Housing Assistance Program (HAP) Application

Name: _____ Address: _____

Phone Number: _____ Date of brain injury: _____

Email Address: _____

Fill out the below application and submit it with all required attachments to admin@biank.org or mail to:
PO Box 17031
Lakeside Park, KY 41017

Skip this section if you are filling out this application for yourself. If someone is assisting with this application, please provide additional details here:

Name of person assisting with application: _____

Phone number: _____
Address: _____
Email Address: _____

Relationship to applicant: _____

Are you a member of the applicant's household: Yes No

If you are legally able to sign on behalf of the applicant, please explain (additional

documentation may be requested): _____

Please note: if you are not able to sign on behalf of the applicant, the applicant will need to sign this document themselves.

1. Has this request been funded elsewhere (ex: insurance, other non-profit organizations, or donations)?
   Yes No
2. What is the total dollar amount of this request? _____
3. What type of housing expense is this request for? _____

4. Who currently lives in the residence for this request? _____

   _____

   _____

5. What is the total gross monthly income of this household? _____ If the total gross monthly income is "$0," how many months has the household income been "$0" _____?

6. Is an entity outside the household paying for more than 50% of the applicant's living expenses?

   Yes No

7. Does the applicant or a member of the applicant's household have greater than $500,000 in assets?

   Yes No

8. If the applicant's household filed taxes, what was this household's prior year Adjusted Gross Income? _____

Instructions for Attachments

In order to apply for the Housing Assistance Program, you will need to fill out this application and attach several supporting pieces of documentation. Please attach the following:

1. Proof of brain injury as diagnosed by a medical professional
2. Proof of residency or future residency in our service area.
3. Proof of housing expense: bill, estimate, or receipt
4. Proof of acute financial distress related to brain injury. Acceptable forms of proof are outlined below. Please attach at least one of the following:

   - The prior year's tax forms with household AGI
   - Documentation showing all forms of income for the household. Examples include but are not limited to: paystubs, W-2s, SSI/SSDI awards, LTD awards, settlement awards, unemployment, and annuities. Include a signed written statement listing all forms of income and confirming that there are no other sources of income for the household.
   - Proof of Medicaid eligibility
   - Bank statements documenting the household income for the past 30 days (can be used to demonstrate no household income). Include a signed written

statement that the bank account details provided are the complete bank account details for the household.

Is this request related to a ***recent*** change in financial situation related to brain injury (additional documentation may be required)?

Yes No

If you answered "No" to the above question, skip to the next section. If you answered "Yes," please attach additional proof of the recent change in financial situation related to a brain injury. Acceptable forms of proof are outlined below. Please attach at least one of the following:

- A letter from a medical professional stating that the individual or another household member is unable to work or experiencing a reduction in hours due to a brain injury or caring for an individual with a brain injury
- Explanation of Benefits (or medical bills with a written and signed statement that the applicant is uninsured) showing proof of responsibility of payment of medical bills associated with the care and treatment of a brain injury beyond what they could reasonably be expected to pay given their financial situation

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Confirmation of Required Attachments

1. Have you included proof of brain injury? Yes No
2. Have you included proof of residency in our service area? Yes No
3. Have you included proof of expense? Yes No
4. Have you included proof of acute financial distress? Yes No
5. Is the expense for which you are requesting assistance clearly an expense related to securing or preventing loss of housing, maintaining a safe dwelling, or essential utilities?

   Yes No

   If you answered "Yes" to question 5, please skip to question 6. If you answered "No" to question 5, please sign and date a statement indicating why the funding you are requesting is essential to your housing situation and attach the statement to this application.

6. Are you requesting assistance for a residence you currently live in?

   Yes No

   If you answered "Yes" to question 6, please skip to question 7. If you answered "No" to question 6, please attach evidence of ONE of the following:
   i. The move is associated with securing housing for an applicant who does not currently have housing.
   ii. The move is necessary due to no fault of the applicant, the new residence is more affordable than the previous residence, and the applicant is not making a significant sum off the sale of the previous residence which could feasibly be used to pay the requested amount

7. I understand that I will need to submit proof that I spent these funds as intended after I receive the funds.

   Yes No

If you answered "No" to any of the above questions, STOP: you need additional documentation.

Continues on Next Page

Signed Statement Of Understanding:

I, _____, do hereby attest to understanding that should this application be approved, I have requested $ _____ in the form of a check made out to the applicant. This money will ONLY be spent on _____ _____. I am capable of receiving the money, spending it as intended, and providing proof that the funds have been spent as intended. I understand that if I fail to submit proof that the funds were used as intended, I will be ineligible for any financial assistance from the Brain Injury Alliance of NKY. I understand that filling out this application does not guarantee approval, and I may be asked to submit additional documentation before I am approved. I understand that I may not receive the full amount I am requesting. I understand that BIANK is not responsible for any of my personal expenses.

Signed _____ Date _____

Relationship to person with brain injury: _____

Please email this application and any required documentation to **info@biank.org**. If you need additional assistance, or for a list of documentation please go to biank.org/hap or call 859-379-8230.

If you approved, submit proof that the funds were used as intended to info@biank.org after receipt.

I certify that everything in this application and all attachments are accurate. I am requesting this funding to help pay for housing costs due to acute financial distress related to my brain injury or the brain injury of someone I care for.

Print Name: _____

Sign Name: _____ Date: _____