



APPLICATION CHECKLIST FOR WORKERS

Make sure you have all documents ready to submit!



1. TO BE COMPLETED BY WORKERS: Enter data into fillable .pdf forms

- INTAKE FORM (application)** - client & landlord info, signature, check ONE box for criteria
- BUDGET FORM** – verifiable and accurate financial information for 3 months
- REFERRAL WORKER QUESTIONNAIRE** – explain recommendation, sign, phone #



2. CLIENT REQUIRED DOCUMENTATION: Lack of documentation may result in denial

- PROOF OF CRISIS** - verifiable **proof** of client's emergency situation (loss of income, police reports, medical bills, bills, etc), proof of reason to move, including 3-,60-,or 90-day notice
- PROOF OF INCOME** - **two FULL months** of income: most recent paycheck stubs, SSI award letter, unemployment letter, disability award letter, child support award letter, etc
- PROOF OF 6-MONTH RESIDENCY** – utility bills, old lease, pay stub address in County
- PAST DUE RENT NOTICE** – proof of past due rent or mortgage, current **signed lease/rental agreement**, statement from landlord/mortgage company of amount due, eviction notice (with reason for termination of lease), 3-day notice, or foreclosure notice
- SIGNED LEASE AGREEMENT- signed lease/rental agreement** (stating security deposit, future/current rent, household members) or letter of intent to rent from future landlord
- FOR SECTION 8 RENTALS** – must include Section 8 Housing Choice Voucher and Section 8 signed Assisted Lease Agreement, and Inspection Report (indicating property has **PASSED**)
- PHOTO ID** - **current legal identification** of all adults living in household
- SOCIAL SECURITY CARDS** – **legible** copies for all adults and children living in household
- W-9 FORM FROM LANDLORD** – for **delinquent rent only** if the landlord is not an LLC



Questions? Call the SOS Hotline at: (925) 521-5065



THIS SECTION TO BE COMPLETED BY AGENCY REPRESENTATIVE

COUNTY: Alameda Contra Costa Marin Napa S.F. San Mateo Santa Clara Solano Sonoma

PROGRAM: CFN HA CFN & HA **Has applicant used program before?** YES, When: NO

Name: _____ **D.O.B.:** _____ **SS#:** _____

Name: _____ **D.O.B.:** _____ **SS#:** _____

Address: _____ **City:** _____ **ZIP:** _____ **Tel #:** _____

New Address: _____ **City:** _____ **ZIP:** _____ **Tel #:** _____

Children Under 18 (living in home): _____ **Dates of Birth:** _____ **Total in Household:** _____

Intake Criteria (check one): Single Parent Intact Family Senior Disabled Senior & Disabled Foster Youth

Veteran Domestic Violence Pregnant 2nd/3rd Trimester

Ethnicity/Race (check one): Hispanic/Latino/Spanish Not Hispanic/Latino/Spanish

If Not Hispanic/Latino/Spanish (check one): American Indian/Alaska Native Asian Black/African American

Native Hawaiian/Pacific Islander White Two or More Races Other _____

If applicant has lived in county for less than 2 years, date moved to county: _____

Former Address/County: _____

Monthly Net Income: _____ **Anticipated Changes:** _____

Income Source: Work CalWORKs CalFresh SSI SS UIB DIB FC Other _____

Section 8 Voucher Current Section 8 Homeless to Perm Housing Shelter to Perm Housing Subsidized Housing

Referral Agency: _____ **Contact Person:** _____ **Email:** _____

Address: _____ **Tel. #:** _____

Request: Delinquent Rent/Mortgage Deposit First Month Rent Other _____

Reason: Disability/Illness Unemployment Family Separation Public Assistance Other _____

Explanation (please attach a separate sheet if necessary):

What other actions have been taken to alleviate this need?

If approved, make check payable to (Landlord/Vendor): _____ **Amount: \$** _____

Address: _____ **City:** _____ **ZIP:** _____ **Tel. #:** _____

If approved, make check payable to (Landlord/Vendor): _____ **Amount: \$** _____

Address: _____ **City:** _____ **ZIP:** _____ **Tel. #:** _____

For (client's name): _____

THIS SECTION TO BE COMPLETED BY APPLICANT

I hereby give my permission to contact any agency/landlord who could be helpful in understanding my situation, and I give my consent to release any information necessary to receive assistance from the Chronicle Season of Sharing Fund (SOS). This form was completed in its entirety by an authorized caseworker and approved by me prior to my signing.

Signature: _____ **Date:** _____

CAMPAIGN

I agree to be interviewed and photographed for the SOS Campaign in the following media: San Francisco Chronicle | SFGate.com, SOS website and television. By agreeing to this, I understand that my photographs and videos are the property of the San Francisco Chronicle and can be used by the Season of Sharing Fund exclusively for future campaign materials, such as annual reports, in-paper ads and videos. **INITIAL HERE:**

THIS SECTION TO BE COMPLETED BY CHRONICLE STAFF

CFN: Denial Approval \$ _____ **HA:** Denial Approval \$ _____

If assistance was denied, REASON:

Date Landlord Verified: _____

Authorized Signature: _____ **Phone:** _____ **Date:** _____



Name: _____

Date: _____

Budget Form

Section 1: Monthly income

	Last month	This month	Next month
Applicant's take home pay			
Spouse's take home pay			
Unemployment/disability income			
Total monthly income			

Section 2: Monthly expenses

	Last month	This month	Next month
Rent or mortgage			
Taxes (homeowner)			
Utilities: PG&E			
Utilities: water, garbage			
Telephone/cell phone			
Food/toiletries (not covered by food stamps)			
Health insurance			
Medical needs (prescriptions, doctor visits, etc.)			
Car payments			
Auto insurance			
Transportation (bus, gas, tolls, parking)			
Child care			
Clothing			
Cleaning/laundry			
Installment payments (credit cards, loans)			
Cable television			
Miscellaneous (cigarettes, entertainment, etc.)			
Total monthly expenses			

Section totals

Total income (from Section 1)			
Less total expenses (from Section 2)			
Monthly balance			



REFERRAL WORKER QUESTIONNAIRE

Please complete this questionnaire to help determine support

 Applicant's Name

 Social Security Number

1. Do you recommend approval of this request? YES _____ NO _____

Please explain:

2. How much is the applicant paying toward the cost? \$ _____

3. How much was the security deposit in their previous residence? \$ _____

4. Is the security deposit being returned to the client? YES _____ NO _____

5. If yes, how much? Full \$ _____ Partial \$ _____

6. If no, why not? _____

7. In cases involving family reunification plans, will the plan be completed within three (3) months? YES _____ NO _____ N/A _____

8. If not, why? _____

For Section 8 applicants please attach:

- Section 8 Voucher
- Copy of the passed inspection
- Lease agreement
- Family composition list

 Worker's Name

 Worker's PCN

 Worker's Phone

Season of Sharing Process for Clients



1) What is Season of Sharing?

Season of Sharing (SOS) is a private fund set up to help those families & individuals who are faced with a crisis and cannot pay their rent or deposit. The eligibility and documentation requirements are strict.



3) What information do I need to provide?

You will need to provide the following:

- *Proof of crisis (eviction notice, layoff)
- *Proof of income (2 months pay stubs)
- *Signed lease or signed letter of intent
- *ID and Social Security cards for all
- *Current monthly utility bills
- *Section 8 voucher & passed inspection



5) When can I apply again?

Applicants who receive grants from Season of Sharing cannot re-apply for 5 years. Denied applicants can re-apply.



2) Am I eligible to apply?

You must be in one of the following categories to be able to apply:

- *Over 55 years old
- *Children under 18 in the household
- *Permanently disabled
- *Veteran
- *Foster youth
- *2nd/3rd trimester pregnant
- *Victim of domestic violence

4) When will I know?



The Season of Sharing process may take 2-4 weeks to complete. It is important that all required information is provided to speed up the process. You and your caseworker will be notified by mail if an award has been granted or if you were denied. All applicants must contact their worker for follow-up questions of eligibility and the application process.



GUIDELINES FOR WORKERS

This packet will briefly cover the guidelines for workers to help their clients apply for the Season of Sharing (SOS) program in Contra Costa County. Please take a moment to familiarize yourself with the following important topics:

1. What is SOS?
2. Criteria to Apply
3. The Application Process
4. The Role of Volunteer & Emergency Services
5. Worker Responsibility

1. What is Season of Sharing (SOS)?

The San Francisco Chronicle's Season of Sharing Fund (SOS) provides emergency assistance to individuals and families in housing crisis in 9 Bay Area counties. EHSD's Volunteer & Emergency Services (VES) unit is the coordinator for Contra Costa County residents. SOS applications for assistance must fit in the category of **Housing Assistance (HA)** rent or deposit; or **Critical Family Needs (CFN)** furniture, wheelchair, etc. HA or CFN requests cannot be for utilities. A person does not have to be on public assistance to apply for SOS. Completed applications are submitted to VES staff for processing. SOS is a fund of last resort; payments are only made to legitimate landlords not to applicants. Those in need of SOS who are EHSD clients must meet with their worker to fill out an application. Those in need of SOS who are not active to EHSD may be referred to one of the community based intake agencies (list available upon request). For referral or to determine eligibility clients can call the SOS Hotline at: (925) 521-5065.

2. Criteria to Apply

1. SOS will assist parents with dependent children under the age of 18 living with them, seniors (55 and over), the permanently disabled, the Veterans, pregnant women in her third trimester, and emancipated foster youth. **SOS will not assist single, able-bodied individuals under 55 or families without dependent children.**
2. 6 MONTH RESIDENCY - Applicants must be able to verify that they have lived within Contra Costa County for at least 6 months prior to applying for SOS. They must be in a **non-recurring, verifiable** emergency situation not caused by his or her own negligence. S/he must have been stable in the past, and with this **emergency** assistance, be able to maintain his or her situation. Applicants may be allowed to reapply after 5 years.
3. Grants are generally less than **\$1500**. Applicants may for HA or CFN or in combination of both, but it may not exceed \$3000.
4. W-9 TAX FORM - required from individual landlords, for delinquent rents.

3. The Application Process

1. All Season of Sharing applications and supporting documentation are submitted via email to sos@ehsd.cccounty.us No paper applications will be accepted. Worker should verify that the applicant has not previously received SOS assistance within the past 5 years. This will save the worker unnecessary time. Please call the VES unit at 925-521-5060 to verify.
2. The worker meets with the client and completes 3 SOS forms: Intake Form, Budget Form, and Worker Questionnaire during the meeting. Please use the fillable .pdf forms emailed to you or found on STARS (EHSD workers). **Complete all fields**. Do not leave fields blank.
3. All documentation **must verify the applicant's story** and must be scanned and submitted with the application. Signed rental agreement, proof of income, police reports, 3-day notice, termination letter, UIB, SSI or DIB determination letters, Section 8 inspection approvals.
4. SOS Housing Assistance (HA) grants are sent to landlords directly, not to applicants. It is important to enter **correct landlord information** for the landlords on the application. When completing an application for SOS Critical Family Needs (CFN) please enter **correct vendor information** (i.e. name of store), address, contact person and telephone #. Submit an invoice for the cost of the item.
5. Print all forms. Worker and client must sign where necessary. (electronically or in pen)
6. Give client the handout: **"Season of Sharing Process for Clients"**.
7. The worker is responsible for submitting completed applications & checking for accuracy.
8. **Scan** the Intake, Budget, and Questionnaire forms along with all supporting documentation and email to sos@ehsd.cccounty.us .

4.The Role of Volunteer & Emergency Services (VES)

1. The SOS application committee consists of VES staff who will ensure that each application is given a fair and accurate review.
2. All applications are checked against our database prior to review. Applications are checked for eligibility and completeness. All applications are then reviewed by the SOS committee at a weekly meeting. **If we are able to grant your client, we will notify you**, the applicant, and the landlord/vendor in writing the day the check is requested.
3. If more information is needed VES staff may contact the worker for missing documentation or clarification. Incomplete or illegible applications take much longer to process and may be denied outright. Suspicious, or altered documents will be denied and may be reported.
4. Checks are mailed directly from the fiscal agent **Catholic Charities East Bay** to the landlord or vendor. Checks generally take 7-10 business days to be processed. Applications are generally processed in the same week they are received and will not be held open for more than a month.

5. Worker's Responsibility

1. The worker is responsible for accurately completing the 3 fillable forms: **Intake form, Budget Form, & Worker Questionnaire**. The worker should provide a detailed story in the narrative, help your client verify it, obtain necessary documentation and document the outcome in the applicant's file.
2. Do not submit applications for those who are clearly ineligible.
3. If workers have questions regarding any part of the referral process, or terminology please call the SOS Coordinator directly at (925) 521-5063 or the VES clerk at (925) 521-5068. **These numbers are for WORKERS only.**
4. Please do NOT have applicant call the SOS coordinator or VES staff directly. Applicants should call the **SOS Hotline (925) 521-5065** for status updates and questions.

