

eliminating racism empowering women ywca

YWCA Quincy T: 217-221-9922
639 York Ste. 202 F: 217-221-9926
Quincy, IL 62301 www.ywcaquincy.org

Gap Project Application

Head of Household _____
First Middle Last

Phone _____ Alt. Phone: _____

Email _____

| |
|------------------------|
| OFFICE USE ONLY TID |
|------------------------|

| | |
|--|-------|
| A. Do you live in one of the following counties? Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott, or Warren? | Y / N |
| B. Is your housing situation "couch surfing" or "doubled up" with friends, family, and/or someone else? | Y / N |
| ***** Questions A and B above must be YES in order to qualify for this program. ***** | |
| <div style="margin-left: 20px;"> <input type="checkbox"/> I certify that no one in my household is required to register as a sex offender in any state. <input type="checkbox"/> I certify that in the last 5 years, no one in my household has been convicted of and/or does not have a pending charge for a violent crime (such as, but not limited to felony OR misdemeanor domestic violence, assault, battery, kidnapping, arson, etc). </div> | |
| ***** Those with convictions or pending charges described above are not eligible for this program. ***** | |

| | |
|---|-------|
| C. Did someone in your household lose income as a direct result of COVID-19 (reduced hours, laid off, etc) and/or have a medical condition that increases the risk of COVID-19, as stated by the CDC? (Documentation of loss of income and/or diagnosis is required.) If yes, explain: | Y / N |
| _____ | |
| D. Did you have a major life event in the last 12 months that is causing or will likely cause housing problems? If yes, explain: | Y / N |
| _____ | |
| E. Over the past year, how many months have you been couch surfing/doubled up? | _____ |
| F. Have you been asked to leave the place you're staying within the next 30 days? If yes, explain: | Y / N |
| _____ | |
| G. Does anyone in your household have a disability or condition that makes getting or keeping stable housing difficult, such as substance use, mental health conditions, HIV/AIDs, or a physical or developmental disability? If yes, explain: | Y / N |
| _____ | |
| H. Is anyone in your household currently pregnant? | Y / N |
| I. Are you trying to escape physical domestic violence including sexual violence? | Y / N |
| J. Have you ever been enlisted in the military? | Y / N |
| K. Are you or your spouse/partner employed or have another regular source of income? | Y / N |

| L. In the last year, did your household have any of the following types of income? | | How long have you had this income? | Will you lose this income in the next 60 days? |
|--|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> | Employment | | Y / N |
| <input type="checkbox"/> | Unemployment / worker's compensation | | Y / N |
| <input type="checkbox"/> | SSI / SSDI (disability) | | Y / N |
| <input type="checkbox"/> | VA income (disability or retirement) | | Y / N |
| <input type="checkbox"/> | Child support | | Y / N |
| <input type="checkbox"/> | TANF cash assistance | | Y / N |
| <input type="checkbox"/> | SNAP / LINK food assistance | | Y / N |
| <input type="checkbox"/> | Other Income: | | Y / N |

M. Points will be assigned based on household gross (before tax) annual income.

Federal Poverty Guidelines (updated 2022)

| # in family | 0-25% | 25-50% | 50-75% | 75-100% | <100% |
|-------------|----------|----------|----------|----------|------------------|
| 1 | \$3,398 | \$6,795 | \$10,193 | \$13,590 | Does not qualify |
| 2 | \$4,578 | \$9,155 | \$13,733 | \$18,310 | Does not qualify |
| 3 | \$5,758 | \$11,515 | \$17,273 | \$23,030 | Does not qualify |
| 4 | \$6,938 | \$13,875 | \$20,813 | \$27,750 | Does not qualify |
| 5 | \$8,118 | \$16,235 | \$24,353 | \$32,470 | Does not qualify |
| 6 | \$9,298 | \$18,595 | \$27,893 | \$37,190 | Does not qualify |
| 7 | \$10,478 | \$20,955 | \$31,433 | \$41,910 | Does not qualify |
| 8 | \$11,658 | \$23,315 | \$34,973 | \$46,630 | Does not qualify |

*add \$4720 for each additional person

N. List each household member's information below beginning with the head of household. Include the legal custody arrangement for each child.

| First name | Last name | Age | DOB | Gender Identity | Custody: full, shared, foster care, etc |
|------------|-----------|-----|-----|-----------------|---|
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Households are placed into available units based on points, with the highest scoring applicant being placed first.

Backup documentation is required (see examples on the next page). Neither this agency nor its funders discriminate based on any Federally protected class. Sexual offenses and violent criminal history may cause a household to be ineligible. Applicants who are denied placement may appeal by calling 217-221-9922.

I certify that all information documented on this application is true and accurate to the best of my knowledge.

Applicant Signature

Date

Documentation Checklist

Documentation of the following **must** be submitted at the same time as the application*. Please bring all documents to 639 York, Suite 202 Quincy, IL or email to TaylorFlint@ywcaquincy.org

Adams County residency: submit only one

Examples of proof of residency include:

- Drivers license or State ID
- Most recent utility bill
- Pay stub

Diagnosis / disability: submit one form of documentation per diagnosis or disability

Examples of proof of diagnosis or disability include:

- SSDI check or letter
- Medical record with name of condition
- Substance use treatment or counseling record with name of condition
- Mental health treatment or counseling record with name of condition

Sources of Income: submit one proof of income for each income type

Examples of proof of income include:

- SSI or SSDI check or letter
- Pay stub
- Most recent W2 or taxes
- TANF cash assistance letter or statement
- Child support court order
- Unemployment award letter
- VA retirement or disability award letter or pay stub

Veteran Status: submit one

Examples of proof of veteran status include:

- DD214, regardless of discharge type

Pregnancy: submit only one for each pregnant person in the household

Examples of proof of pregnancy include:

- Medical record
- Document from a pregnancy resource center *if you completed a pregnancy test there*

Major life event: submit as many as needed to fully and accurately describe the impact of the event on your housing

Examples of proof of major life event will depend on the event. Remember, only report life events from the last 12 months that have caused or will cause housing problems.

- Medical record
- Obituary
- Court record
- Employment termination documentation
- Divorce decree

*Further documentation or clarification may be required upon request. Those fleeing physical domestic violence including sexual violence may submit their backup documentation later.