

HOMELESS PREVENTION PROGRAM
MONROE-NOBLE-GUERNSEY-BELMONT COUNTIES

Enclosed is the Application for the Homeless Prevention Program operated by GMN Tri-County CAC, Inc. **Please complete the application in its entirety. Incomplete applications cannot be processed.** Please submit your completed application to the office in the county in which you currently reside. Offices for each county are listed below.

Monroe County	108 E. Marietta Street	Woodsfield	472-0828 472-5257 fax
Noble County	615 North Street	Caldwell	732-2388 732-2389 fax
Guernsey County	185 South 2 nd Street	Byesville	685-2422 685-2424 fax
Belmont County	155 W. Main Street	St. Clairsville	695-0293 ext.209 695- 3546 fax

You will be contacted by phone **within 5 business days of receipt of your application** to schedule an appointment. The appointment is to gather documentation for approval/denial of housing assistance.

Please be advised that there are different criteria for households seeking to prevent homelessness, versus households who are literally homeless. We will be asking for several documents from you.

All requested documents must be presented at the time of the appointment. If approved, your household will be required to comply with a Case Plan and will meet regularly with a Case Manager, who will guide you through the process of stabilizing your housing.

***** PLEASE NOTE*****

**DO NOT FAX OR MAIL ANY PAPERWORK SUCH AS YOUR SOCIAL SECURITY OR
PAYROLL. WE ARE NOT PERMITTED TO HOLD THAT INFORMATION. ANY
PAPERWORK SUBMITTED WITH THE APPLICATION WILL BE SHREDDED UPON
ARRIVAL.**

Please keep this to collect all paperwork needed for your household at the time of appointment.

- Photo ID for anyone over 18 yrs
- Social Security Cards for all HH members
- All income for last 90 days, including verification of SNAP Benefits
- Letter from Agency confirming Homelessness
- Bank Account Statement
- Copy of HUD voucher
- Fire Victim: Copy of Fire Report/ Copy of Voucher from Red Cross
- Denial Letters: (must have at least **one**)
 - DJFS
 - Children Services
 - Salvation Army
 - Domestic Shelter
 - Doctor, Counselor, Other Agency

If HH is in **EVICTION** you **must** present income for **90 days**

- Eviction Notice
- Home Condemned by Health Department paperwork
- Copy of current lease
- Copy of your Tax return (Jan – May)
- Veterans: Copy of DD214