



## ***AOG HPP Short-Term Rental Assistance Program***

### **Program Overview**

The AOG HPP Short-Term Rental Assistance Program is available through the Angels of Grace Homeless Prevention Program (AOG HPP) sponsored by the Angels of Grace Foster Family Agency (AOG FFA). Through this particular program, interested *participants* will have the opportunity to apply for rental assistance for up to a three (3) month period. The AOG HPP Short-Term Rental Assistance Program is a voluntary income-based program, thus the *participant* must be certified to participate in the AOG HPP Short-Term Rental Assistance Program. To do so, the *participant* will be required to complete an Income Verification Form for all family members over the age of 18 residing or who will be residing in the home during the 0-3 months in the program. The *participants* are expected to follow all rules of AOG HPP. If a *participant* fails to follow the rules, they are eligible for grounds of termination from the AOG HPP Short-Term Rental Assistance Program. Applicants may also apply for other programs if necessary such as the AOG HPP Medium-Term Rental Assistance (4-18 months), Security Deposit Assistance Program, Move-in Assistance, Utility Deposit and Payment Assistance, or Credit Repair Assistance.”

The *participant* will never receive the money to pay the total rent due; AOG HPP will pay the rental property manager directly. The *participant* must provide the following:

- A written request of the total rent due from the rental property manager with the signature of the rental property manager to participate in the AOG HPP Short-Term Rental Assistance Program.
- If the security deposit or the first and/or last month rent is required for move-in, the *participant* may also apply for our Security Deposit Assistance Program and Move-In Assistance Program in conjunction with the AOG HPP Short-Term Rental Assistance Program.
- An AOG HPP representative, upon income verification through the certification process, AOG HPP will provide the *participant* with a “Security Deposit Assistance Program Application,” in which they must provide to the rental property manager for verification of the requested amount. The *participant* must have the rental property manager to complete their section in the AOG HPP Short-Term Rental Assistance Program Application and provide proper documentation of total needed funds along with the signature of the rental property manager signifying when the final payment amount is due to secure the property for the *participant*.
- The necessary information for payment submission to the rental property.

### **Eligibility Criteria**

- *Participants* must complete the AOG HPP Short-Term Rental Assistance Program application, Income Verification form for certification; attend the AOG HPP orientation, and intake process.
- *Participants* must be a between the age of 18-24 with or without children. AOG HPP is seeking to help females in the prearranged living facility with or without children, however, may assist others in outsourced facilities. For more information, please call AOG HPP at (559) 268-0000 to speak to a representative or email us at [hprpinformation@gmail.com](mailto:hprpinformation@gmail.com).
- *Participants* are required to provide AOG HPP with the following documents for final approval:
  - Birth certificates of all persons living in the household,
  - Social security cards of all person living in the household,

- Check stubs for the last 2 months for income verification,
- Proof of the requested amount from the rental property manager,
- If the *participant* has a checking and savings, bank statements for the last 2 months,
- If the participant receives food stamps, TANF, or any other type of public assistance, the *participant* is required to provide AOG HPP with copies of these documents. If receiving Section 8 or Public Low-Income Housing, the *participant* must provide authorization from the Housing Authority Representative of approval to participate in the AOG HPP program for other financial assistance.

***Please note, failing to provide all required documentation on a timely basis may cause a delay in the application process, which can result in ineligibility of AOG HPP Short-Term Rental Assistance Program and/or denial of the application.***

- *Participants* seeking to apply for the AOG HPP Short-Term Rental Assistance Program must be very low-income at 50% rate is \$19,550 for 1 person to \$36,850 for 8 people; for extremely low-income at 30% rate is \$11,750 for 1 person to \$22,100 for 8 people; and for low-income at 80% rate is \$31,250 for 1 person to \$58,950 for 8 people. (See the Fiscal Year 2009 Income Limits Documentation for AOG HPP Participants below). ***Please note, not having any income will not disqualify you from the program.***
- An AOG HPP representative must certify *participants* applying for the AOG HPP Short-Term Rental Assistance Program by ensuring that the *participant* completes an “Income Verification Form” to receive the accepted amount of rent from AOG HPP. The *participant* must then have the rental property manager complete their portion of the application and return it to AOG HPP for finalization before receiving payment.

## **How to Apply**

- Interested *participants* must complete and return the AOG HPP Short-Term Rental Assistance Program Application in one of the following:
  - In Person or mail to Angels of Grace Foster Family Agency 2211 N. Fine Avenue, Fresno, CA 93727 (between McKinley Avenue and Clinton Way).
  - Fax the documents to (559) 268-7728, attention Angels of Grace Homeless Prevention Program (AOG HPP) Department.
  - You may also email the AOG HPP at [hprpinformation@gmail.com](mailto:hprpinformation@gmail.com).
- A referring agency may also complete and submit a referral form on behalf of the *participant*. Upon this type of request, an AOG HPP representative will be in contact with the *participant* within five (5) days of receipt of the referral and schedule an appointment with the prospect *participant* informing them of their referral by the referring agency to the AOG HPP.
- The interested *participant* must provide income verification for the previous 90 days and or verification of ALL assets. The application process is not complete until the *participant* has provided all the necessary documents for complete verification.



# AOG HPP Short-Term Assistance Program Application

## The Angels of Grace Homeless Prevention Program Short-Term Rental Assistance Program Agreement:

The applicant(s) \_\_\_\_\_ and \_\_\_\_\_ has been approved to  
(Print Name of Applicant) (Print Name of Co-Applicant)  
receive funding assistance from the AOG HPP Short-Term Rental Assistance Program. Please note, that this is an income-based program. According to the income supplied by the applicant, the total amount AOG HPP will pay to the applicant is \$ \_\_\_\_\_.

## Rental Property Manager Acceptance Payment Agreement:

The rental property owner must complete and sign this form in order for the participant to qualify for the Angels of Grace Homeless Prevention Program.

\_\_\_\_\_ and \_\_\_\_\_ has been approved for occupancy at the  
(Print Name of Applicant) (Print Name of Co-Applicant)  
\_\_\_\_\_, at \_\_\_\_\_ provided that the required  
(Name of Rental Property) (Address of Rental)  
applicant(s) pay the rent in the amount of \$ \_\_\_\_\_. For the term of \_\_\_\_\_.

- I am not willing to accept a partial payment of rent. The applicant must pay the rent in full in the amount of \$ \_\_\_\_\_ for the term of \_\_\_\_\_ from AOG HPP, and the applicant will be responsible to pay \$ \_\_\_\_\_ a month.
- I am willing to accept the partial rent payment in the amount of \$ \_\_\_\_\_ from AOG HPP and agree to hold the rental property for the applicant until \_\_\_\_\_. The remaining portion  
(Date Due)  
of \$ \_\_\_\_\_ must be paid by \_\_\_\_\_ to secure the property for the applicant.  
(Date Due)

\* The Applicant(s) expected move-in date is \_\_\_\_\_ by \_\_\_\_\_ : \_\_\_\_\_  am  pm.  
(Date Due)

The total monthly rental amount for this unit is \$ \_\_\_\_\_. AOG HPP will pay \$ \_\_\_\_\_. And the tenant will pay \$ \_\_\_\_\_.

## AOG HPP Short-Term Rental Assistance Program Application

**Please list all names of occupants approved that will live in this rental property:**

**Other Needed information – Please list all names of occupants approved that will live in this rental property:**

Name of Occupants	Relationship to Applicant	Age

CHECK MADE PAYABLE TO  
MAILING ADDRESS

\_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON  
TELEPHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (Print Name of Applicant)      \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Name of Co-Applicant)      \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Name of Rental Property Manager)      \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)      \_\_\_\_\_ (Title)

***Please return this form to the applicant or an AOG HPP at:***

Angels of Grace Foster Family Agency  
 Homeless Prevention Program  
 2211 N. Fine Avenue, Fresno, CA 93727  
 Website: [www.angelsofgrace.com](http://www.angelsofgrace.com)  
 Email: [hppinformation@gmail.com](mailto:hppinformation@gmail.com)

Phone: (559) 268-0000  
 Fax: (559) 268-7728

## ***Tenant AOG HPP Short-Term Rental Assistance Program Agreement***

**PLEASE NOTE: THE SIGNATURE AT THE BOTTOM OF THIS FORM GUARANTEES THAT YOU HAVE READ AND AGREE TO THE FOLLOWING CONDITIONS:**

Tenant  _____  _____  _____  _____  _____  _____	Manager  _____  _____  _____  _____  _____  _____	I understand that by accepting all or partial rental payments on behalf of the tenant from the Angels of Grace Homeless Prevention Program (AOG HPP), the tenant hereby is responsible for the unit as listed on page one of these applications.  The AOG HPP Short-Term Rental Assistance Program is an income-based program the tenant agrees that any amount of the required rental payment not provided by AOG HPP.  I understand that the AOG HPP Short-Term Rental Assistance Program is part of a grant program and that any and all future refund of this security deposit will be paid directly to the AOG HPP Provider awarding the necessary funds.  I understand that if approved for Security Deposit Assistance Program, the tenant will provide the rental property manager with the Security Deposit Assistance Program Determination Letter stating the amount that will be paid by AOG HPP and the date the actual check will be mailed to the rental property manager.  I understand that this Security Deposit Assistance Program is part of a grant program and that any and all future refund of this utility deposit (ONLY) will be paid directly to the AOG HPP Provider awarding the necessary funds.  I understand that the AOG HPP carries no responsibility for the actions (financial or otherwise) of the applicant(s) and/or applicant's guests if any damages occur on the rental property, if acquiring utility deposit/payment assistance for a rental property.
--	---	--

<i>(Print Name of Rental Property Manager)</i>	<i>(Signature)</i>
--	--------------------

<i>(Date)</i>	<i>(Title)</i>
---------------	----------------

<i>(Print Name of Applicant)</i>	<i>(Signature)</i>	<i>(Date)</i>
----------------------------------	--------------------	---------------

<i>(Print Name of Co-Applicant)</i>	<i>(Signature)</i>	<i>(Date)</i>
-------------------------------------	--------------------	---------------