EMERGENCY SOLUTIONS GRANT (ESG-CV)

HOMELESS PREVENTION PROGRAM

Doris Davis, MA, NCRT
Training Program Coordinator
ESG-CV: PURPOSE

- Used to prevent, prepare for and respond to coronavirus pandemic (COVID-19) among individuals and families who are homeless or receiving homeless assistance

- Also used to support additional homeless assistance and homelessness prevention activities to mitigate the impacts of COVID-19
Households may receive:

- Up to twelve (12) months of rental assistance
- Up to six (6) months of arrears in rental assistance and one (1) month current rent (This means only 7 months at one time)
WHAT MAKES ESG-CV DIFFERENT?

- Case management services will be provided
- There will be a reassessment of income completed every three months
- Rental units above Fair Market Rate (FMR) rent must comply with HUD’s standards of Rent Reasonableness.
- Regular Unemployment Income IS counted in the calculation of household income
- COVID-19 Unemployment benefits and Stimulus payments are not counted
ESG-CV: ELIGIBILITY CRITERIA

- Must be Palm Beach County resident in a RENTER household in which at least one or more individual meets ALL of the following criteria:
  - Demonstrates a risk of homelessness (Eviction notice/Late Notice)
  - Has a household income at or below 50% of the Area Median Income
  - Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place and meets one of the following conditions on the next two slides:
DEFINITIONS OF “AT RISK OF HOMELESSNESS”

- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
- Is living in the home of another because of economic hardship;
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
DEFINITIONS OF “AT RISK OF HOMELESSNESS”

- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the subrecipient’s approved consolidated plan;
ESG-CV: RISK OF HOMELESSNESS EXAMPLES/ PROOF OF CRISIS

- Late Rent Notice
- Eviction Court Order
- 30-Day Termination of Tenancy Notice from Landlord
- 3-Day Notice to Pay or Quit from Landlord
- A Signed Letter from a Motel or Hotel stating that the household must vacate within 30 days
ESG-CV: TOTAL HOUSEHOLD INCOME

- Must be at or below 50% of Area Median Income (AMI)
  - ALL adult household members ages 18 and older MUST show income
    - Unemployment benefits
    - Earned Income
    - Self-Employment Income
    - Public Assistance (TANF, SSI, SSDI, SNAP, etc.)
    - Pension/Retirement Income
    - Alimony and/or Child Support
    - Armed Forces Income
    - Any other income

<table>
<thead>
<tr>
<th>Household/Family Size</th>
<th>AMI 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$32,200</td>
</tr>
<tr>
<td>2</td>
<td>$36,800</td>
</tr>
<tr>
<td>3</td>
<td>$41,400</td>
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<tr>
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<td>5</td>
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<td>6</td>
<td>$53,400</td>
</tr>
<tr>
<td>7</td>
<td>$57,050</td>
</tr>
<tr>
<td>8</td>
<td>$60,750</td>
</tr>
</tbody>
</table>
If an applicant states that they have no current income, they can use a **Zero Income Declaration Form** plus one of the below depending on age:

- Social Security Wage Transcript
- School Records for Ages 18-25
ESG-CV: DOCUMENTS

- Government issued ID for all adults 18 years and older
- Social Security card for all household members
- Birth Certificates for all minors 17 years and younger
- Proof of Income for ALL adults
- Bank Statements (Required) for ALL adults or Written statements that no bank accounts are held by the household
- Statement of household expenses and household assets
- Lease Agreement signed and dated by all parties (must have Applicant’s name on it)
- Self-Declaration - household must agree to comply with case management

Documents must demonstrate a current crisis
Applying for ESG-CV

NEW USERS
Click here to register. To apply for services, you must be a registered user.

NON-COVID-RELATED
Apply for non-COVID-related electric and/or utility assistance.

COVID-RELATED
Apply for COVID-related services (rent, relocation, electric and/or utilities).

OTHER SERVICES
Apply for other services (indigent cremation assistance).

Apply for Services or Check Application Status

Check Application Status

Video Tutorial
In English | en Español | an Kreyòl Ayisyen
View Additional Videos

PBC Emergency Rental Assistance Program

James Green
Director, Palm Beach County Community Services Dept.

Watch on YouTube
Palm Beach County Continuum of Care Informed Consent and Release of Information

The Client Management Information System (CMIS) allows sharing of client information for the provision of services in Palm Beach County through the networked infrastructure that establishes electronic communication among Member Agencies. Participation in the CMIS enables the collection and sharing of unduplicated countywide aggregated data on homeless service delivery. The CMIS provides a standardized assessment of client needs, supports the creation of individualized service plans, and records the use of housing and other related services.

I understand that my data will be shared with the Partnering Agencies of the CMIS network.

- CMIS is a database which allows partnering agencies to capture and share information about the individuals they serve
- This information will help you access the appropriate resources to better meet your needs
- It will help you save time should you access services from another member agency
- Only authorized Staff in the CMIS System can access your data
- All information entered into this database is stored securely to protect your data from unauthorized access
- Non-Identifying information is used to provide reports for various funding agencies
- All Information entered into the database will be maintained for an indefinite timeframe
- I may request an oral or written explanation of this information prior to accepting these terms
- The acceptance of this Agreement will be good for One Year from Date of Acceptance unless terminated by me

☐ [ ] Holly Andrew hereby grant permission for and authorize the release of any information regarding myself and all household members entered into this database to CMIS Agencies
Palm Beach County Notice Regarding Collection of Social Security Numbers

The following disclosure is being made pursuant to section 119.071(5), Florida Statutes.

Social security numbers of applicants and household members are requested because this information has been determined to be imperative for the performance of the duties and responsibilities prescribed by law under grants and programs operated by Palm Beach County, Community Services Department.

Used To:
1. Verify an applicant’s identity.
2. Verify household size.
3. Verify household income.

A social security number collected pursuant to this notice can only be used by the Florida Department of Economic Opportunity and Palm Beach County Community Services Department for the purposes specified above.

- I may request an oral or written explanation of this information prior to accepting these terms
- The acceptance of this Agreement will be good for One Year from Date of Acceptance unless terminated by me

☐ I, Holly Andrew, hereby grant permission for and authorize the release of Social Security Numbers regarding myself and all household members entered into this database to Palm Beach County Community Services
Referral and Verification For Additional Services to Community Service Department Partner Agencies

Community Service Department may refer you for additional services to our partner agencies in an effort to connect your household to the resources available within the community. Community Services may verify service utilization and any account information to verify crisis and meet application requirements.

☐ [ ] Holly Andrew hereby grant permission for and authorize Community Service Department may refer me for additional services to CSD partner agencies in an effort to connect my household to the resources available within the community.

☐ [ ] Holly Andrew hereby grant permission for and authorize Community Service Department to verify with utility entities for the service utilization and any account information to verify crisis and meet application requirements.

Agree
Palm Beach County Community Services
Helping People Build Better Communities

Please Select Application Type

- **Pandemic Special Funding Assistance**
  - **Rent Assistance**
    - Rent Description: Use this Application to pay for Past Due Rent (up to last 6 months) and/or Future Rent (up to 1 month). Total Rent not to exceed 12 months

- **COVID or NON-COVID Crisis Related Utilities Assistance**
  - **Utilities (Electricity, Water, Gas) Assistance**
    - Utilities Description: Use this Application to pay for Utilities – Electricity, Water, and Gas (COVID or NON-COVID Related)

- **Moving/Relocation Expense Assistance**
  - Moving/Relocation Expenses Description: Use this Application to pay Security Deposit, First Month Rent, and Last Month Rent when you are moving to a new Rental Home (COVID or NON-COVID Related)

- **Community Services Provided Assistance**
  - **LiHEAP Electricity Assistance**
    - LiHEAP Electricity Assistance: Use this Application to pay Electricity Bills that are due to a NON-COVID related crisis where you need temporary assistance (NON-COVID Related)
Household Details (Additional Household Members - Exclude Yourself)

Details

Holly Andrew DOB: 9/10/1977 is already in system.
There are no Additional Household Members

Relationship to Head of Household

Details

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>US Citizen</th>
<th>Relationship</th>
<th>Head of Household</th>
<th>Veteran</th>
<th>Ethnicity</th>
<th>Disabled</th>
<th>Non Custodial Parent</th>
<th>Court Ordered Child Support Amt.</th>
<th>Voluntary Child Support Amt.</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holly</td>
<td>44</td>
<td>Yes</td>
<td>Self</td>
<td>No</td>
<td>Not His</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Household Income

Important Note: We have added the Last 3 Months to our income collection for your Benefit. We have Multiple Funds with specific requirements for providing specific types of help to Palm Beach County Residents. Your recent crisis may have affected your most recent income. Collecting the Last 3 Months of your household income will open more opportunities for our Case Managers to help your Family.

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual</th>
<th>Last 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holly Andrew</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total Household Income:** $0.00

MET 50% AMI (HH Count 1: HH Total Annual Income - $0.00; HH Total 3 Month Income - $0.00); Maximum 50% AMI for this household equal to or less than $30,750.00

- [ ] I certify that the household has zero income

**Important Note:** Please Enter Either Annual Gross Amount Or Last 3 Months Income
<table>
<thead>
<tr>
<th>Description</th>
<th>Annual Gross Amount</th>
<th>Last 3 Months Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Disability Income</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Social Security Disability Insurance</td>
<td>$14,400.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Social Security Retirement Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Social Security Widow's Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Social Security Survivor's Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Unemployment Income</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Private Retirement/Pension Benefits</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employment Income Wages</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Self Employment Income</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Food Stamps (SNAP)</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Adoption Subsidy</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Foster Payment</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Total Income: $14,400.00  $0.00
Important Note: We have added the Last 3 Months to our income collection for your benefit. We have multiple funds with specific requirements for providing specific types of help to Palm Beach County Residents. Your recent crisis may have affected your most recent income. Collecting the last 3 months of your household income will open more opportunities for our case managers to help your family.

### Household Income

<table>
<thead>
<tr>
<th>Name</th>
<th>Annual</th>
<th>Last 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holly Andrew</td>
<td>$14,400.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Total Household Income:**

- **Annual:** $14,400.00
- **Last 3 Months:** $0.00

MET 50% AMI: HH Total Annual Income - $14,400.00; HH Total 3 Month Income - $0.00; Maximum 50% AMI for this household is equal to or less than: $30,750.00

- [ ] I certify that the household has zero income

[Previous] [Next]
## Employment Details

**Employment History for Holly Andrew (44)**
- **Zero Income**
- **Employment Details**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Employer Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Address</th>
<th>Reason for Leaving</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No Employment Information</td>
<td></td>
</tr>
</tbody>
</table>

**Application #123096**

**Back to Home**
### Household Assets

<table>
<thead>
<tr>
<th>Asset Type (Annual)</th>
<th>Household Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Tax Refunds</td>
<td>$0.00</td>
</tr>
<tr>
<td>Checking Account Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Savings Account Balance</td>
<td>$0.00</td>
</tr>
<tr>
<td>Stocks</td>
<td>$0.00</td>
</tr>
<tr>
<td>Bonds</td>
<td>$0.00</td>
</tr>
<tr>
<td>Homeowner’s Property</td>
<td>$0.00</td>
</tr>
<tr>
<td>Non-Homeowner’s Property</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other Assets</td>
<td>$0.00</td>
</tr>
<tr>
<td>Annual Total</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Total Household Assets: $0.00
### Household Expenses

<table>
<thead>
<tr>
<th>Expense Type (Annual)</th>
<th>Household Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utilities: Water</td>
<td>$450.00</td>
</tr>
<tr>
<td>Utilities: Electricity</td>
<td>$1,400.00</td>
</tr>
<tr>
<td>Utilities: Gas</td>
<td>$3.00</td>
</tr>
<tr>
<td>Transportation</td>
<td>$5.00</td>
</tr>
<tr>
<td>Monthly Car Payment</td>
<td>$5.00</td>
</tr>
<tr>
<td>Child Care</td>
<td>$2.00</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$8.00</td>
</tr>
<tr>
<td>Rent</td>
<td>$80.00</td>
</tr>
<tr>
<td>Housing</td>
<td>$15,000.00</td>
</tr>
<tr>
<td><strong>Annual Total</strong></td>
<td><strong>$16,820.00</strong></td>
</tr>
</tbody>
</table>

Total Household Expense: $16,820.00
### Additional Information

#### Paying my Rent

- **At Risk of Homelessness or Housing Instability due to Utility Disconnection Notice?**
  - No
  - Yes

- **At Risk of Homelessness or Housing Instability due to Past Due Rent Notice?**
  - No

- **At Risk of Homelessness or Housing Instability due to Past Due Utility Notice?**
  - No

- **At Risk of Homelessness or Housing Instability due to Rental Eviction Notice?**
  - COVID-19 Related
  - Lost Job due to COVID

- **What is the Reason for your Crisis?**
  - Rent

- **Do you Rent or Own the home in which you live?**
  - Rent

- **Are you currently receiving Section 8 or any Federal Housing Subsidies?**
  - Yes

- **What is your Landlord’s Name? (Landlord name, or apartment complex, or management company)?**
  - Jane Doe

- **What is your Landlord’s Address?**
  - 1225 SE CORAL REEF ST

- **What is your Landlord’s Email Address?**
  - kbrannen53@gmail.com

- **What is your Landlord’s Phone Number?**
  - 561-596-8369

- **What is your Monthly Rent Amount?**
  - $1,250.00

- **Did you receive a Rental Late or Eviction Notice?**
  - Yes

- **What is the Rental Months Requested?**
  - Apr-2022

- **How many Bedrooms are in your Home?**
  - 2

- **What is the Rental Amount Requested?**
  - $5,000.00

- **What is the Rental Late Fees Amount Requested?**
  - $400.00

- **What is the Rental Total Amount Requested?**
  - $5,400.00
### Supporting Documents

**NOTE:** Red Documents are Required to be Uploaded Prior to Submitting your Application. Each Page is automatically Saved as you go Next. Edit is available until your Application is Submitted.

**Missing Documents in Red. Optional Documents in Green.**

<table>
<thead>
<tr>
<th>Doc Type</th>
<th>View</th>
<th>File Description</th>
<th>Expire Date</th>
<th>Upload</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Disability Benefits Letter</td>
<td>View</td>
<td>UHEAPIncome.pdf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valid Government Issued ID</td>
<td>View</td>
<td>COVID19Driverslicense.pdf</td>
<td>04/07/2029</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Card (or government document with SSN)</td>
<td>View</td>
<td>COVID19SSNCrd.pdf</td>
<td></td>
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</tr>
</tbody>
</table>

Please Upload Documents for Every Household Member, select via Dropdown.
### Personal Details

- **First Name**: Kelly
- **Middle Initial**: 
- **Last Name**: 
- **Date of Birth**: 
- **Race**: White
- **Gender**: Female
- **SSN**: **Redacted**
- **Ethnicity (Hispanic)**: Not Hispanic or Latino
- **Education Level**: HS Grad/GED
- **Primary Language**: English
- **Orientation**: Bisexual

- **Homeless**: No
- **Residential Address**: **Redacted**
- **Mailing Address**: **Redacted**
- **Home Phone**: **Redacted**
- **Cell Phone**: 
- **Fossil Fuel**: 
- **Housing Status**: Single
- **Family Type**: Individual
- **Housing Type**: Rent
- **Migrant Farm Worker**: N
- **Pregnancy Status**: Yes Due Date: 11/24/2022

### Household Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Of Birth</th>
<th>SSN</th>
<th>Gender</th>
<th>Citizenship</th>
<th>Head Of Household</th>
<th>Relationship</th>
<th>Undoc. Member</th>
<th>Veteran</th>
<th>Ethnicity</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Andrew</td>
<td></td>
<td></td>
<td>Female</td>
<td>Yes</td>
<td>Yes</td>
<td>Self</td>
<td>No</td>
<td>No</td>
<td>Not</td>
<td>White</td>
</tr>
</tbody>
</table>

### Employment Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Job Start Date</th>
<th>Job End Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Zero Income Information

<p>| | |</p>
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<tr>
<th></th>
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</table>
### Documents for This Application

<table>
<thead>
<tr>
<th>Document Type</th>
<th>File Description</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Expenses</td>
<td>COVID19ProofOfCrisis.pdf</td>
<td>View</td>
</tr>
<tr>
<td>Proof of Crisis</td>
<td>COVID19ProofOfCrisis.pdf</td>
<td>View</td>
</tr>
<tr>
<td>Rental Lease Agreement</td>
<td>COVID19RentalLease.pdf</td>
<td>View</td>
</tr>
<tr>
<td>Water Bill from the Utility Provider</td>
<td>COVID19WaterBill.pdf</td>
<td>View</td>
</tr>
<tr>
<td>Electricity Bill from the Utility Provider</td>
<td>COVID19ElectricBill.pdf</td>
<td>View</td>
</tr>
</tbody>
</table>

### Documents for Holly Andrews, Applicant Age: 44

<table>
<thead>
<tr>
<th>Document Type</th>
<th>File Description</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
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<td>View</td>
</tr>
<tr>
<td>Social Security Card (or government document with SSN)</td>
<td>COVID19SSNCard.pdf</td>
<td>View</td>
</tr>
</tbody>
</table>

### Acknowledgements and Certifications

- I understand that I am applying for Emergency Assistance.
- I hereby certify that I participated in completion of the above Application for Services.
- I understand this program provides assistance based on the priority set by the department and/or the funding entity and assistance is based on available funding.
- I understand that this application will be denied if I do not submit all required documentation.
- I certify I have not received benefits for the same services and same time periods from any other funding sources or other entities.
- I further certify that I have read the above information and, to the best of my knowledge and belief, the information is accurate and has been properly recorded. Additionally, I understand that I am responsible for the accuracy of the information provided and that said information will be used as a basis for determining my eligibility for services. I also understand that any falsification or misrepresentation of this information is just cause for denial of services and prosecution for fraud.
- I attest that the answers on this form are true and reflect my current finances and household information. I understand that a material misstatement fraudulently or negligently made in this form or any other statement made by me is in connection with any application may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance, and/or penalties including disqualification from future Palm Beach County assistance benefits, or, if funds have been released prior to discovery of the false statement, immediate recall of the assistance, which may be in addition to any criminal penalty imposed by law. I authorize the County to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.
- I will return any funds made on behalf by Palm Beach County to Palm Beach County as a result of misstatement on application or for any change in circumstances that impacts my eligibility for services.
Application submitted successfully.

First Name: Holly
Middle Initial: 
Last Name: Andrew
Date of Birth: 09/10/1977

Homeless: No
Residential Address: 3796 Florida Blvd PALM BEACH GARDENS FL 33410
Mailing Address: 3796 Florida Blvd PALM BEACH GARDENS FL 33410
Home Phone: 561-596-8369
- Will Florida Rural Legal Services/Legal Aid Society continue to receive ERA rental applications when we launch ESG, next Tuesday? We currently have a contract for them to process ERA applications for clients in jeopardy of eviction, who need legal intervention. I am aware that another contract exists between CSD and Legal Aid. Through that contract, are they able to process ESG applications once we open for ESG, next week? Legal Aid has $350K from ESG-CV2 for eviction prevention (a separate contract) and has to be spent by the 30th of September. Therefore, ERA rent will stay closed during the ESG period, and Legal Aid/FRLS will NOT receive ESG or ERA rent applications to process from CSD.

- We currently ‘flag’ OSCARSS applications whose applicants have submitted fraudulent documentation and are NOT eligible to receive any future ERA assistance. For those applicants that have been flagged, if they reapply for rental assistance through ESG, are we providing them with assistance (if they provide correct documentation)? I will check with Carlos but I am suggesting that if the client has been flagged as Fraudulent, I would think that we could prohibit an application for a period of three to six months but that will have to be approved by James and Taruna.

- Is custody paperwork required for children not living with their biological parents (example: grandma raising her grandkids, etc.)? No
Is there an asset limit for ESG? **No**

When a client is on a month to month lease and receives a 15 day notice to vacate the property, is that considered a crisis? Are we able to provide assistance to clients with month to month leases? **Yes**

If a client receives ESG-CV rental assistance from another agency, are they eligible to receive it through us? No. If not, from what timeframe? The client is eligible for assistance up to 12 months. If the client requires additional assistance and it's still within the 12-month period, the client will need to go back to the agency that provided the original assistance.

If a client received ESG-CV last year, are they eligible to receive it now? **Yes, if the case has been closed by the previous provider after 12 months of services/case management.**
Does this mean that no future months allowed for clients? Correct

Clients can request only for past 6 months + current month? Correct. That is a total of 7 months maximum instead of 9 months
PROCESSING ESG-CV APPLICATIONS