Housing Assistance Application – Survivor Support

An extensive, cross-collaborative planning process was held in 2017 in order identify current gaps and needs for victims living in San Diego County. Emergency hotel stays, relocation funds and mortgage/rent assistance were all identified as current areas of need for survivors in our county.

Upon submitting this two-page application, a review and determination will be made within 3 business days (72 business hours). Take note of your submission date and time. If you do not receive a response by phone within three business days (72 business hours), you may call **South Bay Community Services** to check on the status of your application.

Fax or email this application to:
South Bay Community Services
Fax to: (619) 425-6922
Email to: Analicia McKee amckee@csbcs.org

Applications must be emailed or faxed by the organization that completes the Verification of Support section of this application.

Awards are contingent on available funding.

Program funded through California Governor's Office of Emergency Services (Cal OES) grant number XC16 01 0370.

PROGRAM ENDS JUNE 30, 2019

Updated 10-5-18

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Primary Applicant Information

Full Name:	Gender:	Date of Birth:	Age:
Email Address:	Phone:	Emergency Contact:	
Current Address:			
City:	State:	ZIP Code:	
☐Own ☐Rent ☐Hotel ☐Homeless ☐ Shelter ☐Other (Describe):			
If Seeking Rental or Mortgage Assistance, List Address (current rental agreement/mortgage statement will be required):			
City:	State:	ZIP Code:	
☐Own ☐Rent ☐Hotel/Motel ☐ Homeless ☐Other (Describe):	Monthly payment or rent:		

Select Assistance Needed (Check All that Apply): Central and South Regions

☐ Hotel Stay (Paid per Night Stay, Maximum 2 Weeks): SBCS will select hotel in Central or South regions of SD County

☐ Security Deposit (Maximum $2,750): SBCS pays directly to the landlord on behalf of the applicant

☐ Rent/Mortgage Payment (Maximum 2 Months, $5,500): SBCS pays directly to the landlord or lender on behalf of the applicant.

☐ Past Rent/Mortgage Balance Due (Maximum 2 Months, $5,500): SBCS pays directly to the landlord or lender on behalf of the applicant.

<u>Describe Desired Housing Plan:</u>

Dependents (children, adult and/or elder dependents)

Full Name:	Date of Birth:	Age:	Relationship:
Full Name:	Date of Birth:	Age:	Relationship:
Full Name:	Date of Birth:	Age:	Relationship:
Full Name:	Date of Birth:	Age:	Relationship:
Full Name:	Date of Birth:	Age:	Relationship:
Full Name:	Date of Birth:	Age:	Relationship:

Alleged Abuser/Offender

Full Name:	Gender:	Date of Birth:	Age:
Address:			
City:	State:	ZIP Code:	
☐ Location Unknown			

Describe Any Accessibility Needs of Primary Applicant and Dependents (e.g. ADA Bathroom)

Experience within 12 Months

Sexual Abuse: Forced sex, sexual coercion, sexual slavery, harboring or abduction for the purpose of sexual exploitation, purposely tried to pass on a sexually transmitted disease to the victim, forced the survivor to perform sexual acts, any sexual actbetween an adult and minor.

Physical Abuse: Punched, slapped, kicked, bit, strangled (“choked”), prevented survivor from calling police or seeking medical care, forbid the survivor from eating or sleeping, forced the survivor to do drugs or drink alcohol, harmed with weapons, or any otherphysical act(s) causing harm to the survivor or his/her dependents.

Emotional/Psychological Abuse: Threatened with weapons to harm or kill; threatened to hurt the survivor or his/her dependents; withheld the survivor's access to his/her children; prevented the survivor from leaving his/her home; damaged thesurvivor’s property on purpose; monitored or controlled where he/she went, whom he/she contacted, what he/she did, and withwhom he/she spent time; watched the survivor or other stalking behaviors causing a reasonable person to feel fear.

Financial Abuse: Refused to give the survivor money to pay for necessities like food, clothing, transportation, or medical care and medicine; stole the survivor’s money; forbid the survivor from working or limited the hours that he/she could work; preventedthe survivor from viewing or having access to his/her bank accounts; coerced the survivor to give up his/her money.

I certify that the survivor has disclosed that one or more of the above listed behaviors was inflicted upon him/her within the past one year (12 months) by a current or former intimate partner (spouse, boyfriend/girlfriend, dating partner, fiancée, or child in common); caregiver, parent, adult child, or other family member; gang member; or laborer/offender of sexual exploitation.

Signature of Referring Professional: ____________________________________ **Date:** ____________

Special Populations (Check All that Apply)

☐ Lesbian, Gay, Bisexual, Transgender, Queer	☐ Elderly (65years+)	☐ Applicant with Mental Health Challenges
☐ Emancipated Minor (under 18 years)	☐ Non-English Speaker	☐ Applicant with Substance Abuse Challenges
☐ Native American	☐ Immigrated to US within past 24 months	☐ Developmentally Disabled
☐ Asylum Seeker/Refugee	☐ Non-offending Adult Parent of Child/Teen Survivors	☐ Applicant is Providing Care for Disabled Elder, Adult or Child

If Seeking Hotel Stay or Relocation Assistance, Select Reasons (Check All that Apply)

☐ Safety Concerns /Fear of Future Harm or Abuse by Offender Listed in this Application

☐ Emotional Well-Being

☐ Not applicable (not seeking Hotel Stay or Relocation Assistance i.e. Security Deposit or Rent at new location)

****If there are current safety concerns/fear of future harm or abuse from offender, relocation of at least 5-10 miles is required.***

Services	Currently Receiving	Interested?		Currently Receiving	Interested?
Optional *Responses to this section have no impact on whether the application will be approved.*					
Victim Advocacy/Support	☐	☐	Food Assistance	☐	☐
Mental Health/Therapy	☐	☐	Legal Assistance	☐	☐
Substance Abuse Treatment	☐	☐	Affordable Housing	☐	☐
Health Insurance/ Affordable Care Act	☐	☐	Victims of Crime Assistance (housing assistance):		
Other:			Hotel Stay	☐	☐
			Security Deposit	☐	☐
			Rent/Mortgage Payment	☐	☐
			Past Rent/Mortgage Balance Due	☐	☐

Disclosures to Applicant

- Your safety is our primary concern. Thus, if you are seeking an apartment or hotel in the immediate vicinity of where your abuser resides, we will work with you to review options in other areas of the county.
- A SBCS staff person will review safety planning with you and the services indicated above during your phone call(s) with them.
- By signing below, I am agreeing to the disclosure of the information included in this application. I understand that the Referring Professional will email or fax this document on my behalf to South Bay Community Services.

Applicant Name: ________________________________ **Date:** _____________

Signature: ________________________________

Professional Submitting Application
[Must be Completed by a Professional who is NOT a Relative or Friend of the Survivor]

Full Name:	Organization:
Title:	Department:
Email Address:	Phone Number:

The application MUST be transmitted by fax or email from the organization providing the letter of support.

Provide a Copy of this Application to the Applicant.

Date & Time Application Transmitted:___________________