



Eligibility Requirements to receive Financial Assistance

Description:

One-time financial assistance will be provided to qualified applicants for rent/mortgage assistance, utility assistance, and miscellaneous expenses (tutoring fees, external counseling, extracurricular registration fees, hygiene products, laptops, clothing, college admittance costs, transportation assistance, gasoline vouchers, etc.) The application must be filled out completely, including: social security numbers for all family members; monthly income from all sources; a written explanation of the housing emergency or requested assistance; and the signature of the applicant. The applicant must reside in Brevard County. A W-9 must be completed and signed by the landlord, mortgage company or property owner prior to the submittal of the application for payment. **Please attach completed W9, check stubs (3) if applicable, bill and/or Invoice to application.** If the application is approved, a check will be mailed within 5-10 business days directly to landlord, utility company, Mortgage Company, property owner, etc. Applications will be processed in the order that they are received. **Please submit all requests to Talia Bryant, tbryant@eckerd.org.**

Eligibility:

- ***Individuals or Families must be experiencing Homelessness or at Risk of Homelessness***
- ***Students coded as "In Transition" by the local School District:*** "In Transition" encompasses students experiencing homelessness that are living in cars, in tents, doubled-up in other families' homes, chronically "couch-surfing", living in parks, living in vacant lots, living in the forest, etc.
- ***Families/Individuals identified as "Experiencing Homelessness":*** Families and/or individuals meeting the Federal definition of homelessness as determined by qualified frontline assessors with BFSS, BHC CHAT, and/or Brevard Public Schools. Additionally, individuals who are at imminent risk of homelessness and are frequent users of high-cost systems (inpatient detoxification units, jails, and residential treatment) are eligible for services.
- ***Must meet one of the following:***
 - 1) Adults who have substance abuse disorders and a history of intravenous drug use.
 - 2) Persons diagnosed as having co-occurring substance abuse and mental health disorders.
 - 3) Parents who put children at risk due to a substance abuse disorder.
 - 4) Persons who have a substance abuse disorder and have been ordered by the court to receive treatment.
 - 5) Children at risk for initiating drug use.
 - 6) Children under state supervision.
 - 7) Children who have a substance abuse disorder but who are not under the supervision of a court or in the custody of a state agency.
 - 8) Persons identified as being part of a priority population as a condition for receiving services funded through the Center for Mental Health Services and Substance Abuse Prevention and Treatment Block Grants.



One Time Financial Assistance Application Checklist

A completed application will include the following documents:

- ☐ Completed Financial Request Form - Contact Information
 - Identified Substance Abuse History
 - Identified situation that has led to homelessness or eviction
- ☐ Invoice and/or bill
- ☐ Copy of Three Day Notice/Eviction Notice (if applicable)
- ☐ Copy of Lease
- ☐ Completed W-9 Form - Signed and completed by landlord
 - Appropriate Tax or Social Security information listed
- ☐ Completed Declaration of Homelessness
- ☐ Copy of Driver's License
- ☐ Income Verification (copy of most recent pay stubs)

Any incomplete application will not be accepted and will be returned to client and/or provider.

Process once completed application has been submitted:

- ☐ Client will be contacted by case manager within 3-5 business days
- ☐ Case Manager will schedule intake appointment
- ☐ Client will meet with case manager in office to complete remaining paperwork
- ☐ Case Manager will submit financial request for approval
- ☐ Request will either be approved or denied within 3-5 business days
- ☐ If approved, payment should be received within 10-14 business days



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Financial Request Form

Date: _____

Name: _____

Address: _____

Contact number: _____

Social Security #: _____

Date of Birth: _____

Child(ren) (name, DOB, SS #) *separate each name child's info by semicolon:* _____

Name of School child(ren) attend: _____

Is student coded as in-transition? _____

****Is the applicant experiencing homelessness? (Must be experiencing homelessness or receive a 3-day notice):** _____

****Does the applicant meet eligibility requirements? (Must meet eligibility requirements to receive assistance):** _____

If "Yes", please describe: _____

Monthly Income: _____

****Does the Adult or child have a substance abuse/use history or is at risk for substance abuse? (Must have substance abuse (SA) history or determined to be at-risk in order to receive assistance):** _____

If "Yes", please describe: _____

Please describe housing emergency or the nature of the requested assistance:

Referred by: _____

Applicant Signature

Date

**** Completed** Applications will be processed within 2-3 Business days

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	Social security number [][][] - [][] - [][][][][][] Employer identification number [][] - [][][][][][][][][]
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Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below). Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions Section references are to the Internal Revenue Code unless otherwise noted. Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.	Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
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