

**AFC EMERGENCY FINANCIAL ASSISTANCE  
90 DAY PROGRAM**

**PURPOSE:**

To request up to 3 months (90 days) support for clients experiencing a temporary economic crisis who have no income.

**POLICY:**

The principal purpose of this assistance is to stabilize clients/families in their current home, to decrease the amount of time spent in shelter, and to help clients/families secure and maintain affordable housing. Additionally, these funds are not intended to provide continuous or long-term assistance. These Funds are defined as a “needs-based” assistance program. Assistance from this funding stream (Ryan White Part A) is considered short-term help that is intended to promote long-term housing stability. 90 Day EFA approval is based on funding availability and is subject to the rules of the funding source.

**ALL HOUSEHOLDS MUST BE ABLE TO DOCUMENT A TEMPORARY ECONOMIC CRISIS BEYOND THEIR CONTROL WHICH INCLUDES: (Check all that apply)**

- Loss of employment
- Medical Disability or Emergency
- Loss or delay of a public benefit
- Natural Disaster
- Substantial change in household composition
- Victimization by criminal activity (includes Domestic Violence)
- Illegal action by a landlord
- Displacement by government or private action
- Client is moving from homelessness into permanent housing
- Obtain or maintain subsidized housing
- Client is moving into more affordable housing that promotes long term stability.

**FUNDING SOURCE:**

The AFC Emergency Financial Assistance 90 Day Program is funded by Ryan White Part A and is subject to the funder eligibility requirements below:

**Ryan White Part A**

- Income Limits: 50% AMI
- Eligible Costs/Expenses: Past Due Rent, 1<sup>st</sup> & Last Month’s Rent, & Past Due Utilities
- Ineligible Costs/Expenses: Security Deposits, Move in Fee’s, & Past Due Mortgage
- Capped Assistance Amount: Up to \$1,000 per payment
- Clients may be eligible to apply for Ryan White Part A once in a 12 month period: Crisis must be different from most current assistance received.
- Grant Year Cycle: March 1<sup>st</sup> thru February 28<sup>th</sup>

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CLIENT INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

	<b>AMOUNT REQUESTED</b>	<b>DATE REQUESTED</b>	<b>SERVICE MONTH</b>	<b>CLIENT INITIALS</b>
PAYMENT#1				
PAYMENT#2				
PAYMENT#3				

Lease/Rental Agreement forms must be current at time of payment request:

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

I hereby attest that all documents provided to process this application are true and accurate. I have completed all the necessary steps to secure income and I understand that this payment support only covers 90 days or 3 months, and is a onetime support. I declare that the above statements are true to the best of my knowledge.

Client Signature: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_