

# 2022 HomeSafe Application

NeighborWorks Blackstone River Valley



HomeSafe provides one-time financial assistance for individuals facing a short-term emergency to carry you through a short-term housing crisis. This assistance is available for individuals and families earning less than 80% of the Area Median Income (As defined by the US Department of Housing & Urban Development) and who can demonstrate a short-term housing emergency. If this sounds like you, please consider applying.

Applications are reviewed on a rolling basis and processed when the full application and all backup documentation is received. We believe these funds will run out quickly. We highly recommend that you review the questions below.

## Demographic Information

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First name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code \_\_\_\_\_

\*HomeSafe funds are available to RI residents who have lived in the State for at least a year, or less in certain special circumstances.

Have you lived in RI for at least the past 365 days?

- YES
- NO

*If no, explain:*

Is your primary residence in Rhode Island?

- Yes
- No
- Currently homeless

### Race

- Native American or Alaska Native
- Asian
- Black or African American
- Multiracial
- Native Hawaiian or Other Pacific Islander
- White
- I prefer not to answer

### Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- I prefer not to answer

Are you or is any member of your household a Veteran or Active Military?

- Yes
- No

Are you or is any member of your household legally disabled?

- Yes
- No

*If yes, please provide the name(s) of the members of your household who are Veterans or Active Military:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*If yes, please provide the name(s) of the members of your household who are legally disabled:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Household Information

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HomeSafe funds are reserved for households in a certain income group (making less than 80% of the HUD Area Median Income). To help us determine if you qualify, please share the following information:

What is the total number of people living in your home (*circle one*)? 1 2 3 4 5 6 7 8 9 10

Please list the names and birth dates of all the people who live in your home (other than yourself).

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

Date of Birth 1: \_\_\_\_\_

Date of Birth 2: \_\_\_\_\_

Do they earn or receive any income? YES NO

Do they earn or receive any income? YES NO

Name 3: \_\_\_\_\_

Name 4: \_\_\_\_\_

Date of Birth 3: \_\_\_\_\_

Date of Birth 4: \_\_\_\_\_

Do they earn or receive any income? YES NO

Do they earn or receive any income? YES NO

Name 5: \_\_\_\_\_

Name 6: \_\_\_\_\_

Date of Birth 5: \_\_\_\_\_

Date of Birth 6: \_\_\_\_\_

Do they earn or receive any income? YES NO

Do they earn or receive any income? YES NO

*If you have additional household members, please list their names and birth dates on a separate sheet*

## Need

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1. The HomeSafe program is here to make sure you can stay safe, with a roof over your head, when a short-term housing emergency arises. What type of emergency are you facing?

- |   |   |
|---|---|
| <input type="checkbox"/> Temporary sickness                         | <input type="checkbox"/> Need to move because there's Lead Paint in my home |
| <input type="checkbox"/> Lost job or reduced income                 | <input type="checkbox"/> Need to move because of a Fire or other Disaster   |
| <input type="checkbox"/> Moving from a shelter to permanent housing | <input type="checkbox"/> Need to move because of Code Violations in my home |
| <input type="checkbox"/> Need to move because of Domestic Violence  | <input type="checkbox"/> Need to move because of Eviction or Foreclosure    |
| <input type="checkbox"/> Need to move because of Human Trafficking  |   |

2. Please briefly tell us about your emergency and how support from the HomeSafe program will help you through it.

3. Have you applied for other HomeSafe funds this year or have you received any emergency or rental assistance funds in the past year? (Yes or no; if yes please explain)

4. To support you during this short-term emergency, the HomeSafe program will help you pay a bill or two to keep a roof over your head. Which bill(s) do you need help paying to get through your current housing emergency? If approved, all payments must be made directly to the 3rd party Creditor.

**Past due Rent**  
Total Owed: \$ \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_  
Creditor Mailing Address: \_\_\_\_\_  
Creditor Phone Number: \_\_\_\_\_  
Creditor Email Address: \_\_\_\_\_  
Are you related to this Creditor: \_\_\_\_\_  
If yes, please explain:

**Outstanding Mortgage Payment**  
Total Owed: \$ \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_  
Creditor Mailing Address: \_\_\_\_\_  
Creditor Phone Number: \_\_\_\_\_  
Creditor Email Address: \_\_\_\_\_  
Are you related to this Creditor: \_\_\_\_\_  
If yes, please explain:

**Late fees on Rent or Mortgage**  
Total Owed: \$ \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_  
Creditor Mailing Address: \_\_\_\_\_  
Creditor Phone Number: \_\_\_\_\_  
Creditor Email Address: \_\_\_\_\_  
Are you related to this Creditor: \_\_\_\_\_  
If yes, please explain:

**Utility Costs (gas, water, oil, electricity, etc.)**  
Total Owed: \$ \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_  
Creditor Mailing Address: \_\_\_\_\_  
Creditor Phone Number: \_\_\_\_\_  
Creditor Email Address: \_\_\_\_\_  
Are you related to this Creditor: \_\_\_\_\_  
If yes, please explain:

**Security Deposit Payment**  
Total Owed: \$ \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_  
Creditor Mailing Address: \_\_\_\_\_  
Creditor Phone Number: \_\_\_\_\_  
Creditor Email Address: \_\_\_\_\_  
Are you related to this Creditor: \_\_\_\_\_  
If yes, please explain:

**Moving/Relocation costs**  
Total Owed: \$ \_\_\_\_\_  
Payment Due Date: \_\_\_\_\_  
Name of Creditor: \_\_\_\_\_  
Creditor Mailing Address: \_\_\_\_\_  
Creditor Phone Number: \_\_\_\_\_  
Creditor Email Address: \_\_\_\_\_  
Are you related to this Creditor: \_\_\_\_\_  
If yes, please explain:

5. HomeSafe is a program to help you and your family overcome a short-term housing emergency. It fills a short-term financial gap so you can quickly get back on your feet again. Do you think you'll be able to pay your bills going forward if you receive this support? (Yes or no, explain)

## Uploads

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We are required to provide proof of eligibility in order to fund your HomeSafe request. Please attach the following documentation to your completed application:

- ID or other document proving RI residency for past 365 days
  - OR – proof of Domestic Violence waiver
- Proof of Need (demand notice, utility bill, eviction notice, etc.)
- The first page of your federal tax return documenting all household members
- Total Household Income for 2020 (*a copy your 2020 income tax return for each household member*)
- Your three most recent paystubs with all Year-to-Date information included for each household member
- Your three most recent bank statements for ALL of your bank accounts (checking, savings, etc.) for each household member – ALL PAGES
- All other income documentation
  - Unemployment Award letter
  - Alimony /Child support court decrees
  - SSI/SSDI award letters
  - Pension award letter
  - Proof of any other income source

**\*\*IMPORTANT: Please take the time to collect and upload the correct documents. The faster you get them to us, the faster we can help you. There is a limited amount of assistance and it is first come, first serve. If you fail to provide all of the information requested within 72 hours of submitting your application, it may be denied.**

Check the boxes below to agree to the following:

- In order to process my application, I hereby authorize NWBRV staff to review my information for eligibility;
- I hereby authorize NWBRV to speak confidentially with any or all of my creditors associated with this application about any of the amounts that I owe to them.
- I agree and understand that in no way does this application constitute a guarantee of assistance.
- I agree to receive documents and correspondence electronically.

Signature: \_\_\_\_\_

Received by: \_\_\_\_\_

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

Date Received: \_\_\_\_\_

Return completed applications with ALL documentation to

**NeighborWorks Blackstone River Valley**

**719 Front Street, Suite 103, Woonsocket, RI 02895**

*If the office is closed, place the application in the drop box by the door.*

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**We're here to help!**  
**Need assistance completing your application? Give us a Call**  
**401-762-0993 x 214**