

HEALING HOMES PROGRAM

Overview

Healing Homes (“Program”) is a transitional housing program. It allows an individual who is approved to participate in the Program to have a license to occupy a Robert Wood Johnson University Hospital Somerset (“RWJS”) owned residential home with his/her immediate family for the duration of their participation in the Program, not to exceed 24 months. To be approved, an individual must complete the attached application, and the application will be reviewed against RWJS’ requirements for Program participation. Among the requirements is for the individual to demonstrate that he/she cannot afford housing.

A goal of the Program is for the individual, through various Somerset county community resources to participate and receive services to enhance aspects of their lives which allow them to become financially independent and self-supporting individuals. These services may include comprehensive case management in a structured format with a progress plan that includes, but not limited to, employment, transportation, social services, income and permanent housing. Program participant will receive support and referrals for basic needs with access to community resources. Community resources include schools, colleges, banks, community organizations, government agencies, health care providers. Healing Homes will provide a living environment in which families will be taught how to manage finances and on how to become fiscally self-sufficient. To foster successful independence, the approved Program participant will be responsible for the purchase and preparation of meals, child care and other living expenses. Applicants must meet the following minimum criteria for Program consideration:

- Demonstrates inability to afford housing and/or basic cost of living
- Have a chronic or acute disease (i.e. diabetes, cancer, etc.) that causes financial hardship
- Have limited access to health care
- Applicant must be employed or have a steady income and earn below the then current NJ HUD income guidelines. The current guidelines are that all household incomes combined must be under the following income limits for the household:
1 Person - \$54,000 2 People - \$61,700
3 People - \$69,400 4 People - \$77,100
5 People – \$83,300 6 People - \$89,450
- Demonstrates a willingness to achieve goals identified in a progress plan to improve their circumstances
- Preferably resides in the towns in New Jersey identified below with a median household income below the county average:
 - Bound Brook
 - Franklin
 - Manville
 - North Plainfield
 - Somerville
 - South Bound Brook

- Agree to apply for the Central Jersey Housing Resource Center Savings and/or Affinity Credit Union Match Program.
- Must accept case management and/or any other services that are deemed necessary for one to live independently upon completion of the program.
- Must agree to complete a financial management class within three (3) months of acceptance into and enrollment in the Program.
- Must sign a Program participation agreement.

As part of the application, applicants must provide:

1. Social Security Numbers for applicants and all other household members.
2. Signed copies of last year's Federal (1040) Income Tax Returns for all household members. If it is after February 1 and you are not submitting your 2017 Income Tax Return with the application, then you must submit your 2017 W-2 along with your 2016 Income Tax Return.
3. Copies of your 4 most recent, consecutive pay stubs for each source of income for all household members.
4. Documentation of other sources of income for all household members (**Social Security payments, child support**).
5. Documentation of disability status or care provider status for nonworking adults.
6. Documentation of child care expenses for children under the age of 12.
7. If applicant or other household members are exempt from filing Federal & State Income Tax Returns, submit a W-2 Form as documentation, as well as, a letter from the IRS stating exemption.
8. Checking account statements for the two (2) months preceding the date of the application.
9. A statement that describes your circumstances that led you to apply, what is your understanding of what will be required of you and what strengths do you have that will make you successful.

We ask that you be completely honest when filling out this application. The information you provide is confidential and used to select the best candidate for the Program. Applications with any false information will be denied.

If you have any questions regarding completing this application, please contact the Community Health Department at RWJS at 908-685-2814.

Thank you for your interest in Healing Homes!

Healing Homes Application

Return Completed Applications to:

Serena Collado

Robert Wood Johnson University Hospital Somerset

110 Rehill Avenue

Somerville, NJ 08876

(908) 685-2814

Date _____

Applicant's Name _____ Birthdate _____ Social Security # _____

Address _____ Town _____ Zip _____

Telephone: Home _____ Work _____

Cell Phone _____ Email: _____

How long have you lived at this address? _____ Monthly Rent: _____

Number of Bedrooms _____ Household Size: _____

Do you receive or have you applied to any other program for payments toward your current rent?
Yes ___ No ___ If yes, please indicate the name of the program and the current status of your application.

Are you presently homeless? Yes ___ No ___ if yes, describe your circumstances

If yes, please state the length of homelessness this episode:

- | | |
|--|--|
| _____ a. Not homeless at present | _____ e. At least 1 year but less than 2 years |
| _____ b. Less than one month | _____ f. Two years but less than three |
| _____ c. At least 1 month but less than 6 months | _____ g. Three years or more |
| _____ d. At least 6 months but less than 1 year | |

Number of episodes of homelessness in past three years:

Please provide complete addresses of where have you lived for the past three years?

Are you receiving a housing subsidy? _____ Yes _____ No If yes, how much and what type of housing subsidy is the applicant receiving? _____

Do you pay own rent? _____ Yes _____ No

Do you pay for own utilities? _____ Yes _____ No

Have you ever been evicted? _____ Yes _____ No, if yes, please explain the circumstances: _____

Please identify any contributing factors to housing instability:

What is your current yearly household income? _____

Do you need help with anything else?

Please list any outstanding debts, including type of debt and amount:

Please list any financial obligations including the amount (e.g. child support, alimony) of the obligation:

Do you expect your financial situation to change in the next six months? If so, how is it going to change?

What is your highest level of education?

Do you have any specialized skills or training?

Can you make yourself available on a weekday during normal business hours to meet with a case manager?
_____ Yes _____ No

If no, please explain _____

How did you hear about the Healing Homes Program? _____

During the past year did applicant or any household member 18 years old and over file:

Federal Income Tax Return? Yes___ No___ NJ State Income Tax Return? Yes___ No___ **Please Supply
If so, please provide the last two years of tax returns.**

Check one of the following: White _____ Black/African-American _____ Other Multi Racial _____
Black/African American & White _____ Asian _____ Asian & White _____ American Indian/Alaskan
Native & White _____ Asian/Pacific Islander _____ American Indian/Alaskan Native _____
American Indian/Alaskan Native & Black/African American _____ I do not wish to disclose _____

What is your primary language spoken? _____
Are you English proficient? Yes ___ No ___ If no, what language are you proficient in? _____

Applicant's Marital Status: ___ Single ___ Married ___ Widowed ___ Divorced ___ Cohabiting
(If widowed, please include a copy of the Death Certificate)

Check if applicable – Are you in a Female-Headed Household? Yes ___ No ___

Disabled Data:
Is anyone in your household disabled that will live with you for the housing provided by this program?
Yes ___ No ___ Provide documentation if applicable

Does anyone in your household have any mobility issues? Yes ___ No ___

List all Household Members (if more, please use additional paper):

Full Name	Age	Relationship	Social Security Number
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1. _____
2. _____
3. _____
4. _____

**The following required documentation must be submitted for anyone 18 years of age and older:
Copies will not be provided to applicants.**

_____ Last 4 digits of Social Security Numbers for applicants and all other household members that will live with you in this program.

_____ Signed copies of your most recent Federal (1040) Income Tax Returns for all household members for the past two (2) most recent consecutive years.

_____ Copies of your 4 most recent pay stubs for each source of income for all household members.

_____ Documentation of disability status or care giver status for all nonworking adults.

_____ Documentation of other sources of income for all household members (Social Security payments, unemployment, child support).

_____ Documentation of child care expenses for children under the age of 12. Sufficient documentation is a billing statement from a licensed child care provider, copies of cancelled checks payable to the person who provides the child care, or bank records that show your withdrawal of the funds to make these payments.

_____ If divorced, a copy of your divorce decree.

_____ If applicant or other household members are exempt from filing Federal Income Tax Returns, submit a W-2 Form as documentation or other information, as well as, a letter from the IRS stating exemption.

_____ Two months of consecutive bank account statements

_____ A statement that describes your circumstances that led you to apply, what is your understanding of what will be required of you and what strengths do you have that will make you successful.

Is there any other information you wish to share about yourself or your family's needs?

Do you agree to apply for the Central Jersey Housing Resource Center Savings and/or Affinity Credit Union Match Program? Yes ___ No ___

Do you agree to accept case management and/or any other services that are deemed necessary for one to live independently upon completion of the program? Yes ___ No ___

Do you agree to complete a financial management class within three (3) months of acceptance into and enrollment in the Program. Yes ___ No ___

Are you willing at the completion of the Program to share your success story with internal and external sources at RWJS request? Yes ___ No ___

CERTIFICATION:

The information provided is true and complete to the best of my/our knowledge and belief. I authorize RWJS staff and/or volunteers to communicate with other agencies about me and my household for purposes of case management and income verification and to release information about my goals as a participant in the Program. I/We understand that any willful misstatement of material fact will be grounds for denial of my application and participation in the Program. I also agree to the following terms:

I will notify RWJS in writing of any changes in household size or monthly income within 3 business days of such change.

- **I will provide RWJS at least 24 hour written notice if I cannot keep my appointment.**
- **I understand, acknowledge, and agree that my or my family's failure to comply may result in any of the following actions:**

- 1) *Immediate Suspension or termination of me and my family from the Program*
- 2) *Other remedies as may be legally available.*

- **I understand that if accepted to the Program, there will be additional criteria and/benchmarks to meet which will be outlined in the program participation agreement that must be signed.**

Applicant: _____ Date: _____

Name:

Co-Applicant: _____ Date: _____

Name: