



# HOUSING SOLUTIONS PROCEDURE FOR EVICTION

## PREVENTION/DEPOSIT ASSISTANCE

Community Action Team, Inc. has very limited funding to help clients who request housing financial assistance. We are constantly seeking funds to provide housing and energy financial assistance. However, given the high demand for this assistance we are often without available funds. **Our policy is to provide financial assistance on a funding available, first come first serve basis using the following criteria:**

### Client Eligibility:

- Most programs require the applicant to be an established Columbia County Resident for 6 months or longer.
- Must prove that your household has ability to financially remain in current housing (We do not count Financial Aid as income).
- Must meet income eligibility.
- Must be homeless or at risk of homelessness.
- Due to funding restrictions Housing Solutions will not assist with: Single Room Occupancy, Halfway House, Drug Rehabilitation, and Rent to Own.

### Intake Process:

- CAT staff will review the applications, determine eligibility, and notify the applicant of approval/denial within 7 days. During this process please be in contact with your landlord and make payment arrangements.
- If eligible, all required documentation must be submitted. Any rental assistance payments from CAT will be directly mailed to landlord, only if the landlord is willing to work with the tenant and CAT. Payable process takes about 7 to 14 business days.
- CAT staff will not steer clients into any particular apartment, houses, duplex or properties. We might make suggestions based on income eligibility or household needs/barriers. It is the client's ultimate responsibility to find suitable housing that best fits their needs.

### Services for Deaf and/or hearing impaired customers:

Oregon Telecommunication Relay Service is a service that links Deaf and/or Hearing impaired persons via telephone.

TTY/Voice 1-800-735-2900

Hours: 9 a.m. to noon, 1 p.m. to 5 p.m.

To use this service, dial the number listed above. Give the agent the number you would like to call and he or she will stay on the line to relay the conversation. You can communicate directly with the person you contacted. All calls and information are confidential.

### 2017 Income Guidelines:

# HH members	1 Person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
30%	\$15,700	\$17,950	\$20,200	\$22,400	\$24,200	\$26,000	\$27,800	\$29,600

*\*Some funding available for clients with income over 30% with supervisor approval*

**By signing these forms, I declare the information to be true, I understand that if I receive services for which I am not entitled due to giving false information, I can be fined, spend time in jail, and prevent me from getting any rental assistance in the future.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Office Use Only

**Intake/CAT Staff:**

- Martha Olmstead 503-366-6559
- Melissa Kyles 503-366-6561
- Cheryl Nicholson 503-366-6591
- Rebekah Ausmus 503-366-6558
- 

**How/when was initial intake done?**

- CAT Office Intake       Phone/Email       Client Home
- Other: \_\_\_\_\_
- Date contacted \_\_\_\_/\_\_\_\_/\_\_\_\_

**CM Funds Used:**

- EHA RR                                       EHA HP
- EHA HP Doubled-up                       New SHAP

**Pending Assistance:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Unable to Assist:**

- Zero Income
- Not a Columbia County resident for 6 months or longer.
- Income not enough to sustain household at current residence.
- Other:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---


**Referrals:**

- \_\_\_ DHS (Food Stamps/TANF/APD 503-397-1784)
- \_\_\_ DV Ruthanne Center (503-397-5784)
- \_\_\_ Energy Assistance (503-397-3511)
- \_\_\_ Healthy Families (Sunday Kamppi 503-366-0800)
- \_\_\_ Oregon Law Center (Holly 503-397-1628)
- \_\_\_ Tenant Landlord Hotline (1-877-296-4076)
- \_\_\_ Food Bank (St. Helens 503-397-9708, Scappoose 503-543-7495, Rainier 503-556-0701, Clatskanie 503-728-3126, Vernonia 503-429-1414)
- \_\_\_ Mental Health (CCMH 503-397-5211, Medicine Wheel 503-396-5322)
- \_\_\_ Pacific Northwest Works (503-397-6495)
- \_\_\_ Mortgage Foreclosure (503-366-6562)
- \_\_\_ OTAP (1-800-848-4442), Assurance Phone (1-888-321-5880)
- \_\_\_ Parole and Probation (503-397-6253)
- \_\_\_ Pregnancy Center (503-397-6047)
- \_\_\_ Public Health (503-397-4651)
- \_\_\_ Section 8 (NOHA 1-800-927-9275)
- \_\_\_ Shelter-Community House on Broadway (360-425-8679)
- \_\_\_ Self Help Housing (503-366-6550)
- \_\_\_ Senior Services (503-366-6542)
- \_\_\_ Subsidized Housing (Woodland Trails 503-397-4938, Sol Havn 503-728-3169)
- \_\_\_ Senior Subsidized Housing (Columbia Hills 503-397-6131, The Victorian 503-987-1842)
- \_\_\_ Transitional Housing (Sheriff Department 503-397-6253)
- \_\_\_ Unemployment Office (503-397-4995)
- \_\_\_ Vocational Rehab (503-366-8383)
- \_\_\_ Weatherization (Carmen 503-366-6587)
- \_\_\_ WIC (503-397-4651)
- \_\_\_ SAFE (503-397-6161)
- \_\_\_ Community Meals (Lutheran Church) Tuesday & Thursday
- \_\_\_ Warming Shelter
- \_\_\_ OHP (Public Health 503-397-4651, Medicine Wheel 503-396-5322)
- \_\_\_ Other \_\_\_\_\_

**Task List:**

- 1. \_\_\_\_\_ Completion date: \_\_\_\_\_
- 2. \_\_\_\_\_ Completion date: \_\_\_\_\_
- 3. \_\_\_\_\_ Completion date: \_\_\_\_\_
- 4. \_\_\_\_\_ Completion date: \_\_\_\_\_

# Housing Solutions Intake Assessment

	Name (First, Middle, Last)	Relation to head of household	AGE	D/O/B <small>MM/DD/YY</small>	SOCIAL SECURITY NUMBER	Gender	Military Experience (Y/N)	Language (E,S,C,J)	Education (K-12/12+)	Disability? (Y/N)	Pregnant? (Y/N)	Race					Non-Cash Benefits							
												Hispanic or Latino? (Y/N)	African American(Y/N)	Am.Indian/Alaska Native (Y/N)	Asian (Y/N)	Nat. Hawaiian/ P. Islander (Y/N)	White (Y/N)	Don't Know/ Refused (Y/N)	Food Stamps/SNAP (Y/N)	State Health Insurance (Y/N)	Medicaid/OHP (Y/N)	Medicare (Y/N)	VA Medical (Y/N)	Other Health Insurance
		Self																						

Military Service Era: \_\_\_\_\_

## Current Housing Info:

Literally Homeless, last zip code: \_\_\_\_\_  
 Housed/Imminent Risk of Losing Housing  
**How imminent is risk of homelessness?**  
 Less than 7 days       15-30 Days  
 7-14 Days               More than 30 days

Fleeing domestic violence  
**Domestic Violence?**  Yes  No  
**If yes, how long ago?** \_\_\_\_\_  
**If yes, currently fleeing?**  Yes  No

**Where did you stay last night? (Check only one):**

Emergency Shelter                       Transitional Housing  
 Rent (no subsidy)                       Substance Abuse Treatment Facility  
 Rent w/ subsidy                           Car,Street,Camping (Circle 1)  
 Staying/Living with Friends           Staying/Living with Family  
 Own home                                    Own home w/ subsidy  
 Hospital (Non-Psychiatric)            Hotel/Motel  
 Psychiatric Hospital/Facility         Nursing Home  
 Foster Care/Group Home               Jail,Prison or Juvenile Detention

**Length of Stay:**

One day or less  
 Two days to 1 week  
 More than 1 week/Less than 1 month  
 1 to 3 months  
 4 to 12 months  
 1 year or longer

## Household Contact Info:

Phone: \_\_\_\_\_  Message  Cell  Home

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_ .com

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Same as Mailing Address

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Household Type:**

Two Parent  
 Single  
 Co-Habitants  
 Single Parent Female  
 Extended Family  
 Single Parent Male  
 Married No Children  
 Unaccomp. Youth

➤ Please give us a short summary about your housing situation and plan of stability:

---

---

---

---

---

➤ How long have you been a resident in Columbia County? \_\_\_\_\_

➤ Have you been working with anyone to receive assistance with your housing within the last 12 months?

<u>Who:</u>	<u>Amount received this month:</u>
Family:	
Friends:	
Church Name: _____	
Other:	

No resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent household from becoming literally homeless.

➤ In the last 12 months has your household received any of the following assistance from Community Action Team?

HSP    United Way    SSVF    ESFP    ESG    Faith Based Referral

➤ IF HOMELESS:

What caused you to be homeless?

---

---

1. Client entering from the Streets, Emergency Shelter or Safe Haven?    Yes    No

Approximate date homelessness started \_\_\_\_/\_\_\_\_/\_\_\_\_.

2. Length of time homeless status documented?    Yes    No

3. Number of Times the client has been homeless in the past three years-

1    2    3    4 or more    DK    Refused

4. Total number of months continuously homeless on the street, Emergency Shelter or Safe Haven in the past three years \_\_\_\_\_

**RESOURCES:**

<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT:</u>	<u>PERSON RECEIVING:</u>
No Income.		
Unemployment.....	\$ _____	_____
Employment.....	\$ _____	_____
Food Stamps.....	\$ _____	_____
TANF.....	\$ _____	_____
SSI.....	\$ _____	_____
SSDI.....	\$ _____	_____
Social Security.....	\$ _____	_____
Child Support.....	\$ _____	_____
Pension.....	\$ _____	_____
Veteran Pension (non-svs connected)	\$ _____	_____
Veteran Pension (Svs Connected)	\$ _____	_____
Widows Benefits.....	\$ _____	_____
Trust Fund .....	\$ _____	_____
Alimony.....	\$ _____	_____
Workers Compensation...	\$ _____	_____
Tribal Benefits.....	\$ _____	_____
Family Contribution.....	\$ _____	_____
Student Loans.....	\$ _____	_____
Accident Insurance.....	\$ _____	_____
Rental Subsidy.....	\$ _____	_____
<b>Total Monthly Income</b>	<b>\$ _____</b>	_____

**EXPENSES:**

<u>ITEM</u>	<u>CURRENT</u>	<u>/</u>	<u>BACK OWING</u>
Rent.....	\$ _____		\$ _____
Security Deposit.....	\$ _____		\$ _____
Mortgage Payment.....	\$ _____		\$ _____
Electric.....	\$ _____		\$ _____
Natural Gas.....	\$ _____		\$ _____
Phone/Cell Phone.....	\$ _____		\$ _____
Internet.....	\$ _____		\$ _____
Water/Sewer.....	\$ _____		\$ _____
Garbage.....	\$ _____		\$ _____
Food.....	\$ _____		\$ _____
Child Day Care.....	\$ _____		\$ _____
Car Payment.....	\$ _____		\$ _____
Car Insurance.....	\$ _____		\$ _____
Gasoline.....	\$ _____		\$ _____
Car Repair.....	\$ _____		\$ _____
Child Support.....	\$ _____		\$ _____
Household Items.....	\$ _____		\$ _____
Laundry.....	\$ _____		\$ _____
Cable TV.....	\$ _____		\$ _____
Health Insurance.....	\$ _____		\$ _____
Cigs/Alcohol.....	\$ _____		\$ _____
Medical Bills.....	\$ _____		\$ _____
Medication.....	\$ _____		\$ _____
Court Fees .....	\$ _____		\$ _____
Credit Cards.....	\$ _____		\$ _____
Storage Unit.....	\$ _____		\$ _____
OTHER.....	\$ _____		\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>		<b>\$ _____</b>

Check All Barriers that apply to family:  
 \_\_\_\_\_ √ (if applies) Name: \_\_\_\_\_

**Physical Disability** \_\_\_\_\_

**Mental Health Disability** \_\_\_\_\_

**Developmental Disability** \_\_\_\_\_

**Alcohol Abuse** \_\_\_\_\_

**Drug Abuse** \_\_\_\_\_

**Chronic Health Condition** \_\_\_\_\_

HIV Positive \_\_\_\_\_

Lack of rent/mortgage \_\_\_\_\_

Lack of Screening Fees \_\_\_\_\_

Lack of Security deposit \_\_\_\_\_

Lack of Day Care \_\_\_\_\_

**Companion/Service Animals** \_\_\_\_\_ Type: \_\_\_\_\_

**Owe money to Past Landlord** \_\_\_\_\_

Damages to past rentals \_\_\_\_\_

Evictions/Last 10 yrs \_\_\_\_\_

Mortgage Foreclosure \_\_\_\_\_

Bankruptcy/Last 10 yrs \_\_\_\_\_

**Illegal Chemical Conviction** \_\_\_\_\_

**Misdemeanor Convictions** \_\_\_\_\_

**Sex Offender** \_\_\_\_\_

Felony Convictions/last 10 yrs. \_\_\_\_\_

Theft Convictions \_\_\_\_\_

Assault Convictions \_\_\_\_\_

**Landlord Information:**

\*Landlord Name:

\_\_\_\_\_

\*Landlord Phone:

\_\_\_\_\_

\*Landlord Address:

\_\_\_\_\_

\*Our funding is very limited and we are required to utilize every avenue possible when it comes to assistance. Your household must provide a portion of funds to be used towards rent/deposit. **How much do you have to be used towards your rent/deposit?**  
 \$ \_\_\_\_\_

How will you pay your rent next month?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMUNITY ACTION TEAM, INC INCOME VERIFICATION**  
(Only for new income prior to receiving the first paycheck)

Applicant's Name: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

---

**Office Use Only**

Dear Employer:

The person listed above is applying for assistance through CAT. Part of the criteria for this process includes income verification to determine this household's financial eligibility. We are required by Federal regulations to verify the income of all program participants. Please complete all the information below. Thank you for your assistance.

Date employment began: \_\_\_\_\_ Date employment ended: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_ If number of hours is inconsistent, provide average: \_\_\_\_\_

Hourly wages: \$ \_\_\_\_\_ or Annual gross salary: \$ \_\_\_\_\_

Gross year-to-date earnings: \$ \_\_\_\_\_ as of what date: \_\_\_\_\_

Number of weeks employed each year: \_\_\_\_\_

Amount of tips, commission, other: year \$ \_\_\_\_\_ Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_

Employee's title, position or type of work: \_\_\_\_\_

Expected change in pay: \$ \_\_\_\_\_ Effective date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Phone Number

# Housing Options/Resource Eligibility/Assets Documentation

Applicant:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Are there any financial or support networks available to your household that can be used to help them remain in their current housing or to obtain appropriate subsequent housing?  YES  NO  
*If yes, please explain below:*

\_\_\_\_\_

- Does anyone in the household have a checking or savings account?  YES  NO  
**If yes, please note account balances and attach bank statement for last 30 days.**  
 Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

➤ Assets:

TYPE OF ASSET	TOTAL VALUE	FEES OR PENALTIES	CASH VALUE (TOTAL VALUE MINUS PENALTIES)	INTEREST RATE	ACTUAL ASSET INCOME (MULTIPLY CASH VALUE BY INTEREST RATE)
				N/A	

To the best of my knowledge I have no known assets to report.

*By signing this form, I declare that all of the information provided to Community Action Team, Inc. Housing Solutions is true and correct to the best of my knowledge. I understand that by providing false information, I could be prosecuted to the fullest extent of the law.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

CAT Staff:

**Subsequent Housing Options:** *Please assess with the applicant what appropriate subsequent housing options might be available to the household.*

- Are there any appropriate subsequent housing options for this household?  YES  NO  
*If yes, please explain below:*

\_\_\_\_\_.

- Have you verified that no other appropriate subsequent housing options are available? (i.e. Friends/family/ hotel/motel/ other agencies)  YES  NO

**Financial Resources and Support Networks:** *Please assess with the participant all financial resources and support networks that might be available to the household.*

- Have you verified that the household lacks the financial resources and support networks to maintain housing?  YES  NO

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY ACTION TEAM, INC.**  
**HOUSING SOLUTIONS**  
**GENERAL RELEASE OF INFORMATION**  
**& CONFIDENTIALITY CONSENT**

**Consent:**

I give permission for Community Action Team, Inc. to share and exchange information with other staff at the agencies listed below for the purpose of providing assistance to me.

**Information Covered:**

I understand that depending on the program policies previous or current, information regarding my household or myself may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity and Martial Status	Employment, Income and Assets
Residences and Rental Activity	Medical, Mental Health Information, and Disability Status
Credit and Criminal Activity	Social Security with Date of Birth and Disability Status

**Groups or Individuals that may be asked:** The groups or individuals that may be asked to release the about information (depending on program requirements) include but are not limited to:

Previous Landlords (including PHA's)	Social Security Administration
Potential Landlords	Banks and/or Financial Institutes
Department of Human Services & their contractors	Medical, Psychological or Psychiatric Issues
Past and Present Employers	Public Health Agencies
Courts and Probation & Parole	Alcohol and Drug Treatment
Schools and Colleges	Credit Report Providers and Credit Bureaus
Law Enforcement Agencies	Retirement Systems
Utility Companies	Federal, State and/or local Tribal Benefits
Support and Alimony Providers	Foods Banks
Community Action Agencies	Medical and Child Care Providers
Veteran's Administration	Advocate/Counselor/Case Worker
Homeless/DV shelter	Vocational Rehabilitation (DHS)
Oregon Housing and Community Services (OHCS)	Northwest Oregon Housing Authority (NOHA)
Other: _____	Continuum of Care (ROCC)

**Computer Matching Notice and Consent:** I understand and agree that CAT, Inc. may conduct computer-matching programs to verify the information supplied for my application rectification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose of incorrect information. CAT, Inc. may in the course of its duties, exchange automated information with other Federal, State, County or Local agencies, including but not limited to: State Employment Security Agencies, Department of Defense; Office of Personnel Management; the US Postal Service; The Social Security Administration and State Welfare and Food Stamp agencies; OHCS-OPUS partner Agencies.

**Conditions:** I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and/or continued participation in a CAT, Inc. housing assistance program. I understand that I can revoke this consent at any time, by notifying Community Action Team, Inc. (Note: If this occurs, client could write revoked on bottom of this form with date.

**Domestic Violence:** If you are a victim of domestic violence may we have your consent to share information on OPUS and Service Point? **Consent Yes or No? (Circle one)**

\*\*\*This release is valid until one year after date of signature\*\*\*

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Adult Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult Signature**

\_\_\_\_\_  
**Date**