Complete eSHARE intake (Common Demographics & Eligibility form) and attach documents below **BEFORE** submitting application.

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Eligibility Requirements:

* Client is an HIV-positive individual, living within the Tri-County region (Putnam, Rockland, and Westchester Counties) and the five boroughs of NYC (Bronx, Brooklyn, Manhattan, Queens, Staten Island).
* Clients income does not exceed 500% of the Federal Poverty Guidelines.
* Clients has not reached the $2,000 cap in emergency financial assistance within a twelve-month period.

Documents Required:

Completed EFS eSHARE Intake, Common Demographics & Eligibility form

Proof of HIV Status

Copy of income (Example; copy of last two pay stubs, letter from employer, letter from Social Security, SSI, SSD etc. If no income, letter must be written by a Case Manager or Department of Social Services in regards how client will maintain rent.)

Proof Residency (Example; bill, , letter from Social Security, SSI, SSD etc., letter from Case Manager, letter from Department of Social Services, housing voucher, Section 8 voucher, landlord letter on letterhead etc.)

Proof of Insurance (ADAP card, Medicaid, Medicare, private insurance)

Copy of documents stating arrears (Con Edison bill or rent statement/invoice)

Letter from Case Manager stating client’s emergency need. Letter must indicate reason of arrears if rental or utility assistance is needed

W-9 form if rental arrears are to be paid

Checklist needed

Payor of Last Resort Attestation

If required documents are not attached, this application will be considered incomplete and will NOT be processed.

Submit to:

Fax: Attention Emergency Financial Assistant Application 914-345-3106

OR

Email: [transportation@hudsonvalleycs.org](mailto:transportation@hudsonvalleycs.org)

**Please Check off Items Needed**

|  |
| --- |
| **Arrears** |
| Rental arrears amount \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Utility amount \_\_\_\_\_\_\_\_\_\_\_ |
| security deposit amount\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Emergency Food and Other Supplies** |
| Voucher to Supermarket \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cleaning products \_\_\_\_\_\_\_\_\_\_\_ |
| Medical Supplies\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mask \_\_\_\_\_\_\_\_\_\_\_ |

**Please Check off Items Needed in Home:**

|  |  |  |  |
| --- | --- | --- | --- |
| **For the Kitchen** | | | |
|  | Pots and pans | | |
|  | Plate Set | | |
|  | Drinking Glasses | | |
|  | Wooden spoon, spatula and serving spoons | | |
|  | Utensils (forks, spoons and knives set) | | |
| **For the Bedroom** | | | |
|  | Pillows | | |
|  | Sheet Set (sheet size needed) | | |
|  | | Sheet Size: Twin, Full, Queen, King |  |
|  | Comforters (sheet size) | | |
|  | | Sheet Size: Twin, Full, Queen, King |  |
|  | Bed Mattress and Frame | | |
|  | | Bed size: Twin, Full, Queen, King |  |
| **For Bathroom Room** | | | |
|  | Towels | | |
|  | Washcloths | | |
| **Undergarments** | | | |
| Bra size\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Underwear size\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Tee shirt size\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Sock size\_\_\_\_\_\_\_\_\_\_ | | | |