

**HDC MidAtlantic**  
**Michael R. Carper Hope & Opportunity Fund**  
**Guidelines**

The Hope & Opportunity Fund is dedicated to helping residents with emergency financial assistance in order to support them in maintaining their housing. Emergency funding is not intended to provide ongoing relief of recurring/routine expenses. Rather, it will provide funding as a transitional bridge over a financial gap to meet the goal of eviction prevention. HDC MidAtlantic (“HDC”) staff will work with residents to identify any other possible resources, exhaust all options before requesting funds for rent payment, and plan for future stability.

**Examples**

The types of situations for which the Fund is available may include, but are not limited to:

- Resident is facing possible eviction for late payment of rent due to an unforeseen emergency.
- Resident has lost transportation to work.
- Resident is waiting for benefits to begin and is experiencing a temporary gap in income.

**Eligibility Requirements**

To be eligible for consideration a resident must:

- Be a current resident and have lived at an HDC-managed property for at least 6 months,
- Have received no prior lease violation notices in the past 6 months (excluding late notices and notices to quit related to this application),
- Complete Resident Application and submit to Community Manager or Resident Services Coordinator,
- Provide relevant documentation to support the application,
- Be enrolled in HDC Eviction Prevention Program if request is related to rent.

**Awards**

Awards of up to \$1000 will be provided to any one resident once in a 2-year (24 month) period, unless the resident repays the award within that period. Residents will never be required to repay an award. Residents are encouraged to repay what they can afford in order to replenish the Fund. All awards are made at the sole discretion of HDC. Reasons why awards are not made in any one particular instance may include but are not limited to: availability of funds, if resident has had prior awards or if resident has had prior lease violations, if HDC determines that award will not help with a situation which requires a long-term solution, etc.

**Application Procedures**

- The Resident submits an application with supporting documentation to the Community Manager or the Resident Services Coordinator (“RSC”).
- If request is related to rent, the Resident is required to enroll in the Eviction Prevention Program. The Resident will work with a Resident Services Coordinator and/or Community Manager to complete an Eviction Prevention Action Plan.
- The Community Manager and Resident Services Coordinator (if there is an RSC assigned to the property) reviews the application. If eligibility requirements are met, the staff will submit the resident application and the staff application to the Resident Services Manager (“RSM”) within 72 hours of receipt of resident application. The Resident must have a response back within 5 business days of Resident’s submittal.
- Assistance that is provided will be in the form of a check as direct payment to the service provider, retailer, etc. No cash will be provided.
- Approvals needed:
  - ◇ Up to \$500 – Community Manager, Resident Services Coordinator (if there is an RSC assigned to the property), Resident Services Manager (or Director of Resident Services “DRS” in RSM absence).
  - ◇ \$501 - \$1000 – all above plus DRS (or CEO or CFO in DRS absence).
- Resident will sign the gift acknowledgement form to indicate receipt of a Hope & Opportunity Fund award. Receipt acknowledgement forms must be returned to the Resident Services Manager.

# Hope & Opportunity Fund

## RESIDENT APPLICATION

*Please use black ink to complete this application.*

<b>Tell us about yourself:</b>		
Name	Date	
Property Name		
Address	Apartment #	
City	State	Zip Code
Phone	Alternate Phone	

Is it OK to leave a phone message?

YES

NO

If applicant is not completing this form:

Name	Relationship	Phone
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**Eligibility Criteria: If you answer YES to all appropriate criteria, please proceed to the next page. If you do not answer YES to all appropriate criteria, you are not eligible to apply for the Hope & Opportunity Fund.**

I currently live at an HDC MidAtlantic—managed property.	<input type="radio"/> YES	<input type="radio"/> NO
I have lived at an HDC MidAtlantic—managed property for 6 months or longer.	<input type="radio"/> YES	<input type="radio"/> NO
I have received NO PRIOR lease violations in the last 6 months (excluding late notices and notices to quit related to this application.)	<input type="radio"/> YES	<input type="radio"/> NO
<b>IF REQUEST IS FOR RENT ASSISTANCE:</b> I agree to enrollment in the Eviction Prevention Program.	<input type="radio"/> YES	<input type="radio"/> NO <input type="radio"/> N/A

**Tell us about your situation. Please provide as much detail as possible. Attach supporting documentation when possible.**

What is the amount of your request?

What is your monthly rent amount?

What is your monthly income?

What is the source of your income?

If you are applying for help with rent, how much rent and late fees do you owe currently? When is it due?

In addition to applying for the Hope & Opportunity Fund, what other resources do you have to pay towards what you owe? Please list the source and amount.

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**Why are you requesting financial assistance? Describe your situation and what makes it a hardship. Provide specific information and relevant documentation about the amount needed and what it is needed for.**

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What makes this an emergency? Describe how you will be able to manage your financial responsibilities after you receive this help.

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Please list all other agencies or organizations you have applied to for assistance in the last 30 days. Note any financial help you have received.

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What other information do you want to provide that will help us understand your situation?

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I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I understand that my application will NOT be considered for financial assistance if it is found to contain misleading information. By signing this form, I give permission for the review staff to gather information about my situation from HDC Staff (for example: Community Managers, Resident Services Coordinators, District Managers). I agree to repay the Fund if I did not tell the truth on this form.

Signature

Date