



## CARES Housing Assistance Program (CHAP) Documentation Checklist

In order to determine eligibility, the following documents must be provided:

- Photo Identification for Head of Household, regardless of state origin.
- For Rental/Mortgage Assistance: Copy of current lease or mortgage statement in the name of the person (or other household member) requesting assistance.
- For Utility Assistance: Copy of current utility bill in the name of the person (or another household member) requesting assistance.
- Proof of COVID-19 financial impact that resulted in loss of employment, reduction in work hours, furlough from employment, or a reduction in income/salary due to reduced business revenue. One of the following must be provided:
  - Recent paystubs showing a reduction in income
  - Unemployment benefits (UIB) confirmation (copy of check or confirmation letter)
  - Employer statement
  - Attestation statement if other items are not available (included in application).
- Participating Landlord W9 and Verification Form to be completed by landlord (Included in the Application Package)



# CARES Housing Assistance Program (CHAP)

<b>Today's Date:</b>  <b>What type of assistance is needed?</b> <input type="checkbox"/> Rental <input type="checkbox"/> Utility <input type="checkbox"/> Mortgage
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## Client Application

<b>Last Name, First Name, Middle:</b>		<b>Date of Birth:</b>	<b>Age:</b>	
<b>Current Address:</b>		<b>Telephone Number:</b>		<b>Email Address:</b>
<b>City, State, Zip:</b>				
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>US Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In-Process	<b>Primary Language:</b>	<b>Disabling Condition:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what type: _____	
<b>Specify Racial Group (1 or More):</b> <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Other Racial Group		<b>How did you hear about us:</b>	<b>Marital Status (check one):</b> <input type="checkbox"/> Single/never married <input type="checkbox"/> Married <input type="checkbox"/> Separated/partner left <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together <input type="checkbox"/> Other:	<b>Housing Status:</b> <input type="checkbox"/> Homeless <input type="checkbox"/> Housed and at Risk of Losing Housing <input type="checkbox"/> Eviction Pending <input type="checkbox"/> Stably Housed
<b>Veteran:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Branch: _____ Year Entered: _____  Year Separated: _____ Discharge Status: _____		<b>Prior Living or Housing Situation (over 30 days):</b> <input type="checkbox"/> Homeless (place not meant for habitation) <input type="checkbox"/> Emergency shelter/Transitional Housing for homeless individuals <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Hospital <input type="checkbox"/> Psychiatric hospital <input type="checkbox"/> Jail, prison, juvenile detention facility <input type="checkbox"/> Substance abuse treatment facility <input type="checkbox"/> Safe Haven <input type="checkbox"/> Foster Care home/group home <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client with no ongoing subsidy <input type="checkbox"/> Rental by client with ongoing subsidy <input type="checkbox"/> Owned by client with no ongoing subsidy <input type="checkbox"/> Owned by client with ongoing subsidy <input type="checkbox"/> Other: _____		
<b>How were you impacted by COVID-19 (check all that apply):</b>  <input type="checkbox"/> Loss of employment <input type="checkbox"/> Reduction in work hours <input type="checkbox"/> Furlough from employment <input type="checkbox"/> Reduction in income/salary due to reduced business revenue  <b>Other (please specify):</b> _____				
<b>Employment Status:</b> <input type="checkbox"/> Full time (+35hrs/week) <input type="checkbox"/> Part time (under 35hrs/week) <input type="checkbox"/> Unemployed (looking for employment) <input type="checkbox"/> Not employed and not looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Still in school				

**FINANCIAL RESOURCES- BANK ACCOUNT**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Checking**

**Savings**

**Have you received cash income from any source listed below in the last 30 days?**

Yes

No

**Enter Income Amounts Received in the Last 30 Days:**

Earnings: [Job or Commission] \_\_\_\_\_ Total Monthly: \_\_\_\_\_

Unemployment Insurance:[UI] \_\_\_\_\_ Total Monthly: \_\_\_\_\_

**HOUSEHOLD SIZE:** # of Adults \_\_\_\_\_

# of Children (under 18) \_\_\_\_\_

**PLEASE LIST ALL HOUSEHOLD MEMBERS**

Name	Relationship	D.O.B	Age

**Does anyone else in your household earn income or receive unemployment Benefits?**

Yes

No

Who? \_\_\_\_\_  
Source? \_\_\_\_\_  
Amount? \_\_\_\_\_

Who? \_\_\_\_\_  
Source? \_\_\_\_\_  
Amount? \_\_\_\_\_

Who? \_\_\_\_\_  
Source? \_\_\_\_\_  
Amount? \_\_\_\_\_

What type of assistance are you applying for? \_\_\_\_\_

How much financial assistance do you need? \_\_\_\_\_

Do you have a **Lease**, Rental Agreement or other legal contract for the housing you are residing in?

- Yes
- No, Explain

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Are you currently being assisted with Section 8, Public Housing, or a Tax-Credit Unit?

- Yes
- No
- Don't Know
- Does Not Apply



CARES Housing Assistance Program Information Release

I \_\_\_\_\_ authorize the CHAP program staff to contact my landlord/property manager, employer, agencies and individuals for information about my family or myself for the purpose of rental assistance, case management and referrals. This authorization includes all agencies and individuals with those I have worked or may work through referral by any agency. This authorization will be considered a mutual release.

The release of content includes but is not limited to information regarding rental history, rental amount, landlord information, income, employment, or other information needed to determine eligibility and process request for rental assistance.

\_\_\_\_\_  
**Applicant Printed Name**

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

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

**What is the CMIS?**

The CMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the CMIS for the CoCs within the state of Nevada. The purpose of the CMIS is to improve services that support people who are homeless or at risk of homelessness to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

**What is the purpose of this form?**

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help Nevada provide housing and services. A current list of Partner Agencies is available at <http://nvcmis.bitfocus.com/>.

**BY SIGNING THIS FORM, I AUTHORIZE** the state of Nevada and Bitfocus to share CMIS information with Partner Agencies. The CMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

**BY SIGNING THIS FORM, I UNDERSTAND THAT:**

- Bitfocus and Partner Agencies will keep my CMIS information private using strict privacy policies. I have the right to review their privacy policies.
- I can receive a copy of this Consent and the Client Information Sheet
- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 5 years from my last CMIS recorded activity.

I may revoke this Consent earlier at any time by returning a completed Revocation of Consent form, available at <http://nvcmis.bitfocus.com/>, to nevada@bitfocus.com.

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My CMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, and The Department of Health and Human Services. I understand that the list of auditors and funders may change over time.
- My CMIS information may be shared to coordinate referral and placement for housing and services.
- My CMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.
- My CMIS information will be used to help evaluate the quality of social services.
- My CMIS information may be used for research; however, my identity will remain private.

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME

**Refusing Consent and De-Identification of Information**

If you refuse consent to have your information shared with Partner Agencies, the following information will be entered into the system for your profile and will be deemed as anonymous or “de-identified”.

1. Your Social Security Number will be entered as all 0s and the Social Security Number Data Quality field will be set to Client Refused;
2. Your Date of Birth will be entered as 01/01/[year of birth] and the Date of Birth Data Quality field will be set to Approximate or Partial DOB Reported;
3. Your First Name will be entered as Anonymous;
4. Your Last Name will be entered as the Unique Identifier automatically assigned by Clarity Human Services; and
5. The Name Data Quality field will be set to Client Refused.

**FOR AGENCY USE ONLY:**

\_\_\_\_\_  
**Client Opted Out (Refused Consent)** \_\_\_\_\_  
**Staff Signature** **Date**

\_\_\_\_\_  
**Client Full Name, Social Security Number and/or Birthdate**



**CARES Housing Assistance Program Attestation**

I, \_\_\_\_\_, declare under the penalty of perjury that the following is true and correct, and the checked boxes describe my situation:

- I attest that my financial situation has been affected (i.e. loss of employment, reduction in work hours, furlough from employment, reduction in income/salary due to reduced business revenue, etc.) by the current COVID-19 pandemic.
- I attest that the amounts entered for my liquid resources (checking/savings accounts) are true and correct. I understand that liquid resources totaling greater than \$3,000 must be used toward the benefit(s) requested.
- I attest that my current income falls within 120% of the Area Median Income (AMI) in Clark County, Nevada for my household size (see below).

Area Median Income per month by household size:

- HH 1 up to \$5,250
- HH 2 up to \$6,000
- HH 3 up to \$6,750
- HH 4 up to \$7,500
- HH 5 up to \$8,100
- HH 6 up to \$8,700
- HH 7 up to \$9,300
- HH 8 up to \$9,900 (add \$600 per month for each additional household member)

*Signature of applicant certifies that all information is true and correct, applicant has no other resources and that financial hardship is COVID-19 related. I understand that this information is to be used to determine eligibility for program assistance. I understand that the falsification or omission of any information on my application, any program paperwork or any other documents may cause denial and/or termination of any program services offered by CHAP, prosecution for a category D felony pursuant to NRS 199.145, and I may have to repay benefits received.*

\_\_\_\_\_  
**Applicant Printed Name**

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

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