

Basic Accommodations Referral Packet

This package contains the following documents:

Packet Inserts	
1	Program Description
2	HUD Consent to the Release of Information
3	ICAN Release
4	Application
5	Case Summary
6	Income, Asset & Expense Statement
7	Certification of Zero Income
8	Declaration of Citizenship
9	History and Verification of Homelessness
10	Verification of Disability

**INSTRUCTIONS
TO COMPLETE PACKET
ON REVERSE PAGE**

Revised 5/10

INSTRUCTIONS

1. Complete Referral Packet:

HUD Consent to the Release of Information

- Complete this form if applicant is applying for rental assistance
- If either consent form is unsigned by any member of household, application will be returned.

Authorization for the Release of Information

- This form allows ICAN and Basic staff to communicate with case managers.

Application

- Case Manager, with applicant's assistance must complete this form.
- All questions must be answered
- Applicant must sign the application

Case Summary

- Must be thoroughly completed by case manager.

Income, Asset & Expense Statement

- Must include income source's name and address where verification forms can be sent

Certification of Zero Income

- Should not be signed unless applicant has zero income

Declaration of Citizenship

- To be completed and signed by applicant

History & Verification of Homelessness

- To be completed by Case Manager.
- If Applicant is in temporary shelter, form must be signed by Shelter Provider

Verification of Disability

- Qualifications of individual verifying disability MUST be included.
- Applicant must sign Participant Release

2. INCOME VERIFICATION MUST BE ATTACHED TO THIS PACKET.

3. FORM of ID must be attached to application packet that includes applicant's social security number i.e. driver's license, social security card or award letter.

4. The case manager is responsible for making sure the forms are completed accurately.

5. Be sure applicant signs all "Participant Release" sections.

6. Each form must be completed in its entirety and this packet returned to ICAN.

B a s i c A c c o m m o d a t i o n s

830 Cherry Avenue NE • Canton, Ohio 44702 –1090 • 330-455-2442 • Fax 330-455-1657

PROGRAM DESCRIPTION

ICAN's Basic Accommodations Program (Basic) is a HUD Safe Haven designed to be transitional housing. Transitional housing is one type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. Transitional housing is not to exceed 24 months.

ELIGIBLE PARTICIPANTS

1. Are single, homeless adult individuals with a history of chronic homelessness. A person is considered homeless only when:
 - He/she resides in a car, park, sidewalk, abandoned building, emergency shelter, transitional supportive housing (for homeless persons who originally came from the streets or emergency shelter), or is spending a short time (up to 30 consecutive days) in a hospital or other institution.
2. Referrals must be made from ICAN's PATH Provider and/or from a treatment provider in the Mental Health Recovery Services Board system
3. Applicants will have been unable to secure housing from other providers or landlords. Must be able to show efforts to obtain housing elsewhere
4. Applicants not eligible for the Housing Assistance Program (HAP) will pay 30% of their monthly income

APPLICATION PROCESS

1. Obtain a Basic Referral Packet at ICAN or on ICAN's website at www.ican-inc.org.
2. Complete packet and return to ICAN. Applicants MUST view living quarters PRIOR to submission of application.
3. Applicant's eligibility will be reviewed by ICAN Staff and the individual making the referral to Basic
4. Eligible applicants will be offered the next available unit. If no units are available, the applicant will be placed on a waiting list.

OVER FOR MORE BASIC INFORMATION

BASIC INFORMATION

1. Each apartment at Basic has a shared kitchen/dining area and a private bedroom and bathroom.
2. The following items are provided at the time of move-in:
 - Bed and mattress
 - Shelves with desk space and storage space
 - Desk chair
 - Kitchen table and chairs
 - Refrigerator, range, microwave oven
 - Locking food storage
 - Basic utilities
 - Personal belongings may be added (i.e. TV, radio), however, residents are not permitted to bring additional furnishings
3. All utilities are included in rent except telephone and TV cable service. Residents may add a telephone or TV cable service at their own expense.
4. Residents eligible for rental assistance through the Housing Assistance Program (HAP) will pay 30% of their monthly annual gross income.
5. Residents may purchase a move-in package containing household items (i.e. dishes, pots and pans, linens) Package must be paid in full prior to move-in
6. Residents sign a rental agreement.
7. Monthly inspections are conducted to ensure decent, safe and sanitary conditions in each unit.
8. Secured entrance
9. House staff on site 24 hours a day to monitor the building.

BUILDING RULES

Residents must abide by the following rules on the premises:

1. No guns or other weapons.
2. No illegal acts.
3. No alcoholic beverages or containers for alcoholic beverages.
4. No violent acts or threats of violence.
5. No smoking in hallways or common rooms.

VISITOR POLICY

Because Basic residents are required to share living space, it is important to have a visitor policy in place.

1. Residents may have one visitor at a time between the hours of 7:00 a.m. and 11:00 p.m.
2. No overnight guests are permitted
3. Visitors cannot be left unattended
4. All visitors must abide by the building rules

**IF YOU NEED ADDITIONAL INFORMATION, PLEASE CONTACT
CHRISTY SHONK, ICAN HAP ADMINISTRATOR AT 330-455-9100.**

U.S. Department of Housing and Urban Development

Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Notice and Consent for the Release of Information

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household

Date

Other Family Members 18 and Over

Date

Spouse

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Other Family Members 18 and Over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.



ICAN, Inc.

1214 Market Avenue North, Canton, Ohio 44714

Phone: (330) 455-9100 Fax: (330) 455-4702

Web: www.ican-inc.org Email: ican@ican-inc.org

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____

Date of Birth _____ Social Security Number _____

hereby grant permission to authorized representatives of ICAN, Inc. to: (Initial all that apply)

_____ **Release records about me from the agencies specified below:**

Initial

_____ **Exchange information about me (VERBALLY) with the agencies specified below:**

Initial

_____ **Coleman Professional Services**
Initial 400 W Tuscarawas Street Ste 200
Canton, Ohio 44702
Phone: 330-438-2400

_____ **Community Services**
Initial 625 Cleveland Ave. NW
Canton, Ohio 44702
Phone: 330-455-0374

_____ **Crisis Intervention Center**
Initial 832 McKinley Ave. NW
Canton, Ohio 44702
Phone: 330-455-9407

_____ **ACTT**
Initial 832 McKinley Ave NW
Canton, Ohio 44702
Phone: 330-455-1556

_____ **Phoenix Rising Behavioral Healthcare**
Initial 1930 Fremont Place SW
Canton, Ohio 44706
Phone: 330-455-5950

_____ **Trillium Family Solutions**
Initial 624 Market Ave N
Canton, Ohio 44702
Phone: 330-454-7066

_____ Other: _____
Initial

The purpose of this authorization is to permit my public mental health service provider, ICAN and Basic Accommodations staff to consult with each other and make necessary and reasonable interventions to preserve the safety, sanitation and permanence of my rent subsidy and/or housing situation.

_____ I consent to the release of the above information. I am aware that this information is
Initial disclosed from records whose confidentiality is protected by federal law. Federal Regulations (42 CFR Part 2) prohibit either party from asking any further disclosures of information shared to any person/organization not specifically listed on this form without permission.

_____ I do not consent to release/receipt/exchange of any information.
Initial

Any exceptions or exclusions for information released are listed here:

AUTHORIZATION FOR RELEASE OF INFORMATION
(continued)

This authorization will remain effective for 365 days unless an earlier date or condition/event is specified

here: _____ Initials _____

1. I understand that ***I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION IN WRITING***, by sending/providing such written notification to Property Manager at ICAN, Inc 1214 Market Ave., N., Canton, Ohio 44714. I understand that a revocation is not effective to the extent that this Authorization has been relied upon for the use or disclosure of the protected health information.
2. I understand that information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. If ICAN is the recipient, ICAN will only re-disclose information as authorized or permitted by law.
3. I understand that my housing will NOT be conditioned on whether I provide authorization for the requested disclosure.
4. I understand that I have the right to refuse to sign this authorization.
5. I further understand that I have the right to inspect or copy the protected health information to be used or disclosed as permitted by law.

I hereby state that I have read, or have had read to me, and fully understand the above statements as they apply to me and do herein expressly consent to disclosure of the above stated information for the purpose or need stated. I understand and acknowledge that this Authorization extends to all or any part of the records designated above.

Signature of Individual

Date

Witness

Date

**** A copy of this signed Authorization shall have the same force and effect as the original. ****

BASIC ACCOMMODATIONS APPLICATION

PERSONAL INFORMATION

Applicant's Name		Date Application Completed	Date Application Reviewed
Social Security Number	Date of Birth	Marital Status	Veteran <input type="checkbox"/> yes <input type="checkbox"/> no
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:		Education
Stark Metropolitan Housing application submitted? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, waiting list number:	If no, appointment date and time:

HOUSING INFORMATION

Current Living Arrangements

Address

How long has the applicant been homeless?	What caused applicant's homelessness?
---	---------------------------------------

What efforts have you, as a Case Manager, made to find housing for the applicant during this particular housing crisis? (Use a separate sheet of paper if there is not enough space provided below)

Number of contact with private landlords: _____

Date _____ Landlord name _____ Phone _____ Outcome _____

Date _____ Landlord name _____ Phone _____ Outcome _____

Date _____ Landlord name _____ Phone _____ Outcome _____

Other efforts:

If you are not currently making efforts to find housing, why?

How many times has the applicant been homeless in the last three years?	Of this number, how many times was homelessness a result of an eviction?
---	--

For each eviction noted, use a separate sheet of paper to answer the following questions:	<ol style="list-style-type: none"> 1. Approximate date of eviction 2. Reason for the eviction 3. Did the applicant leave the property before the eviction went to court? 4. Name of landlord 5. Was the landlord a relative of the client?
--	---

Why does the applicant continue to lose housing? (write a brief description of the situation for each reason that applies)

<input type="checkbox"/> Failure to pay rent	<input type="checkbox"/> Easily victimized
<input type="checkbox"/> Damage to Property	<input type="checkbox"/> Asked to leave/no longer welcome
<input type="checkbox"/> Illegal activity	<input type="checkbox"/> Houses people not listed on the lease
<input type="checkbox"/> Bothersome to neighbors	<input type="checkbox"/> Doesn't like to live alone
<input type="checkbox"/> Disruptive behavior/loud noise	<input type="checkbox"/> Hospitalizations
<input type="checkbox"/> Didn't comply with the terms of the lease	<input type="checkbox"/> Other (specify):

FINANCIAL INFORMATION

Income source(s):	Monthly Income total: \$
If no income, date and type of income applicant has applied for:	
Food Stamps <input type="checkbox"/> yes <input type="checkbox"/> no If yes, amount?	Health Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Medicare <input type="checkbox"/> Other (specify):
Payee:	

MISCELLANEOUS INFORMATION

Does the applicant have any physical handicaps? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please describe:
Does the applicant have a history of substance abuse? <input type="checkbox"/> yes <input type="checkbox"/> no	Is the applicant actively using illegal substances? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the applicant have a history of alcohol abuse? <input type="checkbox"/> yes <input type="checkbox"/> no	Is the applicant actively abusing alcohol? <input type="checkbox"/> yes <input type="checkbox"/> no
Has the applicant been convicted of an illegal crime? <input type="checkbox"/> yes <input type="checkbox"/> no	Please list date, charge & result of court hearing:

During the last 24 months, how many times has the applicant used the following community services?

_____ Hospital Emergency Room	_____ Psychiatric Hospital
_____ Crisis Center	_____ Homeless Shelter
_____ Police / Court	_____ Drug / Alcohol Treatment

CASE MANAGER CERTIFICATION

Why do you feel that this applicant will succeed in maintaining housing at Basic Accommodations as opposed to other housing in the community?

Please describe the type and frequency of support to be provided by agency/person making this referral:

Signature of Case Manager

Date

APPLICANT CERTIFICATION INFORMATION BELOW THIS LINE MUST BE COMPLETED BY APPLICANT

Why are you interested in living at Basic Accommodations?

Have you visited Basic Accommodations and viewed the living quarters in which you may reside? _____

Are you willing to abide by your housing agreement? _____

I understand that because Basic Accommodations is a HUD Safe Haven, there are additional rules that I must abide by in order to retain my housing. The rules will be fully explained to me BEFORE I sign the housing agreement.

If my application is approved and I become a resident at Basic Accommodations, my rent may be subsidized by the Housing Assistance Program (HAP). Eligibility will be determined prior to move-in. Eligibility for HAP rental assistance is limited to 30 months.

I certify that the answers to all of the questions in this application are true and complete to the best of my knowledge. I agree to permit my Case Manager, ICAN, Mental Health Services and Recovery Board and Building Staff to consult with each other and make necessary and reasonable interventions to preserve the safety, sanitation and permanence of my rent subsidy and/or housing situation.

Signature of Applicant

Date

Basic Accommodations

830 Cherry Avenue NE • Canton, Ohio 44702-1090 • 330-455-2442 • Fax 330-455-1657

CASE SUMMARY

1. Name _____
2. Date of Birth _____ Social Security Number _____
3. Referring Agency (Name, Address & Phone Number) _____

4. Current Case Manager (Name & Phone Number) _____

5. Current Address of Client _____

6. Does the resident have Medical or Psychiatric Advanced Directives?
Yes _____ No _____ (If yes, please describe them, or attach a copy to this form)
7. Does the resident have a guardian? Yes _____ No _____
8. Guardian (Name, Address & Phone Number) _____

9. Has the resident ever been convicted of a crime? Yes _____ No _____
(If yes, explain) _____

10. Describe any known behaviors of resident. _____

11. Describe any unusual physical characteristics or habits resident may have. _____

12. Does the resident have special health considerations/risks? _____
13. Describe ways to calm or re-direct resident. _____

14. What is the resident's preference for social contact? _____

15. Describe any preparation by Basic Accommodations and it's staff to provide optimal care for resident. _____

Client Name _____

Client ID _____

16. Assistance with daily living activities/prompting (include resident's needs/issues, prompting required, responsible party). Attach additional sheets if necessary.

• **Hygiene** _____

• **Medication** _____

• **Medical Appointment Transportation** _____

• **Psychiatric Appointment Transportation** _____

• **After Hours Transportation** _____

• **Nutrition** _____

• **Scheduling of Appointments** _____

• **Budget/Finance** _____

• **Socialization Needs (Home/Community)** _____

• **Skills Training** _____

• **Resident's Comments** _____

• **Facility Operator's Comments** _____

• **Agency's Comments** _____

Client Name _____

Client ID _____

17. List current medications. Document changes between plan reviews (Include date/change).

Date	Medication	Dosage/Directions

Use additional sheets as needed

Note: Some common side effects of medication are changes in behavior, weight gain or loss, severe skin rash, headaches lasting 2-3 days, diarrhea lasting 2-3 days. Should there be any sign of medication side effects, please notify the nurse/case manager at the appropriate agency.

18. I would like staff to notify me if/when: _____

19. **Emergency Contact Procedures**

Basic Accommodations will follow these procedures:

- A) During regular business hours
 - 1) Contact Agency Case Management office
 - 2) Ask for assigned Case Manager
 - 3) If Case Manager is unavailable, ask for the Case Manager’s Supervisor or the Director of Clinical Services
- B) After business hours, weekends and holidays
 - 1) Contact the Crisis Center Hotline (330) 452-6000
 - 2) Ask for the Agency’s Case Manager on call
- C) All emergency medical issues and legal issues should be handled by contacting those listed below (Include Name and Phone Number)
 - 1) Guardian _____
 - 2) Physician _____
 - 3) Ambulance _____
 - 4) Hospital _____
 - 5) Probation/Parole Dept _____
 - 6) Police/Sheriff Dept _____

Client Name _____

Client ID _____

20. Signatures:

Resident's Signature

Date

Case Manager's Signature

Date

Case Manager Supervisor's Signature

Date

Representative of Basic Accommodations

Date

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to ICAN. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under the penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS documents(s) evidencing eligible immigration status and signed verification consent form.
- Immigration status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
- Permanent residence under §249 of INA 4/; or
- Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
- Parole status under §§212(d)(5) of the INA 6/; or
- Threat to life or freedom under §243(h) of the INA 7/; or
- Amnesty under §245A if the INA 8/.

Signature of Family Member

Date

- Check box on left if signature of adult residing in the unit who is responsible for child named on statement above.

ICAN: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) if the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to ICAN: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), ICAN must enter INS/SAVE Verification Number and date that it was obtained. An ICAN signature is not required.

Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

VERIFICATION OF DISABILITY
U.S. Department of Housing and Urban Development
Office of Housing Federal Housing Commissioner

Basic Accommodations

DATE: _____

TO: (agency requested to verify information)	FROM: ICAN Housing Solutions c/o Christy Shonk
Address	1214 Market Ave N
	Canton OH 44714

PLEASE RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE.

NAME _____

ADDRESS if applicable _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing program to verify all information that is used in determining this person's eligibility or level of benefits. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. YES NO Has a mental health disability, as defined in 42 U.S.C. 423, which means; Inability to engage in substantial gainful activity by reason of any medically determinable mental impairment that has lasted or can be expected to last for a continuous period of not less than 12 months;
2. YES NO Is the above a person whose disability is combined with any drug or alcohol abuse
3. YES NO Is the above a person whose disability is based solely on any drug or alcohol dependence (the person has no other disability which meets the above definition).

Title and signature of individual verifying disability:

Qualifications/Degree of individual verifying disability: _____

Signature: _____

Title: _____ Date: _____

PARTICIPANT RELEASE

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Participant Signature _____

Date _____

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



ICAN Housing Solutions
Where Hope and Independence Begin

OFFICIAL Homeless Certification

Participant Name: _____ HMIS No.: _____
Agency Providing Services: _____ Case Manager: _____

This statement serves as verification that the applicant listed above is homeless in the manner checked below:

Is sleeping in the following places not meant for human habitation (check one): [] Park [] Car [] Sidewalk

[] Abandoned building [] other (specify) _____

[] Is sleeping in _____ emergency shelter.

[] Is from _____ transitional housing or supportive housing for homeless persons; originally came from the street or emergency shelter.

[] In any of the places but is spending a short time (up to 30 consecutive days) in the hospital or institution. Name of institution: _____

Please explain your attempts to identify other housing or a support network such as family or friends.

[] Is being evicted within 7 days from a private dwelling unit (LIST ADDRESS BEING EVICTED FROM HERE):

[] No subsequent residence has been identified and the person lacks resources and support networks needed to obtain housing. Explain: _____

[] Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Explain: _____

[] Is being foreclosed upon within the week. Explain: _____

[] Is being evicted by family or friend where there is no formal eviction. Please attach letter from family or friend stating that the occupant has to vacate.

Signature & Title of person verifying homelessness _____ Date _____

Participant's Signature _____ Date _____

PENALTIES FOR MUSUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code status that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHS and any owner (or any employee of HUD, the PHA maybe subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests obtains or discloses any information under false pretence concerning an application or participants maybe subject to misdemeanor and not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action or damages, and seek other relief, as may be appropriate against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security number are contained in the Social Security ACT at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violation of 42 U.S.C 408 (f) (g) and (h).



ICAN, Inc.

1214 Market Avenue North, Canton, Ohio 44714

Phone: (330) 455-9100 Fax: (330) 455-4702

Web: www.ican-inc.org Email: ican@ican-inc.org

INCOME, ASSET & EXPENSE STATEMENT
Basic Accommodations

Participant Name: _____ SSN No.: _____

**Please answer each of the following questions. For each “Yes,” provide details in the chart below.
Does any member of your household:**

- Yes No 1. Work full-time, part-time, or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Works for someone who pays them cash?
- Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- Yes No 5. Now receive unemployment benefits?
- Yes No 6. Expect to receive unemployment benefits?
- Yes No 7. Now receive child support?
- Yes No 8. Expect to receive child support?
- Yes No 9. Not receive child support that he/she is entitled to?
- Yes No 10. Now receive alimony?
- Yes No 11. Expect to receive alimony?
- Yes No 13. Now receive public assistance (TANF)?
- Yes No 14. Expect to receive public assistance (TANF)?
- Yes No 15. Now receive Social Security or disability benefits?
- Yes No 16. Expect to receive Social Security or disability benefits?
- Yes No 17. Now receive income from a pension or annuity?
- Yes No 18. Expect to receive income from a pension or annuity?
- Yes No 19. Now receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 20. Expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 21. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from rental property?
- Yes No 22. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 18. Have real property or other assets (including cash) that s/he has sold or given away in the past two years?

HOUSEHOLD MEMBER	SOURCE OF INCOME: NAME & ADDRESS	ANNUAL INCOME

ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificate of Deposit) of all household members.

HOUSEHOLD MEMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

2. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:

3. List any assets disposed of for less than their fair market value during the past two years:

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address, and telephone number of the care provider:

What does the childcare cost you weekly? _____

Yes No Do you pay a care attendant or for any equipment for any disable household member(s) necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide their name, address, and telephone number:

What is the cost to you for the care attendant and / or the equipment? _____

Disabled / Elderly Families Only

Yes No Do you have Medicare? If yes, what is your monthly premium? _____

Yes No If you have Medicaid, do you have a spenddown? If yes, amount: _____

Yes No Do you have any other medical insurance? If yes, provided the name and address of carrier, policy number, and premium amount.

Yes No Do you have outstanding medical bills? If yes, list them below with monthly payment amounts.

What medical expenses do you expect to incur in the next 12 months?

If you use the same pharmacy regularly, please provide the name and address:

I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize ICAN to verify all information provided on this income statement. I/we certify that the statements made herein are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.

Signature of Household Member

Date



ICAN, Inc.

1214 Market Avenue North, Canton, Ohio 44714

Phone: (330) 455-9100 Fax: (330) 455-4702

Web: www.ican-inc.org Email: ican@ican-inc.org

CERTIFICATION OF ZERO INCOME
Basic Accommodations

Participant Name: _____

SSN: _____

Date of Birth: _____

I hereby certify that I do not receive income from any of the following sources:

1. Wages from employment (including commissions and fees).
2. Income from operation of a business.
3. Rental income from real or personal property.
4. Interest or dividends from assets.
5. Social Security payments, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
6. Unemployment or disability payments.
7. Public assistance payments.
8. Alimony or child support.
9. Monetary contributions or gifts regularly received from persons not living in the unit (including rent or utility payments regularly paid on my behalf).
10. Educational grants and/or scholarships or Veterans Administration benefits available for subsistence after deducting expenses for tuition, fees and books.
11. Sales from self-employed resources (babysitting, lawn care, etc.).
12. **And**, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any of the above sources within the next thirty (30) days or less depending upon the projected period of -0- income.

I understand that I must re-verify this information every thirty (30) days or less depending upon the projected period of -0- income. Further, should I find employment or begin to receive assistance or begin to receive income from any of the sources listed above, I will report the income immediately.

Print Your Name _____

Date: _____

Signature _____

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.
