



National Guard Veterans Project of Hamilton County

Referral Packet

The National Guard Veterans Project is funded by the Sheehan Family Foundation and is operated in partnership with Aspire Indiana. The purpose of this project is to resolve housing crisis for National Guard Service Members who are homeless or facing eviction in Hamilton County. **The project will award up to \$1,000 per household for security deposits, rental assistance, utility deposits and past-due rent or utilities.**

The Service Member must provide all documents listed below to be considered for financial assistance. Please follow directions listed on pg. 2 for referral completion.

Required Documents:

- Completed referral packet
- Service Separation Document, DD214, NGB22, Letter from Commander, Military ID, or Letter of Verification from third party
- Letter from landlord stating amounts owed. (A Request for Tenancy Approval and Landlord Verification are provided in this packet if a letter is not available. *The RTA is to be used for move-in assistance and the Landlord Verification is to be used for rental arrears only)
- W9 from landlord/rental company
- Utility bill(s) if requesting utility deposit/assistance

Please email completed packets and questions to nationalguardproject@intecare.org. Completed packets will be reviewed within three business days. *Checks will only be cut to 3rd party vendors and not directly to households.



Directions

1. Have Service Member complete the information section (p. 3)
2. Have Service Member sign the release of information (p.4-5)
3. Provide proof of service using one of the following: Service Separation Document, DD214, NGB22, Letter from Commander, Military ID or Letter of Verification from third party
4. If requesting move-in assistance, have the landlord of the identified unit complete a letter stating amounts owed (or have the landlord complete the Request for Tenancy Approval Form in this packet on p. 6)
5. If requesting assistance with rental arrears, have the landlord complete a letter stating amounts owed (or have the landlord complete the Landlord Verification Form in this packet on p.7)
6. All landlords/rental companies must provide a W9. Please ask if you need a blank W9.
*The W9 is an IRS form used by businesses to prepare 1099 forms at the end of the year to entities businesses have paid to
7. If requesting assistance with utility deposits/assistance, provide most up to date utility bill
8. Email the completed packet to nationalguardproject@intecare.org



SERVICE MEMBER'S INFORMATION

Name: _____ Date of Birth (mm/dd/yy): _____

Home Address (number and street): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email address: _____

Social Security Number: _____ Monthly Income: _____

Number of Dependents: _____ Marital Status: _____

Names of Dependents: _____

Military Branch: _____ Discharge: _____

Dates of Service (mm/yy): _____ to _____

Please write or attach a summary of the Service Member's situation:

Service Member Signature: _____ Date: _____



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Release of Information

OFFICE USE ONLY

Client Name: _____ Date of Birth: ___/___/_____

AUTHORIZATION TO OBTAIN AND RELEASE PERSONAL INFORMATION

I, _____ (“Client”) am voluntarily participating in the InteCare National Guard Veterans Project and request and authorize InteCare to obtain and release the following information (collectively the “Personal Information”), including, but not limited to: demographic information, household information, disability information, rental information, utility information, income information, shelter information, employment and housing status information. The Personal Information may be obtained and released for the purpose of addressing housing issues affecting the well-being of the Client, including making referrals or coordinating services on behalf of Client with the following entities: Aspire Indiana, Inc., Adult & Child Mental Health Center, Inc., Midtown Community Mental Health, Gallahue Mental Health Services, HMIS Client Track, Community Housing Providers (shelters, landlords, motels, apartments, homes), Veteran Service Providers (Department of Veteran Affairs), Utility Service Providers (all local and national power, water, sewer, cable, phone, television, internet, gas, electricity, or any other utility including but not limited to Indianapolis Power & Light Company and Citizens Gas), Community Resources (St. Vincent DePaul, food pantries, and any other food or service assistance or distribution program), Public Assistance Programs (Indiana Family and Social Services Administration programs, or any other State or Federal public assistance program), Law Enforcement Agencies, Previous/Current/Future Employers, Easter Seals Crossroads organization and/or other organizations for the purpose of assistance with attaining employment, and other businesses, agencies or individuals InteCare may consider reasonably necessary for its purposes (collectively all entities referred to as “Community Partners”)

In addition to the release and exchange of Personal Information between InteCare and the Community Partners, Client requests that such Personal Information shall also be released to and exchanged between the following (if none then write “NONE”): _____

The following entities are NOT permitted to receive or exchange Personal Information with InteCare (if there are no exclusions then write “NONE”): _____

The following information may NOT be released or exchanged (if all Personal Information may be released and exchanged then write “NONE”): _____

I understand that I may refuse to authorize the release and exchange of the Personal Information, although I also understand that InteCare may refuse to enroll me if I have limited this Authorization to an extent that InteCare determines that InteCare cannot satisfactorily serve my needs and interests. My signature or the signature of a legally authorized representative indicates that I understand this



Authorization of Personal Information and consent to the release and exchange of any and all Personal Information to the Community Partners for any reason reasonably related to the services InteCare provides, subject to exclusions, and understand that this Authorization is valid for a period of one (1) year from the date of signature below ("Year Term") or another authorized period: (leave blank if Authorization is valid for the Year Term)_____.

My signature or the signature of a legally authorized representative further indicates that it is understood this Authorization can be revoked at any time, for any reason by the Client if notice is provided in writing to the following address: **8604 Allisonville Rd, Indianapolis, IN 46250**; and it is understood that at all times any Personal Information exchanged or released shall be treated in a confidential manner.

I DO DO NOT wish to have the Personal Information released and exchanged under this Authorization

Client Signature

Authorization Date

Legally Authorized Representative of Client

Authorization Date

Relationship

Witness Signature

FOR OFFICE USE ONLY IF REVOKED IN WRITING

Date of Revocation: _____

Name of Individual: _____



***To be used for
move-in
assistance only**

**National Guard Veterans Project
Request for Tenancy Approval**

Tenant's Name: _____

Address of unit (street address, unit number, city, state, zip code):

Landlord/Rental Agency's Name: _____

Address (street address, city, state, zip code):

Make checks payable to (must match W9): _____

Contact Person: _____ Phone Number: _____

Email Address: _____

Requested start date of lease: _____ Number of bedrooms: _____

Proposed monthly rent: _____ Proposed first month pro-rated rent: _____

Security deposit: _____ Application fee: _____

***Landlords must provide completed W9 for tax purposes**

Signature of landlord or authorized representative:

Date:



***To be used for
rental arrears
assistance only**

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Landlord Verification

Tenant Name:	Landlord Name:
Tenant Address:	Landlord Phone Number:
Notice to vacate issued: Y <input type="checkbox"/> N <input type="checkbox"/>	Court eviction filed: Y <input type="checkbox"/> N <input type="checkbox"/>
Household receiving rental subsidy (section 8, etc.) Y <input type="checkbox"/> N <input type="checkbox"/>	Monthly rental amount:
Late fees:	Legal fees:
List months and amount owed for each month in arrears:	Amount needed to cancel/prevent court eviction:
Make check payable to:	Mail check to:

Signature of landlord or authorized representative:

Date:
