



TACOMA HOUSING AUTHORITY

PROGRAM APPLICATION

McCarver Elementary School Special Housing Program (School Year 2015-16)



TACOMA HOUSING AUTHORITY

An Invitation to Apply to the McCarver Elementary School Special Housing Program

If you are homeless or at serious risk of homelessness and have a child at McCarver Elementary School in the Tacoma School District, Tacoma Housing Authority (THA) invites you to apply for special rental assistance.

THA will provide rental assistance to families who agree to keep their child enrolled at McCarver while they have this rental assistance. All participating families will receive supportive Case Management services from THA staff focused on financial self-sufficiency, and supporting the education of your children. THA and McCarver Elementary School work together to improve student learning and family success through this program.

To be eligible for selection into this program, families must:

- Meet the McKinney-Vento Homeless Assistance Act definition of homelessness on the following page of this application. (Families do not need to be enrolled in McCarver's McKinney-Vento program, they just need to be eligible for it.);
- Have a child (or children) enrolled in grades K-5 at McCarver Elementary School. First priority will be given to households with children in grades K-2nd, second priority will be given to households with children in grades 3rd-5th. If there are more applicants with children in grades K-5 than there are spaces available in the program, a third layer of prioritization will occur. Staff will evaluate families based on need and readiness to engage in services;
- Be work-able according to the definition on the following page;
- Be ready to engage in regular meetings with a THA caseworker to focus on increasing earned income, and support your child(ren)'s academic success;
- Pass a Tacoma Housing Authority Background check;
- Not owe any money to a Housing Authority;
- Not owe any money to a previous landlord, unless a payment plan has been agreed to; and
- Meet the THA income eligibility requirements listed on the following page of this application.

McKinney-Vento Homeless Assistance Act definition of Homeless:

The McKinney-Vento Act defines homeless children as “individuals who lack a fixed, regular, and adequate nighttime residence.” The act provides examples of children who would fall under this definition:

- Children and youth sharing housing due to loss of housing, economic hardship or a similar reason
- Children and youth living in motels, hotels, trailer parks, or camp grounds due to a lack of alternative accommodations
- Children and youth living in emergency or transitional shelters
- Children and youth abandoned in hospitals
- Children and youth awaiting foster care placement
- Children and youth whose primary nighttime residence is not ordinarily used as a regular sleeping accommodation (e.g. park benches, etc.)
- Children and youth living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations
- Migratory children and youth living in any of the above situations

THA’s Work-Able Definition:

Elderly/disabled population: 100% of adults (excluding live-in attendants) are elderly and/or disabled; and 90% or more of the household income is derived from a fixed source. Fixed sources of income include social security, supplemental security income (SSI), pensions (private and public), and general assistance unemployable (GAU).

Work-able population: Any household that does not fit the elderly/disabled definition above.

Income eligibility requirements for the McCarver Elementary School Special Housing Program:

Household Size	Income Limit (30% AMI)
1	\$14,900
2	\$17,000
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

If this describes your family, we invite you to complete the attached Application.



**TACOMA HOUSING AUTHORITY
MCCARVER ELEMENTARY SPECIAL HOUSING PROGRAM
APPLICATION (School Year 2015-16)**

Drop off or mail applications to:

Tacoma Housing Authority
c/o McCarver Elementary School
2141 S. J Street
Tacoma, WA 98405

For questions about this application, please call (253) 571-4904

Applicants will be notified by phone, letter or email if their application is accepted or denied. All applicants who are denied may appeal the decision.

If there are incomplete portions of the application or attachments are missing, it will be returned to the applicant and must be submitted again. Inaccurate or misleading statements may be grounds for disqualifying the application.

FAMILY AND CONTACT INFORMATION

1. Names of adults in household:

First	Middle	Last

2. Current mailing address (please note the best place to reach you by mail):

Street Address City State Zip

3. Current phone numbers (please note the best way to reach you by phone):

Option 1: _____ Option 2: _____

May we leave messages at these numbers? Yes No

4. Email addresses: _____

5. Please select your preferred method of contact: Mail Phone Email

6. Are there any alternate contacts we should try for reaching you? If so, please note his or her name and the preferred method of contact in the text box below:

Contact Name	Preferred Method of Contact (Phone, e-mail or address)

7. Names, ages and grades of children or other dependents in your household (please note if you are not the legal guardian of any children in your home):

Last, First, Middle Initial	Age	McCarver Student? Y/N and Current Grade	Legal Guardian? Y/N

HOUSING STATUS

1. Are you homeless? Yes No

2. If you are NOT homeless are you at risk of becoming homeless? Yes No

3. What factors caused your current housing issues? Please check all that apply

- Eviction Domestic Violence New to Tacoma
- Family Crisis Substance Abuse Natural Disaster
- Medical Issues Loss of Income Breakup or Divorce

4. Where are you currently staying?

- In a place not meant for people to live (like a car, an abandoned building, bus/train station, or anywhere outside)
- In a place not meant for people to live (like a car, an abandoned building, bus/train station, or anywhere outside)
- In a place not meant for people to live (like a car, an abandoned building, bus/train station, or anywhere outside)
- In a home I own
- In a home I rent
- With a family member or friend
- With a family member or friend
- Other (please describe below)

OTHER REASON(S)/COMMENTS:

ADULT EDUCATION INFORMATION

1. How far did you (head of household) get in school? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> GED/High school completion | <input type="checkbox"/> College degree |
| <input type="checkbox"/> Some college/vocational | <input type="checkbox"/> Graduate degree |

2. How far did your spouse/partner get in school? (If applicable.)

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Associates degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> GED/High school completion | <input type="checkbox"/> College degree |
| <input type="checkbox"/> Some college/vocational | <input type="checkbox"/> Graduate degree |

INCOME

Please list the amounts, sources and recipients of all monthly income.

Monthly income	Source (wages, child support, TANF, SNAP, etc.)	Recipient (which family member gets this income?)
TOTAL		

EMPLOYMENT INFORMATION

Please list your last five years of work history, beginning with your current or most recent job.

Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits	
Reason For leaving:	
Dates of employment: _____ to _____	
Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits	
Reason For leaving:	
Dates of employment: _____ to _____	
Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits	
Reason For leaving:	
Dates of employment: _____ to _____	

Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits
Reason For leaving:	
Dates of employment: _____ to _____	
Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits
Reason For leaving:	
Dates of employment: _____ to _____	
Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits
Reason For leaving:	
Dates of employment: _____ to _____	

Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits
Reason For leaving:	
Dates of employment: _____ to _____	
Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits
Reason For leaving:	
Dates of employment: _____ to _____	
Employer:	
Location (city):	
Position:	
Pay:	Hours/wk:
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Benefits: <input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Other benefits
Reason For leaving:	
Dates of employment: _____ to _____	

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct to the best of my knowledge.

Head of Household/Adult Signature: _____ Date: _____

Spouse/Co-Tenant /Adult Signature: _____ Date: _____

Attachment Checklist

In addition to this application, you must provide the following documents:

- THA McCarver Special Housing Program Participation Agreement
- McCarver Program Data Release
- MTW Income Statement
- Application for Rental
- General Release of Information
- Debts Owed to Public Housing Authorities and Terminations Form
- Declaration of Eligibility Status
- THA Participant Obligations Form
- Supplement to Application for Federally Assisted Housing
- Under \$25,000 Asset Verification Form
- DSHS Authorization to Disclose Records

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of agency of the United States.



THA is committed to equal opportunity. It does not unlawfully discriminate on the basis of race, color, national origin, religion, gender, disability, age, familial status, marital status, sexual orientation, veteran or military status, or gender identity.



THA will reasonably accommodate the needs of disabled persons. THA has units accessible to persons with disabilities. It will also reasonably modify units as necessary to meet the needs of disabled persons.

THA's Civil Rights Compliance Coordinator is responsible for coordinating THA's compliance with the law. He or she can be reached at (253) 207-4421.



PARTICIPATION AGREEMENT

Tacoma Housing Authority McCarver Elementary School Special Housing Program

I, _____ (write your name here) agree to the following conditions, violation of any of which will allow THA to end my participation in the program.

1. I will keep my child(ren) enrolled at McCarver Elementary School while participating in this program. As well as be actively involved in my child(ren)'s education throughout his/her time at McCarver. This will include but is not limited to:
 - 1.1. Assuring that my child attends school and arrives on time every day;
 - 1.2. Helping my child with homework every day;
 - 1.3. Participating in school events, both academic and social;
 - 1.4. Regular communication and interaction with my child's teachers; and
 - 1.5. Attending all parent-teacher conferences

2. I commit to taking active steps toward my own economic and professional growth. This may include but is not limited to:
 - 2.1. Enrolling in a job training program;
 - 2.2. Obtaining and maintaining full time employment;
 - 2.3. Exploring and/or enrolling in education programs.

3. I commit to following THA requirements for Section 8 rules and regulations. This may include but is not limited to:
 - 3.1. Report any change of income within 10 days;
 - 3.2. Comply with all provisions of my lease;
 - 3.3. Pay my portion of the rent and utilities every month on time;
 - 3.4. Maintain a safe and clean home.

4. I commit to working with my THA case worker. This includes but is not limited to:
 - 4.1. Attending regular meetings;
 - 4.2. Setting short term goals;
 - 4.3. Developing long terms plans;
 - 4.4. Following up on referrals made by the case worker.

5. I agree to allow THA, Tacoma Public Schools, the Department of Health and Social Services (DSHS), and THA's community partners to share individually identifiable information about my family. This will include the following:
 - 5.1. Share school data – test scores, attendance, report cards, etc. between the school and THA so that THA can determine if the project is helping to improve student achievement.
 - 5.2. Share any information between the DSHS and THA, so that THA and DSHS can coordinate the services that my family needs.
 - 5.3. Share information on parent success in education and economic progress so that THA can determine how best to support families in their growth.

6. I understand that if my family is accepted, we will receive a five year voucher and supportive services as long as my family remains eligible for the program. I also understand that the program will undergo significant revisions that will be implemented in the 2016-2017 schoolyear. These program changes may affect my family. I understand that THA may change any element of the program, including the length of the program, with thirty days' notice.

I agree that if I fail to fulfill any of these conditions THA may end my rental assistance and my participation in this program.

This agreement will be null and void if I am not accepted into this program.

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct to the best of my knowledge.

Head of Household/Adult Signature

Date

Spouse/Co-Tenant/Adult Signature

Date