete GED
- _____ Enroll in post secondary schooling and attend regularly
- _____ Attend adult literacy classes