

**HOMELESS PREVENTION RENTAL ASSISTANCE PROGRAM
ELIGIBILITY SCREENING QUESTIONNAIRE**

Please answer the following questions so we can understand your current situation and figure out whether you qualify to receive assistance under this program. Please make sure that you answer EVERY question to determine whether this program can help you; do not leave any answer blank.

1. Which county are you a resident of?

FL-600 Miami-Dade

FL-601 Broward → This program is only available for applicants currently housed in Miami-Dade County who are at risk of losing their housing. Please visit the following link for information on programs in Broward County that may be able to assist you.

<https://nhssf.org/online-covid-19-resources/>

FL-604 Monroe → This program is only available for applicants currently housed in Miami-Dade County who are at risk of losing their housing. Please visit the following link for information on programs in Monroe County that may be able to assist you.

<http://www.monroecounty-fl.gov/covidhousingassistance>

2. Do you have a pending application, or are you receiving assistance from another organization, for the same assistance being requested from this program?

No

Yes → If you have a pending application for assistance or are already receiving assistance from another program, you are not eligible for assistance from this program at this time. If you are not able to receive assistance from that process, or you need additional assistance, you can apply to this Program in the future.

3. Do you have any support system or family who can provide you with immediate housing?

No

Yes → Based on the information provided you are not eligible for assistance from this program at this time. If your circumstances change, you can apply to this Program in the future. For information on other resources that may be available to you, please visit the following link: <https://www.axishelps.org/rent-and-homeowner-relief>

4. Do you have any other resources, housing options, family or support networks that can help instead of requesting this assistance?

No

Yes → Based on the information provided you are not eligible for assistance from this program at this time. If your circumstances change, you can apply to this Program in the future. For information on other resources that may be available to you, please visit the following link: <https://www.axishelps.org/rent-and-homeowner-relief>

5. Are you currently fleeing domestic violence, labor or sex trafficking?

No

Yes

6. Are you an unaccompanied or parenting youth who has not turned 25 years old?

No

Yes

**7. Do you have documentation to demonstrate imminent risk of homelessness, as evidenced by one of the following:
[click all that apply]**

Court document showing you are in the process of being evicted.

Documentation verifying you are staying in a hotel/motel not paid for by a government agency or non-profit.

Referral from Fire Department/Red Cross and Fire Incident Report.

- Government document proving the building you were living in was condemned.
- Letter from institution or transitional housing you are leaving verifying homeless status prior to entering.
- Document verifying home you were living in was foreclosed on.
- Letter verifying you're aging out of foster care or on family unification program.
- 3-Day Notice from Landlord showing you are behind on rent
- Referral from Project UP-START along with Doubling Up Letter and Proof of Address from host or Motel Receipts.
- Section 8 Authorization for Change of Dwelling.

- None of the above. → If this box is checked because none of the above applies to your situation, but you answered **YES** to question #5 *or* **YES** to question #6, then continue to question #8.
 → If this box is checked and you also answered **NO** on BOTH question #5 AND question #6, you are not eligible for this assistance from this program. Please visit the following link for information on other programs that may be able to help you. <https://www.axishelps.org/rent-and-homeowner-relief>

8. How many people are in your household (including yourself and minor children)? [select only one box]
 Once box is checked go to question #9

- | | | |
|---|---|-----|
| 1 | 5 | 9 |
| 2 | 6 | 10+ |
| 3 | 7 | |
| 4 | 8 | |

9. What is the total annual household income for all persons residing with you (include your income)? [select only one box]

- | | | |
|---------------------|---------------------|---------------------|
| \$ 0 - \$32,000 | \$45,701 - \$49,400 | \$60,351 - \$64,000 |
| \$32,001 - \$36,600 | \$49,401 - \$53,050 | \$64,001 - \$67,650 |
| \$36,601 - \$41,150 | \$53,051 - \$56,700 | \$67,651+ |
| \$41,151 - \$45,700 | \$56,701 - \$60,350 | |

Thank you for completing the eligibility screening. We will review your answers and let you know whether you qualify for this assistance program. Please make sure your contact information below is accurate as we will use it to contact you. If you qualify for this program, you will be provided an application number and a copy of the Application for Assistance” for you to fill out. Your Application for Assistance will not be considered complete until all required documents have been provided by you (through email or in person). At this time, we recommend you begin gathering the documentation required because it will be necessary for the application. Please visit www.stopevictionnow.org for a listing of required documents.

First Name: _____ **Email Address:** _____
Last Name: _____ **Telephone Number:** _____
Home Address: _____
City: _____ **State** _____ **Zip** _____

SUBMIT COMPLETED FORM BY EMAIL OR MAIL

Email: Eligibility@camillus.org **Mail:** Camillus House, Inc.
 1603 NW 7th Avenue, Miami, FL 33136
 Attn: Homeless Prevention Manager