Pay the Rent First:
Program Overview and Application

Fall 2025

Contents

Important: Prior to being accepted into the Pay The Rent First program, the applicant need only fill out pages 6 through 13. Additional information is required only upon acceptance.

APPLICATION CRITERIA AND APPROVAL PROCESS

Required Acceptance Criteria

1. Documented eviction notice, foreclosure notice, or letter from shelter showing that they meet the definition of homelessness. Clients are either living in a shelter or facing eviction or foreclosure within a week to 10 days. Applicants who "say" they are homeless without documentation will not be accepted.
2. Clients must earn enough to pay their own rent, or have subsidies. If they are unable to pay their own rent going forward, we cannot help them. This also requires documentation including pay stubs, W2s and a resume. Not only do we need to know they are currently employed, we need to see a history of constant employment. The best way to assess future behavior is through past behavior. Applicants with a spotty job history, who change employment often or who lack reliable references who can attest to their commitment and hard work will not be accepted.
3. Income should fall between 30 and 50% of AMI as defined by the most recent US Census numbers. We will enter the amounts if approved.[1] The 2025 Income limits are provided below for Broward, Miami-Dade, and Palm Beach Counties.[2]
4. Client must find housing within their budget on their own. We recommend beginning the search while waiting for approval. Housing can cost no more than 40% of their gross income. This will be very difficult and require creativity as well as lowering expectations. Perhaps a room or rooms in a larger house, a roommate to share expenses.

   Note: Housing is very expensive in South Florida and finding lower priced housing is challenging and difficult. We do not have the time to find it for them although we can recommend some options. If they succeed in finding a place they can afford, they have demonstrated the ability to work hard, creatively solve problems and the tenacity to make things work.
5. Client must be able to prove that they have their own children under 18 living with them and that they are the sole or major caretaker of such children. We will require birth certificates showing that the applicant is the parent, school records, medical records, etc.
6. Required signed participation agreement

Priority families

1. Families with two or more children will be prioritized over families with only one child.
2. Families with a history of stable housing will be prioritized over families with long and/or multiple episodes of homelessness.
3. Families with a good track record of employment will be prioritized over families that lack a good track record of employment.
4. Families who provide at least one job reference will be prioritized over families with no job reference.
5. Families whose applications are truthful will be prioritized over families who either omit important information or lie about information. The program requires a background check and if the background check varies somewhat from the application, they will be given a lower priority.[3, 4] If the background check varies considerably, the family will not be considered for the program at all.

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[1] Coalition stakeholder suggested 50-80% of AMI. Households at 50-80% of AMI rarely experience homelessness. The greatest need for assistance is for households below 30% of AMI. Unfortunately, many of these households would not meet the additional criteria.

[2] Including these means we must update this information annually.

[3] Some Coalition stakeholders suggested a credit check. All people who have experienced homelessness have terrible credit. We did not feel this would be helpful.

[4] Some Coalition stakeholders also suggested banking information. Many people at 50% of AMI do not utilize banks. They use check cashing stores only.

6. Families who earn between 30% and 50% of AMI – as defined by household size in the chart below will be prioritized over families that earn less than 30% or more than 50%

PTRF PROGRAM INCOME LIMITS

HOUSEHOLD SIZE	PALM BEACH	BROWARD	MIAMI DADE
1	24,550.00 – 40,950.00	24,250.00 – 40,350.00	26,050.00 – 43,400.00
2	28,080 – 46,800.00	27,700.00 – 46,100.00	29,700.00 -49,550.00
3	31,550.00 – 52,600.00	31,150.00 – 51,850.00	33,450.00 – 55,750.00
4	35,050.00 – 58,450.00	34,600.00 – 57,650.00	37,150.00 – 61,950.00
5	37,900.00 – 63,150.00	37,650.00 – 62,250.00	40,150.00 – 66,950.00
6	See Note below*		

*If your household has more than six individuals, please go to the HUD site and find your household size and County to determine income limitations. PTRF serves those at 30% - 50% of Area Median Income (AMI).

Approval Process

We can only help about 1% of families who need our help. We cannot help any families who do not meet our criteria. We apologize. We believe that housing is a human right and are working hard to address the lack of affordable housing. Our ability to help families depends on funding. When we have an opening, we call First Call for Help and the Taskforce. We accept applications for two week (10 working days) and decide what family is most likely to succeed by Monday of the following week. If you are accepted, you will know after no more than 14 days. We understand your urgency, and your need to have housing as soon as possible and endeavor to help you as quickly as possible while ensuring a fair process by allowing all those in need to apply.

If you are accepted, a family mentor will be given to you. The family mentor is your support for the next year. You will be working closely with this mentor who will assist you with many things as well as provide additional training as needed.

Your family mentor will want to talk to you on a weekly basis and meet with you monthly. Your mentor will provide encouragement, assistance with problems, assistance with unmet needs, referral to other agencies who can assist you, and provide accountability. Mentors are trained to provide support without judgement and to celebrate every step forward. The application to be a family mentor is long and difficult. We only accept mothers with experience working full-time while raising a child or children and we prioritize applicants who have experienced homelessness.

PROGRAM OVERVIEW

The Coalition to End Homelessness is committed to helping families transition from homelessness into stable, independent living. Our Pay the Rent First (PTRF) program provides wraparound support, including housing navigation, financial planning, life skills training, and ongoing mentorship. Our goal is not just to provide shelter, but to empower families to build sustainable futures.

Our Pay the Rent First (PTRF) program aims to support families experiencing homelessness with the tools, guidance, and compassion needed to secure permanent housing and regain stability. It is one of several of the Coalition's efforts to accomplish its mission. The Coalition started as the lead agency for the Broward County HUD Continuum of Care Grant. Our role was to coordinate stakeholders, and study the needs of those without shelter. The bulk of our work has always been and continues to be focused on advocacy and education. Advocacy and education have the power to end homelessness for hundreds and even thousands.

For every one person or household served by a program like PTRF, two or three more become homeless. This means that while providing one individual or household housing is a critical change for them, it does not reduce the number of people suffering the trauma of homelessness. Our goal is to do much more than help one individual or household at a time, it is to change the systems that create and sustain the poverty responsible for homelessness.

Coalition Mission Statement: "End homelessness through changing lives."

Core PTRF Services Include:

- Housing placement support with first month rent, last month rent and security deposit
- Budgeting and financial literacy
- Job readiness and employment coaching
- Parenting and life skills education
- Long-term case management and mentorship

Family Intake & Assessment

Each participating family completes an intake process to help us understand their current needs and strengths. This includes:

- Personal identification and demographic information
- Current housing and income status
- Household composition and childcare needs
- Transportation and employment situation
- Sample Questions:
    - What are your current housing circumstances?
    - Do you have any income or support now?
    - What goals would you like to achieve during this program?

Budgeting & Financial Planning

Financial stability is foundational to long-term housing success. Each family works with a mentor to:

- Review income sources and expenses
- Create a basic monthly budget
- Identify areas for cost-saving or additional income
- We provide templates and calculators to support this process. If applicable, families are referred to financial coaching services or credit repair programs.
- Key concepts covered:
    - Net income vs. gross income
    - Determine how much you can afford to pay for housing
    - Needs vs. want
    - Emergency savings and prioritizing rent

Life Skills & Responsibilities

PTRF emphasizes accountability and growth. Families attend workshops and discussions on topics such as:

- Effective communication and conflict resolution
- Time management and routine building
- Home care, cleanliness, and community expectations
- Parenting strategies and child wellness

Mentors encourage positive reinforcement with cultural sensitivity, highlighting progress and effort.

Program Expectations & Client Agreement

Participants agree to actively engage with the program by:

- Attending scheduled meetings and trainings
- Communicating as scheduled with their mentor
- Making progress toward housing and employment goals
- Inviting the family mentor to meet them where they are living for both scheduled and unscheduled meetings.

Client Commitment Statement: "I understand that this program is here to support my success. I will engage with honesty, effort, and openness, knowing that I am not alone."

Mentorship & Support Structure

Each family is paired with a dedicated mentor who provides encouragement, problem-solving help, and accountability. Mentors are trained to support without judgment and to celebrate every step forward.

Mentor Role Includes:

- Weekly check-ins
- Guidance with paperwork and appointments
- Help setting goals and following through
- Emotional support during difficult moments

Empowerment Through Education

Our program includes educational components, such as:

- A life skills quiz with follow-up discussions
- Financial literacy evaluation and training
- Community resource mapping

These tools are designed not to “test” families, but to equip and empower them with knowledge.

Tracking Progress & Program Completion

Progress is tracked in collaboration with the mentor, using a flexible timeline. Success is not measured by perfection, but by commitment and momentum.

- Program completion includes:
    - Securing and maintaining housing
    - Demonstrating stable budgeting and income
    - Increased confidence and self-advocacy

Clients are invited to stay connected through peer support roles.

Donor and Community Impact

This program would not be possible without the support of our generous donors and community partners. Contributions directly impact families by:

- Providing safe housing options
- Funding critical educational resources
- Supporting long-term mentorship structures
- You help transform lives—one stable home at a time.

To support or learn more, please visit: www.homelessfl.org

APPLICATION FOR THE PAY THE RENT FIRST PROGRAM

Application instructions: Please read carefully.

Applications with blanks will not be accepted. If you cannot answer a question please explain why.
If a question does not apply to you, for example if you do not have a vehicle or insurance, please write N/A
N/A means not applicable (I do not have this) which tells us the reason you are not answering the question.
Unless you write N/A we do not know why you are not answering the question. Some questions provide more than one line because all families use the same application. Some families have more children, vehicles, etc. than others. If there are four lines for children and you only have one, please write N/A in the other lines. If you have children not living with you, please list them on the question about other children. If you have any questions about the application, you are always welcome to call us for assistance: 754-422-2572.

If accepted, have you found a place to stay where you can afford the rent? YES: ☐ NO: ☐

If so, please list the full address: _____
Street Address Apartment City State Zip
How much is the monthly rent + utilities: _____ Have you talked to the landlord? _____
If you have identified more than one potential place please list them on the reverse.

ADULTS IN THE HOUSEHOLD

Legal Name of Head of Household: _____ Date of Birth: _____ Gender: _____

Social Security Number (SS#): _____ **Any household member over the age of 18, including children must also be listed here under adults living in the household.**

Any other adults in the household:
1. Legal Name: _____ Date of Birth: _____ Gender _____
SS#_____ Relationship to Head of Household: _____

2. Legal Name: _____ Date of Birth: _____ Gender _____

SS#_____ Relationship to Head of Household: _____

If any other adults live with the household, please provide their names and the requested information on the back of this form. If you are using a computer to apply, you may list them here.

CHILDREN UNDER 18 IN THE HOUSEHOLD

Name: _____ Relationship: _____ Date of Birth: _____Gender ___

SS#: _____ Other Parent: _____

Name: _____ Relationship: _____ Date of Birth: _____Gender ___

SS#: _____ Other parent: _____

Name: _____ Relationship: _____ Date of Birth: _____Gender ___

SS#: _____ Other parent: _____

Name: _____ Relationship: _____ Date of Birth: _____Gender ___

SS#: _____ Other parent: _____

Name: _____ Relationship: _____ Date of Birth: _____Gender ___

SS#: _____ Other parent if child: _____

Name: _____ Relationship: _____ Date of Birth: _____Gender? ___

SS#: _____ Other parent if child: _____

Do you have any children or dependents not living with you? If so, please provide:

Name: _____ Relationship: _____ Date of Birth: _____Gender? ___

SS#: _____ Other parent if child: _____

Name: _____ Relationship: _____ Date of Birth: _____Gender? ___

SS#: _____ Other parent if child: _____

If you need more space to list your household members or your children not living with you, please use the reverse side of the paper. If you are completing this application on a computer, you can simply list them here.

HEAD OF HOUSEHOLD INFORMATION

Head of Household Legal Name: _____ Gender: _____ Marital Status: _____

Other legal names head of household has used: _____

Florida I.D. Number: _____ Phone number: _____ Email: _____

How often are you paid? ☐ Monthly ☐ Biweekly ☐ Weekly ☐ (Other, please explain) _____

What amount do you bring home each pay period? _____

Do you get tips at work? YES, ☐ NO, ☐ If so, please estimate tip income per day worked: _____

Does your take-home pay change regularly or is it always the same? YES, ☐ NO, ☐ If your income can or does change, please explain how it changes and the highest and lowest amount you might take home: _____

_____

Where do you receive mail? What is your mailing address? _____

_____

Where are you currently staying? _____

If you are homeless, how long have you been homeless? _____

How did you lose your previous housing? _____

Which homeless services have you utilized? _____

_____

Are you currently receiving services from any service providers? If so please list where you are receiving services and what services you are receiving. If you have a case manager or contact person at any of these providers, please include their name:

Service Provider: _____My Contact: _____ # _____

Service Provider: _____My Contact: _____ # _____

Service Provider: _____My Contact: _____ # _____

Service Provider: _____My Contact: _____ # _____

If you are utilizing additional services please list them on the reverse of this page.

What mainstream services do you receive now?

Food Stamps? _____, If so, how much? _____ Discounted transportation? If so, how much _____

Social Security Disability for any member of your household? If so, for whom and how much? _____

_____

_____

Please use the reverse side of this page if multiple members of your household receive disability or other benefits.

Do you receive Section 8? _____ Have you applied for Section 8? ____ When did you apply? _____

Are you on the list? _____ Which Housing Authority? _____

Do you receive any housing vouchers or assistance with housing? If so, please explain: _____

Do you receive child support or alimony? Please complete for each child"

Child: _____ Child support received: _____ Alimony received: _____

Child: _____ Child support received: _____ Alimony received: _____

Child: _____ Child support received: _____ Alimony received: _____

Child: _____ Child support received: _____ Alimony received: _____

If you receive child support or alimony for any other child, please list on the reverse of this page or add to application.

Are any of your children in childcare? _____ If so, please identify the child by name and age, and provided the name and phone number for the childcare provider:

_____

_____

_____

What is the weekly cost of childcare: _____ Do you receive reduced cost childcare? _____

Do you, or any members of your household, receive reduced cost bus passes or any other benefits? _____

_____

Are any of your child in school and/or school aftercare programs? If so, please identify the child by name and age, and provide the name and phone number for a school contact and aftercare contact.

Name of Child: _____ School attended: _____

Grade: _____

Aftercare: YES, __ NO, __ Cost of Aftercare: _____

Name of Child: _____ School attended: _____

Grade: _____

Aftercare: YES,☐ NO,☐ Cost of Aftercare: _____

Name of Child: _____ School attended: _____

Grade: _____

Aftercare: YES,☐ NO,☐ Cost of Aftercare: _____

Please use the reverse of this page if you need more space.

How many times have you and/or your family been homeless? _____

Employment – Please provide last two years employment history for all household members:

Member Employed: _____ Employer/Position:_____

Date hired: _____ Date stopped: Salary/Wage:_____

Supervisor: _____ Work phone: _____

Member Employed: _____ Employer/Position: _____

Date hired: _____ Date stopped: Salary/Wage:_____

Supervisor: _____ Work phone: _____

Member Employed: _____ Employer/Position: _____

Date hired: _____ Date Stopped: Salary/Wage: _____

Supervisor: _____ Work phone: _____

Member Employed: _____ Employer/Position: _____

Date hired: _____ Date Stopped: Salary/Wage: _____

Supervisor: _____ Work phone: _____

Do you have any other sources of income? If yes, please list source and income:

Source of additional income: _____ Amount earned monthly: _____

Source of additional income: _____ Amount earned monthly: _____

Source of additional income: _____ Amount earned monthly: _____

Total Monthly Income: _____

Do you have any debt (student loans, car loans, Credit card debt? Money you promised to pay back to friends any family members)? ☐ NO ☐ YES

If so, how much do you owe, and to whom:

Owe $ _____ to _____ for: _____ Monthly payment: _____

Owe $ _____ to _____ for: _____ Monthly payment: _____

Owe $ _____ to _____ for: _____ Monthly payment: _____

Owe $ _____ to _____ for: _____ Monthly payment: _____

How much do you spend to repay this debt monthly: _____

Do not complete the information in the box below, that will be done when your application is reviewed. Any variance in the information provided (greater debt that indicated, greater income than indicated) will automatically disqualify you for this program or any other program offered by the Coalition.

Total Monthly Debt: _____/Total monthly Income: _____

X 100 = Debt to Income Ratio: _____

Do you have any Bank Accounts: _____ If so: Bank Name: _____

Address of your branch: _____

List any accounts you have and the balances in those accounts:

Checking Account: _____ Balance: _____

Savings Account: _____ Balance: _____

Do you have any other Bank accounts or any other funds? _____

If so, please provide details:

Do you, or any member of your household have a criminal history that has involved jail or prison? YES ☐ NO ☐

If so, please explain? _____
Are any of the fathers of your children currently incarcerated? YES ☐ NO ☐ If yes, please explain: _____

_____

You do not need to provide details of traffic tickets.

Have you ever been evicted before? If yes, please provide the date of eviction and address.
Date of eviction: _____ Address: _____
Date of eviction: _____ Address: _____
Date of eviction: _____ Address: _____

Have you experienced homelessness in the past? _____
How many times have your or members of your household been homeless? _____

Do you have a primary physician? If so, Name of Physician: _____
Physician Contact Number: _____ Do you see any other physicians on a regular basis for specific conditions? YES ☐ NO ☐ If so, please list those physicians and the reason you see them:
Physician: _____ Purpose: _____
Physician: _____ Purpose: _____
Physician: _____ Purpose: _____
Physician: _____ Purpose: _____
Do your children see a pediatrician? YES ☐ NO ☐ f so, please provide the name and number of the pediatrician:
Name: _____ Contact number: _____

Do any of your children see other physicians on a regular basis for specific conditions?
YES ☐ NO, ☐ If so, please list those physicians and the reason you see them:
Physician: _____ Purpose: _____
Physician: _____ Purpose: _____
Physician: _____ Purpose: _____
Physician: _____ Purpose: _____

Do you, or any member of your household, have health insurance? If so, please provide the name of insured and policy number:
Name of Insured: _____ Health Insurance Policy Number: _____
Name of Insured: _____ Health Insurance Policy Number: _____
Name of Insured: _____ Health Insurance Policy Number: _____
Name of Insured: _____ Health Insurance Policy Number: _____
Name of Insured: _____ Health Insurance Policy Number: _____
If there is additional insurance, please list on reverse of application.

What do you think are the reasons for your homelessness? Please list as many as you can:
_____
_____
_____
_____
_____
If you need additional space please use the reverse of this sheet:
What do you think are the most important things you need to stay housed?
_____
_____
_____
_____
_____
_____

Do you have any other issues, besides lack of shelter that you need immediate assistance with? (Examples might include lost birth certificates, lost I.D., any member of the household having medical issues requiring immediate attention, domestic violence, inability to purchase required prescriptions, transportation issues, etc.) We will do what we can to assist you with immediate unmet needs. We want to know as soon as possible if anything happens

that might threaten your housing or employment. If accepted into the program, we will ask you to let us know as soon as possible of any changes.

_____
_____
_____
_____
_____
_____

If you need more space, please use the reverse of this page.
What is the highest level of education you have attained: _____
If you have any education beyond high school/GED, please list the school, the subject studied and any degree or certificate you received: _____
_____
_____
_____

If you need more space, please use the reverse of this paper.
Have you attended any trainings, programs, or practices in addition to your formal education where you have learned any skills? _____
If so, please list:_____
_____
_____
_____
_____

Please provide **three references:**

1) NAME: Phone Number: Email:

Relationship / How do you know each other?

2) NAME: Phone Number: Email:

Relationship / How do you know each other?

3) NAME: Phone Number: Email:

Relationship / How do you know each other?

Volunteering for the Coalition. The Coalition is run by volunteers and donations. We hope to also create a supportive community with program PTRF graduates helping others in need. Many volunteer positions require a small fraction of time.
Are you willing to volunteer some of your time when able?
Yes: ☐
No: ☐

Social media posts are helpful in attracting volunteers and donations. Are you willing to give permission to use a likeness of you in a social media post?

Yes: ☐ No: ☐

Please provide the address and dates of all places you resided over the past two years:

Dates Address

Is there anything else you would like to tell us that would help us to help you?

_____

_____

_____

Required Documentation

Please attach all required documentation and check which items are attached.
Your application cannot be considered without verification documents.

☐ Proof your household is in a homeless shelter, or that you will be evicted or foreclosed upon within 30 days.

☐ Birth Certificate and SS# for every member of the household.

☐ Proof of Employment, and income such as paystubs.

☐ Proof of Income (all sources of income require verification)

☐ Proof of any other services or benefits you receive (food stamps, disability, discounted Bus passes, etc.)

PAY THE RENT FIRST QUIZ

1. What percentage of my income should I pay for housing and utilities monthly?

A) 40% of household gross income monthly for housing only.

B) 30% of household take home pay monthly.

C) 35% of my weekly income.

D) 50% of household income.

E) There is no set percentage. You must pay what they charge you.

F) It depends on how many people are in the household.

G) None of the above

H) B & E.

2. Which of the following is an excellent work habit? Circle all that apply

A) Only using my phone when nobody is looking.

B) Showing up ready to work.

C) Giving my boss my opinion on how she can improve.

D) Getting stuck in traffic and ending up late.

E) Not asking your supervisor what your priorities are.

F) Improving your skills by attending training and schools.

G) Taking all the sick and vacation time, you are entitled to, you earned them.

H) Telling other workers how them can improve

I) Treating everyone with respect

J) B, F, and I.

K) A, G, and H

3. Which of the following are poor work habits? Circle all that apply.

A) Coming to work tired or sick.

B) Showing respect to everyone on the job.

C) If it is not your job, do not do it unless asked.

D) Checking your texts when you are not busy.

E) Bringing your child to work when childcare is closed.

F) Bringing your pet to work if you supervisor says it is okay.

G) Not worrying about cleaning up after yourself if you have janitorial services.

H) Talking about other co-workers behind their backs.

I) Flirting with co-workers.

J) Being grateful for your job.

4. There is a lot of housing available in my price range

A) True

B) False

5. Which of the following are effective ways to find housing you can afford? Circle all that apply

A) Ask friends and family

B) Consider a roommate

C) Consider trading labor for reduced rent

D) Get a realtor to help you

E) Go to Craigslist and look for deals

F) Search the internet for sites that provide housing in your budget.

6. How many bedrooms should my housing have?

A) At least one for girls and one for boys and one for parent(s).

B) It depends how many people will live at the house.

C) As long as everyone has a bed, it is okay.

D) Young children can share a bed, so only one bedroom for parent(s).

E) It depends on who is paying for the housing.

7. A good neighbor

A) Takes care of their yard, and front entry, maybe even putting a wreath on the door.

B) Leaves trash by the front door for a couple of days.

C) Has a lot of company over.

D) Calls the police on neighbors.

E) Washes their front door at least once a month.

F) Offers to help neighbors when needed.

G) A, E, and F

8. A good tenant

A) Pays rent on time or early

B) Maintains the inside and outside of property, never puts holes in the wall, breaks appliances, or stains floors or walls.

C) Calls the landlord regularly for small problems

D) Parks wherever when they are in a hurry and only going to be a minute.

E) A and B

F) Calls the landlord to explain why they are going to be late with the rent and when they can pay it.

G) If the complex has a pool which requires showing first, does not worry about it. Nobody else does it.

9. When selecting housing, which of the following are important? Circle up to three of the following that are most important to you.

A) Housing should be near work

B) Housing should be in a good school district

C) Housing should be close to school

D) Housing should be near a bus route if I take the bus

E) Housing should be near the grocery store, bank, pharmacy, etc.

F) Housing should be near family and friends

10. A debt to income ratio is what you owe/what you earn based on your monthly debt payments over your monthly gross income. This is an important consideration when applying for a loan. What kind of debt ratio should you have if you want to buy a house, a car, or any large item.

A) No more than 43%

B) 30-35% is ideal

C. It can depend on a lot of other factors like how much you are putting down or if you have help from the government.

D. It depends on how many previous bankruptcies you have had and how long ago they occurred.

E) All of the above

F) None of the above

11. What can you do when you are short on rent?

A) Take a part-time job on top of your regular job

B) Ask the landlord for an extension

C) Ask your employer for an advance

D) Put the rent on a credit card.

E) Sell your prescription medication

F) Ask family members for help

G) Stick to a budget to avoid this problem

H) A, F, G, and I.

I) You have to have a few side hustles on top of a full-time job and maybe a part-time job. Some people do hair, others sell Avon, some do sell prescriptions. Your choice is figure out how to be creative and hustle or be unsheltered with your family.

12. What is the first thing you do when you get paid?

A) Pay the Rent

B) Look at new cars

C) Go out with friends

D) Get yourself a little treat

13. After you pay the rent, what other expenses are a top priority and in what order?

A) transportation, food, healthcare

B) food, clothing, and healthcare

C) food, insurance, and clothing

D) Beer and pizza

E) Transportation, insurance, and any other basic needs

F) A and C

14. Which of the following are luxuries not necessities, circle all that apply

A) Beans and rice

B) Cable TV

C) Hand lotion

D) Gas to get to work

E) Haircut

F) Storage

G) Medical supplies like Band-Aids

H) Painting the inside of your apartment a color less depressing

I) All your prescription medications

J) Television

15. Where should I go to get assistance. Circle all that apply.

A) Broward County Library

B) Broward County Family Success

C) My Employer

D) My family and friends

E) My neighbors

F) Second Chance

G) 211

H) Salvation Army

I) My landlord

16. Which of the following can you get for free if you ask for help? Circle all that apply.

A) School supplies

B) Clothing for children and adults

C) Light bill once a year

D) Happy meals

E) Discounted bus passes

F) Free healthcare

G) Free university or college tuition

H) Help replacing your I.D. if you cannot find your birth certificate

I) Free work clothing and tools.

J) Free and reduced cost breakfast and lunch for school students

K) Free school supplies

M) Free or reduced cost Pre-K

N) Free or reduced Housing through Housing authorities.

17. Suppose you get back more than you expected from your taxes. What should you do?

A) First check that it is not a mistake, so you do not end up having to pay it back.

B) Put it all in the bank

C) Pay off any debts you have

D) Enjoy a shopping spree, you have earned it

E) Use it to make some improvements around the house

F) Take a vacation

G) Most use it to pay off debts but maybe do one fun thing with the kids.

18. Between work, family, and other obligations you never have time for yourself. You are getting sick a lot and losing interest in things. What can you do?

A) Do not tell anyone, they will not understand, and think you are a complainer

B) This happens to a lot of working parents, and all single parents. Unless you make a big effort to save some time for yourself, it will rarely happen.

B) Complain to everyone at work

C) Create a routine and schedule some time for yourself

D) Ask for help from friends, family, and agencies

E) Blame your problems on your significant other

F) Move to a different state

G) B, C and D

19. Your house is a mess; your yard is a mess, and you have 10 loads of laundry to do, not to mention phone calls you must return, and you are exhausted. Your sister, who is always criticizing you, is on her way over. What do you do first? Check all that apply.

A) Rest for 15 Minutes and then make sure everything outside your property looks presentable. Then rest a little more. Take your time, doing one thing at a time.

B) Start the laundry while making phone calls, multi-tasking is the only way to get it all done.

C) Give your kids chores to help you even though this will make everything take longer

D) Have a good cry

E) Pick one small area of the house to clean.

F) Talk to someone who has been in your position and learn from them.

G) Call and cancel with your sister and watch a good movie. Then make sure the front yard looks presentable. Schedule a time to do all your other chores.

H) If your sister will not be any help, call her and cancel. Avoid rescheduling with her. You have enough problems without being constantly criticized.

I) Just like you put together a monthly budget, try to schedule a weekly routine that gets all your chores done and provides you with time to relax.

J) No matter what you must do, if you have been steadily busy working and taking care of the house for 14 hours, it is time to stop. Nobody else is going to take care of you, you must do it for yourself.

20. You get paid bi-weekly, but your rent is due monthly. It is difficult to pay your rent from one paycheck. Circle all that apply:

A) Make sure you pay all your other bills with the check you do not use for rent, call if you must so you can schedule payments around your paydays.

B) If you live in a large complex and you never see your actual landlord, it might be difficult to schedule rent payments biweekly or weekly.

C) Talk to your employer about paying you monthly.

D) It depends on when your other bills are due. Keep a chart of your bills and when they are due, then you will know how best to manage these due dates.

E) Any of the above

F) This should not happen unless you are paying more than you can afford for your housing and utilities or spending more than you can afford on other things.

H) This is a problem many people have. You can search solutions on the internet but there is no easy solution. If your rent is due monthly and you get paid weekly or biweekly, and you do not live in a large complex operated by a giant firm, your landlord might agree to accept your rent weekly or biweekly if the full rent is paid on time.

21. You get paid monthly but usually run out of money mid-month. The last week of the month is the worst because you are often broke. This causes stress for you and your family. Circle all that apply.

A) Set aside some cash when you get paid.

B) Buy food, or get food from service providers, which will last a long time like rice, beans, etc. Food is the easiest thing to get free and is provided by many agencies without a lot of hassle so there is no reason to run out of food. It is not always the best food, but it will keep you and your family going until payday.

C) Buy a gas card when you get paid and save it for the end of the month.

D) Create a budget so you do not spend more than you have.

F) Wait until your funds run out and then panic and beg everyone for help.

G) This is a sign that you are spending too much money on luxuries, and it should not happen if you are using your budget.

H) This happens to a lot of people. Prepare for it when doing your budget. For example, stop by the food bank a couple of times a month so you do not spend as much on food throughout the month, not only when you are desperate. Apply to Family Central for reduced cost childcare so that you spend less money on this monthly.

22. In South Florida the Median income per household is about

A) 7,000.00 per month

B) 50,000.00 per year

C) 65,000.00 per year

D) It depends on what County you live in.

E) 3,000.00 per week

F) About 5,500 per month

G) It depends who you ask. The Census, HUD, and County all have different answers.

H) It depends on the size of your household.

23. Most housing assistance is aimed at households earning between 30% and 120% median income. Help therefore goes to households:

A) Earning less than 40,000.00 annually

B) Earning less than $500.00 per week

C) Earning up to 89,440.00 each year

D) Earning less than 20,000.00 annually

E) Depends on the number of people in the family

F) It depends on what county you live in.

G) Earning more than $60,000.00 annually

H) D and G

I) E and F

24. Some free services are only available to people living under the poverty level. What is the poverty level here? Circle all that apply.

A) It depends on what State you live in.

B) It depends on how many people are in your household.

C) For a single person it is $10,000.00 in Florida.

D) It is the same as the Minimum Wage if you work at least 40 hours per week.

E) For a family of four it is 24,520.00.

F) It depends on how old your kids are.

G) It depends on your zip code.

25. Budgeting is an essential part of staying housed. How can you make certain that your budget is realistic? Circle all are correct

A) Income and Expenses should match.

B) Prices are so high these days that a realistic budget is nearly impossible.

C) Keep track of expenses and compare them with estimates.

D) When you run out of money, you must use your credit card.

E) Do not change your budget if you go over it, just try harder to stay within the budget.

F) Make sure you can afford to pay off more than the minimum balance of all your credit cards each month. G) Keep track of which bills arrive on which dates.

H) Avoid using credit cards unless you are certain you can pay the whole balance off the same month.

I) Use a Bank not a check cashing store and review your balance regularly.

J) Housing costs are so high that most single people need a good hustle and often a second job on top of that or else they will always have debt.

26. What is the most important thing for you to pay every month?

A) Health Insurance

B) Car Payment so I can go to work

C) Rent

D)Food

27. When going to service providers and seeking free or reduced cost services, or support like getting my rent paid for a month, or my FPL/light bill paid what should I bring with me every time. Circle all that apply.

A) Pay stubs or other proof of income like SSDI payments, child support, etc. (earned or unearned) because a lot of programs only help people who earn a certain wage, other programs only help people who are working. You must have these documents for everyone in your household. Income documents must be for the last 30 days. Other documentation can be older if it is not out of date but all income for all household members for the last 30 days is required. Many providers will do an extensive background check of everything you report and if they find you have not told the truth about anything, even if omitted by accident, you will be ineligible for any government programs for the rest of your life.

B) Two documents that prove your identity and age. One of them with your photo. Usually provided by forms of picture I.D., one of them being a Florida I.D., Driver's License or Passport. The second document can be your birth certificate, adoption records, shot records, or Naturalization certificate.

C) The new Every American card which is accepted everywhere in the World.

D) My Voters registration.

E) Birth certificates for myself and my children.

F) My social security card or just the number.

G) Proof I graduated high school.

H) Proof of U.S. Citizenship or naturalization certificate, permanent residency card/Green card.

I) Proof that you have lived in the same County where you are applying for benefits for at least a year, such as your current lease, mortgage, or a letter from someone you are living with.

J) Bank Statements to include savings, checking and proof of any assets you report like a car, recreational vehicle, home, for everyone in your household.

K) Anything paid monthly by anyone in your household because many of these expenses will be deducted from your income and therefore help you qualify for greater benefits. This includes:

- Car or Transportation payments

- Rent or Mortgage payments

- Other vehicles you may have because of your job

- Any phone payments including a landline or mobile phone.

- Medical expenses including insurance costs, prescription costs, doctor's notes about any conditions you may have and prescriptions you take,

- Credit card statements,

- Childcare or school payments,

- If you pay child support to someone else, proof that you pay it,

- Any utility bills you pay like power, water, trash, sewer (recent bills) A record of past bills is also helpful,

- Any insurance you pay, renter's insurance, homeowners' insurance, health insurance, etc.

M) There are specific requirements for anyone over 60. If anyone in your household is over 60 you must also provide: copies of all medical receipts/expenses (paid or unpaid) bills including medical, dental, mental health, home healthcare aid, prescriptions, glasses, dentures, hearing aids, prosthetics, service animals, health insurance and Medicare premiums and medical transportation if used.

28. Applying for help through agencies that provide it, with the documents requested, the online portals many agencies use, getting appointments, and following up with them. Check all that apply:

A) Is no big deal, everyone does it.

B) Requires a lot of organization.

C) Often requires help from a friend or social worker.

D) Is usually difficult, but some agencies are easier than others.

E) Means you must keep all your receipts and documents together.

F) Rarely results in assistance being provided.

G) Means you must make up a lot of documents

H) Means you are in trouble if you ever lose your I.D.

I) Only means there is a chance you will get assistance. Most programs do not have enough funds to serve everyone.

J) If all your documents are accepted, and if they do help, it will not be much and will not help much.

29. The average price of rent for a one-bedroom apartment in South Florida is:

A) 1,500.00 plus utilities.

B) 1,200.00 including utilities

C) Probably more than you can afford.

30. To afford the price of rent for a one-bedroom apartment in South Florida your household, or you if you are single, must

Check all that apply:

A) Earn $3,000.00 a month

B) Earn a lot more than you make.

C) Get at least one roommate

D) Earn $4,000.00 a month

E) Go back to school and learn a trade so you can afford the cost.

F) About $5,000.00 a month

G) Over 100,000.00 each year

H) $2,000.00 a month

I) Gross $1,500.00 each week

31. What would make you ineligible for ever receiving most of the benefits provided by the government and many agencies that receive government funding? Check all that apply:

A) Being a terrorist,

B) Being disabled,

C) Drug trafficking,

D) Arrest for child pornography,

E) Not paying your parking tickets.

F) Not being able to prove you are a legal U.S. resident.

G) Not being able to prove you are requesting benefits in the same state where you were born.

H) Breaking any rules stipulated by your benefits. Sometimes there are so many rules to a program that you cannot even read them before you must sign to consent to those rules.

I) Not paying your child support.

32. What are the most important things you can do to help your children thrive? (Circle all that apply)

A) Make sure all the bills are paid on time.

B) Always provide the same punishment when they do the same thing wrong.

C) Make sure they know how hard I work so they will be grateful.

D) Say nice things about their father.

E) Establish a daily routine.

F) Allow friends over whenever they want.

G) Have meals at the same time every day.

33. What is necessary for every parent to do? (Circle all that apply)

A) Spend all the spare time you have with your children.

B) Read to your children every night for 30 minutes

C) Limit screen time

D) Do the best you can every day

E) Learn how to ask for help when you need it.

F) Give your kids chores as soon as possible in their life.

G) Forgive yourself when you are an imperfect parent.

34. There is often not enough time in the day to get everything done. Just like budgeting money, you may have to budget time. Which of the following activities are a waste of time? Circle all that apply.

A) Creating a to-do list and a plan to get those things done.

B) Going to a movie with your kids.

C) Checking your phone for missed calls more than twice a day.

D) Calling friends who can relate and venting about issues bothering you.

E) Letting your place get cluttered.

F) Watching the news while making breakfast.

G) Spending 15 minutes deciding what to wear to work

H) Continuing to work on something until it is perfect

I) Social Media

35. If you do not have a good relationship with the other parent of your child(ren) and the other parent causes a lot of scenes in front of the children, what could help? (circle all that apply).

A) Establish boundaries and stick to them.

B) Always meet at a police station.

C) Call the Department of Children and Families and report any problem behavior.

D) Make sure to tell your children it is not your fault.

E) Look your best every time you see your Ex.

F) Make sure to introduce your ex to your new partner.

G) Document everything. Use your phone to capture offensive behavior.

36. Which of the following are most important for single parents well-being? (Circle all that apply).

A) Understanding which bills are due at what time of the month,

B) Having a strong support system like friends and family nearby.

C) Making adult friends,

D) Understanding your legal rights and financial obligations relative to your ex and your children

E) Learning about helpful community services

F) Sharing your concerns with your children so they understand what you are going through.

G) Keeping the house clean and teaching your children to do the same.

H) Schedule and maintain "me" time where you allow yourself to rest and do things you enjoy with or without the children.

I) Take care of yourself. Limit stress as much as you can and get enough sleep.

37. Your family has an eight-year-old dog that you and your children love. You cannot find a place you can afford to rent that accepts dogs. You have a limited time to identify a place. What do you do?

A) Keep looking until you can find a pet-friendly option?

B) Give your dog to a friend or family member.

C) Try to work out something with the landlord.

D) Do not tell any landlords about your pet and move into no-animal complex anyway.

E) Call animal shelters and other agencies concerned about pets and ask if they know of any housing that is pet friendly and also affordable.

F) Put your dog down.

G) Give your dog to an animal shelter that does not practice euthanasia

H) As a single parent you have no time to take care of anyone else and never considered getting a pet in the first place.

38. Your child comes home from school with a friend you know well, who often comes over. They are rough-housing. You are keeping an eye on them but walk away for a minute. When you return, your child's friend is seriously injured with what looks like a broken arm and your child is crying. What do you do? Circle all that apply:

A) First, check on the child with the broken arm and make sure they are as comfortable as can be, then checking on your child.

B) Throw both kids in the car and drive to the emergency room while texting the friend's parents.

C) Call the friend's parents as soon as you determine your own child is physically okay.

D) Check on your child first, perhaps they were also injured and you need to make sure they are okay.

E) Lose your temper and demand to know what happened.

F) Call the friend's parents before checking on your own child.

G) Your child does homework immediately after school and therefore they are never allowed to bring friends home.

39. As a single parent in this economy you have a full-time job, and a side gig. You feel guilty that you do not spend more time with your children. Worse, the time you do spend with them you are often distracted because you are cleaning, paying bill, or doing other things that need to be done. What are some solutions to this problem? (Circle all that apply)

A) Anytime you are not at work you devote to your children finding ways to include them in chores, bill-paying and other activities that must be done.

B) You make sure your children are busy with chores as young as possible and delegate everything you can to them so that everything gets done.

C) You forgive yourself for not being able to be the parent you always wanted.

D)You schedule time every day just for your children and stick to that schedule.

E) You try to make it up to your children by giving them everything else you can.

F) You do some research to determine what other people who have been in this situation have done.

G) You confide in your children about everything.

H) You spend the time when the kids are awake with them, and do your chores after they fall asleep.

40. What can you do right now, regardless of bad your circumstances are, to improve life for yourself and your children (circle all that apply).

A) Take thirty minutes for yourself.

B) Do something that immediately makes you and your children feel better like catching a movie, visiting a pet store and petting the puppies, or visiting a friend everyone in the household likes.

C) Start a gratitude list and try to think of all the problems you don't have. Even at first all you can come up with is that you are not deaf and blind.

D) Ask each of your children to list what they love about themselves, and then tell them what you love about yourself.

E) Have everyone in the household list three things they are thankful for and make sure you start.

F) Go outside to a park, let the kids play and enjoy just sitting by yourself for a moment.

G) Think about why you are in this situation, and what it would take to change the situation. Start with a list and then plan. It doesn't matter if it is a one-month plan or a ten-year plan, you will feel more in control of your future.

H) Make being kind to others a priority

I) Make meditation a part of your family routine. Even if it is only a few minutes, take time to witness your own thoughts as they bounce around in your mind. When they are ready, teach your children as well.

J) Get some exercise together. Even if it is just taking a walk, or doing jumping jacks in the kitchen.

K) Make sure everyone is allowed to sleep-in on weekends.

L) Increase your social network. Having friends as an adult is harder than it was in high school. Look for groups of other single parents or other places you can meet people.

M) Find a relationship as fast as you can and beg someone else to meet your needs since you are unable to do it.

N) You do not have time for any of that nonsense. Make a drink.

O) Find something that makes you laugh, a comedy, a cartoon, anything to get your mind off your problems for even a few minutes.

P) Wear bright clothing.

Q) Go do something kind for someone else like visiting someone in a nursing home, serving food to the hungry (on any day except Christmas or Thanksgiving).

ACCEPTED CLIENT APPLICATION

This is additional information is only required of accepted clients

IF YOU ARE SELECTED ADDITIONAL QUESTIONS AND DOCUMENTS WILL BE REQUIRED

We are listing the additional questions and documents here to assist you in preparation if you are selected

If you need additional space, please use the reverse of this page.

Expenses: Please list all monthly expenses for your household:

Rent: _____ Utilities: _____

Transportation: _____ Car Payment: _____ Gas: _____

Vehicle Insurance: _____ Additional insurance: _____

Existing Credit Card: _____ Balance: _____

Existing Credit Card: _____ Balance: _____

Existing Credit Card: _____ Balance: _____

Existing Credit Card: _____ Balance: _____

Do you own or lease any vehicles? If so, please provide make and model of vehicle, year of vehicle, monthly payment for vehicle, and amount owed on each vehicle.

Vehicle 1: Make: _____ Model: _____ Year: _____ Payment: _____ Owed: _____

Vehicle 2: Make: _____ Model: _____ Year: _____ Payment: _____ Owed: _____

Vehicle 3: Make: _____ Model: _____ Year: _____ Payment: _____ Owed: _____

Additional vehicles or assets (RV, Motorcycle, etc.,) please list on reverse of page.

Please provide insurance information for each vehicle you own including the name of the Insurance Company and the policy number.

Insurance Company: _____ Policy No: _____

Insurance Company: _____ Policy No: _____

Insurance Company: _____ Policy No: _____

Insurance Company: _____ Policy No: _____

Do you have any pets? If so, please provide names, date of birth, and vet information:

Pet name _____ Pet Type: _____ DOB: _____ Vet: _____

Pet name _____ Pet Type: _____ DOB: _____ Vet: _____

Additional documentation required

- ☐ Proof of any Insurance (Health, Life, Vehicle, etc.)
- ☐ Documentation of childcare and/or school for each child.
- ☐ Up to date shot record for each child or explanation.
- ☐ Bank account documentation, and documentation of any balances
- ☐ Copy of bank statements for all members of the household for the last three months
- ☐ Copy of credit card statements for all members of the household for the last three months
- ☐ Proof of all household expenses including childcare, utilities, vehicles, grocery, Healthcare, credit cards, etc.)
- ☐ Primary physician for yourself and each child including number, and shot record for each child.
- ☐ List any other healthcare provider you, or any member of your household visit regularly, Including physician name and number and the condition they are treating.
- ☐ Provide documentation of any other healthcare expenses including behavioral health care (mental health care/substance abuse treatment/counseling, etc.).

Assessment of Strengths and Areas of Growth

Strengths

What skills/knowledge/experience to you have that many others do not?

_____
_____
_____

What tasks can you perform better than most?

_____
_____
_____

Please list your strengths:

_____
_____
_____

What values, ideas, background, experience, etc. do you have that are unique to you?

_____
_____
_____

Areas of Improvement

Are there any tasks you avoid because you do not think you can do them?

_____
_____
_____

Are there any tasks/behaviors that you think you could improve upon?

_____
_____
_____

What would people who know you well describe as weaknesses?

_____
_____
_____

Do you have any personality traits/behaviors/ideas/experiences that you do not tell others because you think they would judge you negatively?

What skills/behaviors would you like to improve upon?

What personality traits hold you back or create difficulties for you?

What do you think are your bad habits?

Opportunities:

Do you believe there is the potential for advancement at your job?

Do you believe that there is the potential for advancement in you overall career?

What opportunities for growth have you noticed?

Where would you like to be in five years?

Threats

What is blocking you from advancement in your career of choice, or advancement in another area where you think you would thrive?

_____
_____
_____

Do you currently have any relationships that threaten your growth, advancement, security, or education?

_____
_____
_____

Do you consider your technical skills a weakness or a strength?

_____
_____
_____

If you had the time and money to learn more, what areas would you like to study or learn about?

_____
_____
_____

Can you think of any character weaknesses you might have that make it more difficult for you to advance in your career or grow as an individual?

_____
_____
_____

Additional documentation required

- ☐ Proof of any Insurance (Health, Life, Vehicle, etc.)
- ☐ Documentation of childcare and/or school for each child.
- ☐ Up to date shot record for each child or explanation.
- ☐ Bank account documentation, and documentation of any balances
- ☐ Copy of bank statements for all members of the household for the last three months
- ☐ Copy of credit card statements for all members of the household for the last three months
- ☐ Proof of all household expenses including childcare, utilities, vehicles, grocery, Healthcare, credit cards, etc.)
- ☐ Primary physician for yourself and each child including number, and shot record for each child.

BACKGROUND SCREENING

Why We Ask for a Background Check

We understand that background checks can feel intimidating. We want you to know exactly why we ask for one, what is included, and how we use the information.

Why a Background Check?

- To confirm information in your application is correct.
- To help us make sure resources go to families who are ready for long-term housing success.
- To meet funding and safety requirements.

What We Check

- Identity – your name, date of birth, Social Security number, government ID.
- Housing history – past evictions, if any.
- Employment history – to confirm your work details match your application.
- Credit history – only to compare against what you reported (we do not use credit scores to disqualify).
- Criminal history – limited to serious or repeat offenses. Traffic tickets and minor issues are not considered.
- References – we may confirm information with landlords, employers, or others you listed.

What We Do Not Check

- We do not check or share immigration status.
- We do not judge you based on bad credit alone.
- We do not share your information outside the Coalition and our approved screening provider.

Your Rights

- You must sign a consent form before we can run a background check.
- You have the right to know what was found.
- If anything is inaccurate, you can dispute it with the reporting agency.
- You may refuse to give consent, but without it, we cannot consider your application for this program.

Our Commitment

We will only use this information to help decide on your application for the Pay the Rent First Program. Your privacy and dignity matter to us.

If you have questions, call us at 754-422-2572 before signing the consent form.

CONSENT FOR BACKGROUND CHECK

Coalition to End Homelessness – Pay the Rent First Program

I, _____ (full legal name), authorize the Coalition to End Homelessness and its designated agents to conduct a background check as part of my application for the Pay the Rent First Program. This may include:

- Verification of identity (name, SSN, date of birth, government ID)
- Housing history (including prior evictions)
- Employment history and income verification
- Credit history (used only to confirm accuracy of information provided — not to judge)
- Criminal history (limited to serious or repeat offenses)
- Reference verification (landlords, employers, references listed on my application)

Applicant Rights

- I understand that this information will be used only to help decide my eligibility for the program.
- I understand that I have the right to know what was found in the report.
- I may dispute any incorrect information with the reporting agency.
- I may refuse to sign this form, but I understand that my application cannot be considered without it.
- A photocopy, fax, or digital copy of this consent will be considered as valid as the original.

Applicant Information

Full Legal Name: _____
Other Names Used (if any): _____
Date of Birth: _____
Social Security Number: _____
Driver's License / State ID Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Previous Address (if less than 2 years): _____

Phone: _____ Email: _____

Authorization & Signature

I certify that the information I have provided is true and complete. I authorize the Coalition to End Homelessness to conduct a background check as described above.

Signature: _____
Date: _____

PARTICIPATION AGREEMENT

Client_____ and Client's household agrees that all of the following are true, and agrees to comply immediately with any requests by the agency or family mentor:

This is a program for homeless families. We do not discriminate in our definition of family. **A marriage license is not required, we would accept gay and lesbian parents.** Families eligible for this program must disclose all persons in the household and relationships with each person. Relationships may include natural child, adopted child, child you caring for because the parent is not able to do so. Other relationships within your household may include Spouse, partner, significant other, grandmother, grandparent, uncle, aunt, niece, nephew, cousin, etc. However, if there is someone in your household that is not listed, or someone listed that is not in your household this agreement will be null and void. If you have guests that spend more than a night at your house you must inform your mentor.

1. I promise I have declared all members of my household. Furthermore, I promise that they have completed an entire application, provided all income, expenses, employment, and assets and answering all questions.

2. One adult in the family **must be working full-time and have a letter of support from their employer** (to show the job is stable), SSI may contribute to family income but is not sufficient. We do not care if this is a single mother, and she has a boyfriend who sometimes stays with her but does not contribute financially. If the head of household has any change in employment, they must notify the family mentor immediately

3. **The family must earn more than 30% of AMI for household size and no more than 50% of AMI,** and be able to prove that income. We provide first, last and security. This program is for families **that can** afford rent but need help getting the extra move-in money.

4. You have found a place for your household to live where the rent is no more than 30% of your net (take home) pay or more than 40% of your gross pay. You are not eligible for assistance until you have yourself located a place to live that you can afford. **Only households that have found a place they can afford to live are eligible for this program.**

5. You agree to participate fully in a **year-long mentorship program** which will involve at minimum a weekly phone-call and monthly visit. Failure to adhere to the mentorship part of the program means that all other program benefits are immediately denied. Other program benefits are not told to you in advance and depend entirely on your progress with your mentor who will make decisions about what additional assistance can be provided to you based on your adherence to the program.

You agree to call your mentor at least once a week and speak with them. Leaving text messages only is not adequate. You agree that your mentor will visit you at your home monthly and that these visits will be both announced and unannounced. You agree to welcome your mentor into your home when she arrives. You agree to

give your mentor access to all your financial records. Furthermore, you agree to read any part of the Family Workbook you are assigned and to perform any tasks or activities assigned.

6. Up to a maximum of $6,000.00 towards first, last, and security will be paid to the landlord for clients who fulfill all agreement obligations. You are responsible for finding an affordable place to live and providing the Coalition with contact information for the landlord.

This agreement can only be signed when the following information is provided to us:

Address of the place you will be renting: _____

Name and best contact number for landlord: _____

You must also list any other agreements you may have in place regarding this place (will you be charged for utilities, which ones? Do you have a parking place? Where? Is there an additional charge for parking? Did you agree to provide any additional services to the landlord in addition to rent? Are there limitations in place regarding your use of certain portions of the property? Did you agree to any other terms in addition to those provided in your lease agreement. (This is acceptable, and in many cases very smart. For example, if you agree to watch a child and receive a rental discount, this is a good idea. What is important is that we understand any such arrangements).

If there are any other agreements besides those that appear in black and white on the lease, list them here:

_____
_____
_____

Distance to childcare: _____ Distance to school: _____

Distance to employment: _____ Distance to grocery store: _____ Distance to Pharmacy: _____

7. Client is responsible for meeting reasonable requests by mentor which may include things like going thrifting together to get some things for the apartment, finding clothing for any members of the household, or reviewing documentation in addition to the Family Workbook. Any additional activity suggested by the mentor is in your own best interest. Client also agrees that any items provided by the mentor or the agency will not be sold.

If additional adults are in the household, each must sign.

_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
_____	_____	_____	_____	____
Client Name	Client Signature	Family Mentor	Mentor's Signature	Date

Family Metrics Form

Your family mentor will complete this form monthly.

YES OR NO QUESTIONS Is rent completely up to date and no concerns about next month Yes ☐ No ☐ (Yes 25, No zero points). If you are concerned about next month, choose a number that represents your degree of concern: _____ All utilities paid up and all utilities working Yes ☐ NO ☐ (Yes 15 points, No zero points) Indicate any issues and score based upon the severity of these issues: _____ 40 Posible = Rent 25 + Utilities 15 Total Score: _____	► Is the client still housed and up to date on rent not owing any money, or service to the landlord. Depending on the day of the month the family mentor may ask if the family is ready to pay upcoming rent. This is the top priority of the program and is weighed heavily. This is 25% of the overall score. ► If you have any concerns, you may give a score that is less than 25 points and greater than zero, the score should reflect your degree of concern. ► Are all the family utility bills paid? Priority bills include FPL/light bill, any water or trash bills if there are any (generally known as utility bills). Accurate scoring requires testing utilities, viewing bills, and receipts.
Transportation secure: _____ Childcare/School secure: _____ Cleanliness of entire living area, All bedrooms, and front door, etc.: _____ Family wellbeing: _____ Household Access to healthcare: _____ Financial Management: _____	**IMPORTANT** These questions are based on a 0–10-point scale. Zero being the worst, and ten being the best the client could do. Try to be kind, none of these is as important as having the rent paid, however a very low score on any of them could jeopardize paying the rent and staying housed so blend kindness with truth and discipline. ► Car payment on time, car drivable, or other transportation secured. ► Childcare/school fees have been paid ► Cleanliness of the apartment including the front door ► Family well-being (anyone really sick, depressed, or have major issues) ► Access to healthcare ► Financial management (i.e., sticking to budget, etc.)
Family Score Total = Rent Score + Utility Score + Each important score Total Score = _____	The best a family can do is 100 points, the worst they can do while still housed is 25 points. Any family receiving 45 points or less is considered in need of additional assistance. This assistance can be provided by another family mentor with expertise in a certain area, referral to another agency providing programs that address certain problems, or other intervention. Thus far, this has not occurred.
Please use this space for client notes. Please include as much information as possible. *It is essential to include any information you gather that concerns the client's ability to stay housed.*	

Using a five-point scale, where Zero (0) is the worst and five (5) is the best, please score the following: **Your emotional well-being: _____** **Your physical well-being: _____** **Life Satisfaction: _____** **Quality of Life: _____**	**Mentor well-being:** While this program was designed to assist families experiencing homelessness, it is our hope that *volunteer family mentors will also experience benefits from working with each family*. Please let us know of any positive or negative experiences this volunteer commitment is causing
Positive experiences because of volunteer commitment ☐ Greater satisfaction with your own life, even if you do not have everything you want. ☐ Satisfaction derived from being helpful to those in need. ☐ Enjoy the relationship with the client. ☐ Learning and growth through helping others, reading workbook, and seeking solutions.	**Negative experiences because of volunteer commitment** ☐ The time commitment is greater than I anticipated, and is interfering with my life. ☐ The Client is very needy and contacts me too ofte ☐ The Client is difficult to work with, has an attitude, and rarely completes assignments. ☐ The driving distance is difficult.
Other positive experiences (please list):	Other negative experiences (please list):
Any reports provided by family mentors including metrics maybe provided to the Client Services Committee, Board of Directors, funders and staff. Client names will be removed for the purposes of confidentiality. If you would like your name removed as well, please check here: _____	

CLIENT COMMITMENT STATEMENT

I hereby agree that I am providing all of this information willingly to the Coalition to End Homelessness so that they may use this information to determine my eligibility for the "Pay the Rent First" program. I understand that this program is here to support my success. I will engage with honesty, effort, and openness, knowing that I am not alone. I understand that this is a 12-month program, and should I qualify, I agree to meet with or talk to a Coalition volunteer on a monthly basis to assess my housing security. The Coalition agrees to abide by all privacy laws and does not share this personal information.

Client Name	Signature	Date

Coalition Rep Name	Signature	Date

MEDIA AGREEMENT (Optional)

Photo and Video release form

This photo and video release form is made and entered into on the between

Client name _____ and SS# _____ and the Coalition to End Homelessness (65-038-6787). I, (Client Name) _____, hereby agree and consent to the following:

1. Release to use my likeness in any photograph, video, or other digital media while I am receiving services in any publication, including print or digital media.

2. I release the organization to use any likeness of my family members, including my children in any photograph, video, or digital media while my household is receiving services in any publication, including print or digital media.

3. I authorize the Coalition to copy, edit, enhance, crop or otherwise alter any photos or videos for use in publications. I also waive any right for approval or inspection of photos or video of myself or members of my household.

4. I understand and agree that any photos, video, or digital media are the property of the Coalition and may not be returned to me.

5. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of any photo, video. or digital media involving me or any members of my household.

6. I agree to release, and forever discharge the Coalition, and its affiliates, successors, and employees, representatives, officers, partners and agents and more claiming through them in their individual and/or corporate capacities from any and all claims and liabilities, promises, agreements, disputes, demands, damages, causes of action any nature or kind, known or unknown, which I and anyone claiming on behalf of me, may have or claim to have against releases in connection with this release.

I confirm I carefully and fully understand the provisions of this photo release form and am freely, knowingly and voluntarily entering into this agreement with the Coalition to End Homelessness.

_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Coalition Representative	Coalition Signature	Date
_____	_____	_____
Family Mentor	Mentor Signature	Date
_____	_____	_____
Any other applicable party name	Signature	Date

FAMILY MENTOR CONTACT INFORMATION

YOUR FAMILY MENTOR's Name:_____

Contact Info:_____

Date: _____

Please stay in contact with your mentor on a regular basis and reach out with any questions that you need answered to stay housed and be successful.

Your mentor is expected to:

- Call you once a week and indicate whether they answered or returned your call.
- Arrange a visit with you and any children in your home monthly.
- Make case notes after every call and visit pertaining to your well-being and progress or lack thereof of both the client and any children.
- Work with you on the training in The Coalition's Family Workbook.

Note: Not all chapters in the workbook will necessarily apply to you. Focus on those issues where you are having difficulties and don't spend much time on issues that are not relevant to you.