About the Initiative:

Healing Homes is a transitional housing initiative that allows individuals or families who cannot afford housing to stay at a RWJUH Somerset single-family home for no more than 24 months and, through various community partners, receive services to enhance aspects of their lives, which is intended to make them more independent and self-sufficient. These qualified individuals/families will receive comprehensive case management in a structured format with a progress plan that includes, but not limited to, employment, social services, income, and permanent housing. Community partners who will assist in providing some of these services include schools, colleges, banks, community organizations, government agencies, health care providers. The household will receive support and referrals for their basic needs with access to community resources. Must complete a financial management class within three (3) months of acceptance and commitment of the Initiative.

Healing Homes will provide an environment where individuals will learn to manage finances and become more fiscally self-sufficient. Participants will be responsible for the purchase and preparation of meals, childcare, and other living expenses. Thus, Healing Homes provides tools to foster successful independence.

Participants in the Initiative are also required, among other things, to complete the following:

1. Apply for the CJHRC Savings Match Initiative and/or Affinity Federal Credit Union Savings Match Initiative. Note: Applicant is responsible for meeting criteria to qualify.
2. Accept case management and/or any other services that are deemed necessary to live independently upon completion of the Initiative.
3. Complete a financial management class within three (3) months of acceptance in the Initiative.
4. Consent for partners of Healing Homes receiving information about your enrollment in the Initiative including your financials.

Requirements:

Candidates must meet the following minimum criteria to apply to be considered for participation in the Initiative:

1. Candidate is unable to meet the basic cost of living, including housing costs
2. Candidate is employed with steady income*
3. Candidate has an illness that has contributed to financial hardship
4. Candidate earns below the NJ HUD income guidelines
5. Candidate has limited or no access to health care
6. Candidate demonstrates a willingness to achieve goals identified in a progress plan to improve circumstances

7. Candidate resides in Somerset County (Bound Brook, Franklin, Manville, North Plainfield, Somerville, and South Bound Brook) identified in the Community Health Needs Assessment with a median household income below the county average (preferred)

*To apply, candidates must have a steady income. All household incomes combined must be under the following income limits for the household:

- 1 Person - $57,250
- 2 People - $65,400
- 3 People - $73,600
- 4 People - $81,750
- 5 People – $88,300
- 6 People - $94,850

How to Apply:

1. You must complete and sign this application.

2. You must include the following information with your application:
   a. 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 2021 Income Tax Return with the application, then you must submit your 2020 W-2 along with your 2020 Income Tax Return.
   b. Copies of your 4 most recent, consecutive pay stubs for each source of income for all household members.
   c. Your employment History/Resume
   d. Three (3) Professional and Personal References
   e. Documentation of other sources of income for all household members (Social Security payments, child support).
   f. Signed authorization to a credit and criminal background check.
   g. Documentation of your medical condition, functional limitations, if any, and verification of medications from your medical doctor.
   h. Documentation of disability status or care provider status for nonworking adults.
   i. Documentation of childcare expenses for children under the age of 12.
   j. If applicant or other household members are exempt from filing Federal & State Income Tax Returns, a W-2 Form as documentation, as well as a letter from the IRS stating exemption.
   k. Bank account statements for the two months preceding the date of the application.

3. You must provide a statement, in your own words, that (i) describes your circumstances that led you to apply, (ii) what is your understanding of what will be required of you, and (iii) what strengths do you have that will make you successful.

The information you provide is used to select the best candidate for the Initiative. We ask that you be completely honest when filling out this application. Applications with any false, misleading information will be denied or revoked at any time.

If you need assistance in completing this application, please contact the Community Health Department at RWJUH Somerset at 908-685-2814. Thank you for your interest in Healing Homes!
Healing Homes Application- 2022

Return Completed Application 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 #_________________

Street Address______________________City:______________State:____Zip__________

Telephone: Home_________________________Work___________________________

Cell Phone_________________________Email:______________________________

How long have you lived at this address? _________

What is the monthly rent/ mortgage? _____________
How many bedrooms? _____________
What is your household size? _____________

Do you receive or have you applied to any other programs for payments toward your current rent/mortgage?

Yes ____ No ___
If yes, please indicate the name of the Initiative and the status of your application.
________________________________________________________________________________________
________________________________________________________________________________________

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

Length of homelessness this episode:
____ a. Not homeless at present
____ b. Less than one month
____ c. At least 1 month but less than 6 months
____ d. At least 6 months but less than 1 year
____ e. At least 1 year but less than 2 years
____ f. Two years but less than three
____ g. Three years or more

Number of episodes in past three years: ______________________________________________________

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/did you pay own rent? _____ Yes _____ No
Do/did you pay for own utilities? _____ Yes _____ No

Have you ever been evicted? ___ Yes ___No              If yes, explain the circumstances: ___________________
_________________________________________________________________________________________

Please identify any contributing factors to housing instability: ______________________________________
__________________________________________________________________________________________

What is your current yearly household income? ___________________________

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

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

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? __________________________________________________
__________________________________________________________________________________________

Employment:
Current Employer’s name_________________________________________ Phone number____________
___Fulltime     ___Part-time      ___Seasonal    ___Temp

Position: ____________________________ # Hours worked/week: ____________ Wage per Hour: $____

How long have you been working for current employer: ____ (Note: Please provide a resume of your employment history)

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


If so, please provide the last two years of tax returns.
Do you have a checking account? Yes___ No___ Do you have a savings account? Yes___ No___

List all other assets: ______________________________________________________________

**Disabled Data:**
Is anyone in your household disabled that will live with you for the housing provided by this Initiative? Yes____ No____ Provide documentation if applicable

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

Are you or anyone in your household on any Medical Marijuana Initiative? Yes____ No____ Initiative

**Health Insurance:**
What type of medical insurance do you have? ___Employer Ins. ____Medicaid ____Medicare ____VA ____None ____Other

**Medical Illness:**
Type of illness: ______________________________________________________________

____________________________________________________________________________

Physical disability____________________________________________________________

**Current/History of Substance Abuse:**
___Alcohol _____Drug

Are you currently being treated for any substance abuse? ___Yes ___No
If yes, please explain treatment (NA/AA, etc.) __________________________________________
____________________________________________________________________________

**Mental Health Diagnoses/treatment:**
____________________________________________________________________________

____________________________________________________________________________

List all Household Members:

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<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Social Security Number</th>
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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 Initiative.

Signed copies of your most recent Federal (1040) Income Tax Returns for all household members. If it is after February 1 and you are not submitting your 2020 Income Tax Return with the application, then you must submit your 2019 W-2 along with your 2019- and 2018-Income Tax Return.

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

Copy of Resume/employment work history

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

Documentation of your medical condition, medication verification and functional limitations if any from your medical doctor.

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

Documentation of childcare expenses for children under the age of 12. Sufficient documentation is a billing statement from a licensed childcare provider, copies of cancelled checks payable to the person who provides the childcare, 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 checking and savings bank account statements.

Three (3) References (name, phone number)

A statement that describes your circumstances that led you to apply, what is your understanding of what will be required of you, what strengths do you have that will make you successful. How do you intend to change your situation to become self-sufficient and what is your motivation?

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

In case of emergency, please list three people (name, phone number and address) who we may contact:

List three (3) family members or friends (name, address, and phone number) who would be able to provide you with emergency housing:
How did you hear about the Healing Homes Initiative? ____________________________________________

Do you agree and understand that Smoking/Vaping of any kind is prohibited, and you will not be allowed to smoke anywhere inside the Initiative home or outside on the premises? Yes____ No____

Can you make yourself available on a weekday during normal business hours to meet with a case manager? ___Yes _____No

If no, please explain________________________________________________________________________

________________________________________________________________________________________

Do you agree to a credit and background check? Yes___ No___

Do you agree to allow Healing Homes Partners to review and/or discuss medical, housing, financial, credit report, psychological, employment, education, and other information among each other concerning you? Yes ___ No___

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

Do you agree to complete a financial management class within three (3) months of acceptance into and enrollment in the Initiative? Yes___ No___

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

Check one of the following:  ___White   ___Black/African American   ___Latino     ___Asian ___American Indian/Alaskan Native ___Pacific Islander ___Bi-Racial ___Multi-Racial ___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   ____Cohabitating
(If widowed, please include a copy of the Death Certificate)

Check if applicable – Female-Head of Household___________
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 that provide services to my household for purposes of case management and income verification and to release information about my goals as a participant in the Initiative. I/We understand that any willful misstatement of material fact will be grounds for denial of my application and participation in the Initiative. I also agree to the following terms:

- By my signature below, I authorize RWJUH Somerset to obtain a consumer report and or criminal background report on me.
- I authorize CJHRC and Affinity to provide a copy of my credit report to RWJUH.
- I will notify RWJUH Somerset in writing of any changes in household size or monthly income within 3 business days of such change.
- I will provide RWJUH Somerset at least 24-hour notice if I cannot keep my appointment.
- I understand, acknowledge, and agree that my or my family’s failure to comply and/or not being truthful will result in any of the following actions: Failure to comply may result in any of the following actions:
  1) Immediate Suspension or termination from the Initiative
  2) Other remedies as may be legally available.
- I understand that if accepted to the Initiative, I will be required to do drug testing.
- I understand that if accepted to the Initiative, there will be additional criteria and benchmarks to meet which will be outlined in the Initiative participation agreement that must be signed.

Applicant: _________________________________ Date: ______________
Co-Applicant: _________________________________ Date: ______________

FOR RWJUH SOMERSET STAFF TO COMPLETE:

Reviewed by: _________________________________ Date: ______________
Confirmed by: _________________________________ Date: ______________