



**HEARTS AND HOMES OF ARKANSAS, INC.  
HOUSING-RELATED ASSISTANCE GENERAL FUND**

**GRANT POLICIES AND APPLICATION PROCEDURES  
FOR INDIVIDUAL APPLICANTS**

**Reviewing/Approving Applications**

All recipients will be required to complete an Application for Individual Requesting Housing-Related Assistance (**Exhibit A**). The Board of Directors of Hearts and Homes will be responsible for the following items in the review and approval process for funding directly to recipients affected by the event:

- Determining eligibility of recipient requesting funds.
- Verifying proof of need (this would include verifying housing-related documents provided by the requestor) and evaluating criteria
- Determining the ability of the Hearts and Homes Housing-Related Assistance General Fund to provide for the applicant's needs.
- Approving the payment(s) to be issued.
- Indicating the payee (in cases of mortgage/rental/insurance/property tax assistance, the check will be jointly payable to the recipient and the entity depositing the payment to relieve the obligation).
- Ensuring that all information provided by each applicant remains confidential and available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. Notwithstanding the foregoing, Hearts and Homes may provide a copy of this application, if requested, to those who the applicant owes payment and seeks assistance from Hearts and Homes. It shall not be shared with other parties for any other purpose.

**Eligibility Requirements**

Citizens or legally admitted residents of the United States, and who reside in the State of Arkansas are eligible for grant consideration provided they meet the evaluation criteria.

**Evaluation Criteria**

Eligible applicants will be evaluated and selected on the following criteria:

- The applicant's need for housing-related assistance based on the following criteria:
  - The applicant's financial situation
    - Income from all sources
    - Assets
    - Liabilities

- Ability to generally meet expenses, including housing-related expenses, as they come due
  - The applicant's housing situation
    - Rent/own
    - Condition of dwelling
  - Applicant's family situation, including number and age of dependents
  - Applicant's occupational situation
    - Employed/unemployed
  - Applicant's housing-related expenses
  - Whether applicant receives any governmental benefits
  - Applicant's description of need for housing-related assistance
    - Cause of the situation:
      - Natural disaster
      - Unnatural disaster
      - Casualty, theft
      - Economic downturn
      - Loss of occupation
- Accuracy and completeness of the application.
- Any relationship between a recipient and officers, directors, or key employees of or substantial contributors to Hearts and Homes.
- Applicants will be selected on a first come, first served basis and assistance will be provided based on an availability of funds in the general Housing-Related Assistance General Fund.
  - Funds raised for housing-related assistance for a particular natural or unnatural disaster may be segregated from the Housing-Related Assistance General Fund and made available only to selected applicants who are victims of that particular disaster. Hearts and Homes will create a separate application form for such applicants tailored to that particular disaster. Any applicant seeking assistance from a segregated fund must otherwise meet the general eligibility criteria. Funds from any segregated fund will be distributed to applicants on a first come, first served basis until the segregated funds have been exhausted.

**Nondiscriminatory Policy**

Hearts and Homes shall not discriminate on the basis of race, color, national and ethnic origin in the administration of the Housing-Related Assistance Program.

**Timeline for Grant Determination**

The Board of Directors will make a grant determination concerning any application within thirty (30) calendar days of receipt.



**HEARTS AND HOMES OF ARKANSAS, INC.**  
**Application for Individual Requesting Housing-Related Assistance**

**Eligibility:**

Recipient must be a citizen or legally admitted for residence in the United States, and must be a resident of the State of Arkansas. The funds will be distributed to households that have a need for immediate temporary financial assistance to meet housing-related expenses of their primary residence.

**Confidentiality:**

All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application, if requested, to those who the applicant owes payment and seeks assistance from this foundation. It will not be shared with other parties for any other purpose.

**Disbursement of Funds:**

In order to provide for a reasonably equitable distribution of available funds, assistance will be provided on a first come, first served basis.



**PART III - HOUSING INFORMATION:**

Name of owner or renter (name on mortgage or lease):		
Relationship of person seeking aid for owner or renter:		
▶ Self    ▶ Spouse    ▶ Child    ▶ Parent    ▶ Other (please specify)		
List names and ages of any dependents, and state whether they occupy in the dwelling:		
Amount of monthly expenses:		
Amount of monthly housing-related expenses:		
▶ Mortgage    \$	▶ Rent    \$	
▶ Taxes    \$	▶ Insurance    \$	
<i>Please include with this application a copy of your last mortgage statement and/or tax bill, insurance.</i>		
<i>If renting, please include a copy of your monthly rent statement or lease.</i>		
Name of mortgage lender:	Telephone:	Loan Number:
	(    ) -	
Name of landlord:	Telephone:	
	(    ) -	
Name of Tax Collector:	County or Township:	Property Tax Number:
Name of Insurance Carrier:	Telephone:	Policy Number:
	(    ) -	
Employment Status:	Occupation:	Employer:
Employer Contact:	Telephone:	
	(    ) -	
Combined family gross income from all sources (including alimony, child support or separate maintenance, government benefits):		
Frequency of income:		
Please state whether you have a relationship with any officer, director, or employee of Hearts and Homes or the Arkansas REALTORS Association?		
▶ Yes            ▶ No		

**PART IV - SIGNATURE**

By signing this application, I verify that all the information presented here is true and correct to the best of my knowledge. I agree that lenders/service providers listed above may be contacted to verify information contained in this application.	
Name of Applicant:	Signature of Applicant:
Date of Birth:	Date of Application:

Mail application with attachments to:

Hearts and Homes of Arkansas, Inc., Attn: Juli Gates  
 11224 Executive Center Dr., Little Rock, AR 72211