

Region 7E Housing Subsidy Request

Consumer Name:	Date of request:
Monthly Subsidy Amount Requested:	Duration of Subsidy Request:
Total Amount of Request	Date for Subsidy Start:
Case Manager/County	Contact Information
Apartment Name and Address:	

*Please note a completed W-9 for the apartment or property management company is required to issue payment.

**Payment will be issued to the name and address on the W-9 provided.

1. Does the participant meet the eligibility criteria listed in the Housing Subsidy Policy? _____

2. Date and amount of last request for AMHI funding: _____

3. What is the participant's current amount and source of income? _____

4. Has the client applied for Social Security benefits?
 - Yes, applied on _____
 - Currently receiving Social Security benefits
 - No, client is working
 - No, client is actively looking for work
 - No, client can work but not currently looking for work due to: _____

5. What are the current barriers to affordable housing?

<ul style="list-style-type: none"> <input type="checkbox"/> Can't meet income requirements <input type="checkbox"/> Criminal history <input type="checkbox"/> Lack of rental history <input type="checkbox"/> Drug and/or alcohol use <input type="checkbox"/> Mental health symptoms or treatment needs <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Credit history <input type="checkbox"/> History of evictions or unlawful detainers <input type="checkbox"/> Unpaid utility bills <input type="checkbox"/> Lack of affordable housing <input type="checkbox"/> Can't meet income requirements
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6. Is the client currently on any waitlists for subsidized housing?
 - Yes, please list where and dates applied: _____
 - _____
 - _____
 - No

7. What steps have been, or will be taken to reduce barriers and promote independence and ability to afford housing at the end of the subsidy?

Approved by: _____ Date: _____

AMH Supervisor

<p>Majority Approval if total exceeds \$1,000:</p> <p><input type="checkbox"/> Chisago</p> <p><input type="checkbox"/> Isanti</p> <p><input type="checkbox"/> Kanabec</p> <p><input type="checkbox"/> Mille Lacs</p> <p><input type="checkbox"/> Pine</p> <p><input type="checkbox"/> Consumer Rep 1</p> <p><input type="checkbox"/> Consumer Rep 2</p>
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Housing Subsidy Policy

To be considered for a Region 7E AMHI Housing Subsidy, the person must qualify under the following criteria:

Eligibility:

- Participants must currently meet the statutory definition of SPMI, as defined in Minnesota Statute § 245.462, subd. 20 (c).
- Participants must be current recipients of Adult Mental Health case management services from a County within Region 7E.
- Participants must be in a housing crisis; the participant is at risk of losing housing, or unable to obtain or maintain housing without additional funding.
- Participants must not be receiving any other housing assistance; including, but not limited to: Section 8 vouchers, Bridges vouchers, Project Based Section 8 (applies to specific buildings or units), Public Housing (owned and operated by public agencies), Section 42 (tax credit programs), Minnesota Housing Support, Minnesota Supplemental Aid.
- Consideration will be given to the participant's ability to resolve the crisis and take over full payment by the end of the subsidy.
- If the participant can enter subsidized housing, or receive any of the above assistance, during the period of the subsidy, it must be reported to the supervisor and AMHI. It is understood that the Region 7E housing subsidy may end; there cannot be a duplication of assistance provided.

Subsidy Funding Amount:

- The maximum monthly Housing Subsidy amount will be calculated based on the participant's total monthly rent and total monthly gross income. Participants are responsible for contributing at least (35%) of their gross monthly income toward rent.
- The County Adult Mental Health Supervisor has the authority to approve Region 7E Housing Subsidy requests up to \$1,000, and not to extend beyond December of the current calendar year.

Time Limitation:

- The funds are designed to be provided on a short-term basis for a maximum of twelve (12) months and cannot extend beyond December of the current calendar year.

Fiscal:

- Housing subsidies will be issued to the "end user" or vendor, not to the applicant or client.
- Service arrangements must be completed with all information needed to process payments.

Process for R7E Governing Board approval and payment:

1. If the Housing Subsidy request exceeds \$1,000, the requesting County shall send the request to the Region 7E AMHI Planner to be added to the next regular meeting

agenda for R7E Governing Board approval. Once Governing Board approval is received, the request will be processed.

2. If the Housing Subsidy request is \$1,000 or less, the requesting County shall send the approved Housing Subsidy request to the Region 7E Planner to be processed.
3. Send ALL Requests (**via encrypted email**) to Region 7E AMHI Planner

Email: Amanda.stevenson@co.isanti.mn.us Phone: 763-688-2511

List in Subject Line: R7E AMHI Housing Subsidy request