

ST. PETER'S HOMES



MCCREESH PLACE

REFERRAL PACKET

3 Steps To Apply For An Apartment*:

1. Turn in 3 verifications of eligibility

a. Disability Verification

b. Homelessness Verification

c. Income Verification

2. Call to confirm if eligible to apply

3. If yes, call to schedule application appointment

Questions? Please see the steps listed on the fact sheet inside.
Fax eligibility verifications to (704) 335-8131.

COME TAKE A TOUR!

Mondays 7 p.m. ~ Tuesdays 12 noon ~ Thursdays 5 p.m. or 7 p.m.

***Please Note: McCreech Place does not provide emergency housing.**

If you are in need of immediate shelter:

- Uptown Men's Shelter (704) 334-3187

During winter months, you may also call:

- Room In the Inn (704) 347-0278
- Emergency Winter Shelter (704) 333-2608

If you need the assistance of an outreach worker:

Community Link Case Management (704) 943-9509

-or-

Mecklenburg County Homeless Support Services

Megan Coffey - Urban Ministry (704) 926-0617

Camallous Reid - Crisis Assistance x130 (704) 371-3001

Terry Tiamd - A Child's Place (704) 343-3790

Mike Harmon - Uptown Men's Shelter (704) 334-3187



Applicant Fact Sheet

St. Peter's Homes Mission

St. Peter's Homes' mission is to provide affordable housing to alleviate homelessness and human suffering.

General Information

St. Peter's Homes owns and operates McCreech Place. McCreech Place is Charlotte's first permanent supportive housing apartment community with a single-room occupancy (SRO) design. McCreech Place was built to serve formerly homeless disabled men with affordable housing and supportive services onsite. McCreech Place rents 63 apartments to homeless men with disabilities (physical, developmental, mental or substance abuse). Staff includes an executive director/property manager, two case managers, a front desk manager, a maintenance manager, and contracted security officers as well as a contracted nurse who visits weekly. St. Peter's Homes is financed with government (HUD) funds, faith community support and individual donations. *St. Peter's Homes is a member of the Homeless Services Network, N.C. Low Income Housing Coalition, and the Charlotte Apartment Association, and McCreech Place was the winner of the National 2004 Audrey Nelson Community Development Achievement Award.*

McCreech Place Eligibility

St. Peter's Homes is an Equal Housing Provider; prospective residents are selected in accordance with Federal Regulations. We do not discriminate on the basis of age, race, sex, religion, national origin, disability or familial status.

Eligible applicants:

1. Are male, homeless *and* disabled* (*Exception to homelessness criteria detailed on Homeless Eligibility Guide*)
*Chronic substance abuse may be considered a disability with 28-day treatment in last year and 9 months clean
2. Have a minimum of \$500 monthly income (may be employment or other income; does not have to be benefits)
3. Pass a National Criminal, Housing and Social Security Background Check
4. Have demonstrated their ability to live independently, in community and in a recovery-friendly environment

The following are grounds for rejection:

1. Incomplete or false information on the application
2. A felony conviction within the last three years, rape or sexual offense, or history of violent or drug-related convictions (such as armed robbery, larceny, drug trafficking, murder, assault w/ deadly weapon)
3. History of damaging or disturbing property, of hazardous, unsanitary conditions or housekeeping
4. Information regarding illegal drug use, or positive drug or alcohol test results
5. Refusal to agree with terms of the lease, including St. Peter's Homes, Guidelines, Rules and Regulations

Applications

McCreech Place functions like other apartment communities and requires application onsite with verifications of ID and income. Additional verifications of eligibility are also required, as well as an assessment interview once eligibility is established.

To apply, or refer an applicant:

1. Inquire in person or by phone to pre-screen and/or obtain a Referral Packet – (704) 335-9380. Come take the tour!
2. Fax completed Verifications of Disability, Homelessness, Income, and a Case Summary to (704) 334-0313 (see packet).
3. Schedule the apartment application appointment; provide ID's and **\$50 only application fee (money order only)**.
4. Call in 3-5 business days for results of selection committee and/or background check.
5. Once approved, schedule a move-in date.
6. Pay **\$100 deposit** with pro-rated rent on move-in day. Rent is 30% of monthly income, from \$140 to \$470.

Amenities

McCreech Place Provides

Utilities (electricity, water included in rent)
Connections for phone and cable in each unit
Month to month lease
Furnished apartments and common kitchens/baths
Kitchen appliances (refrigerator, microwave, stove)
Coin-operated laundry room onsite
Maintenance staff for repairs and building upkeep
Controlled access to building and on-site security
Bus access (Routes #3, 23) in front of building
Case management to help residents remain housed
Drug & alcohol free housing, NA/AA meetings on-site

McCreech Place Does NOT Provide

Cable or Phone service – residents may connect these, with discounts if eligible
Weekly rental arrangements
Specialized beds or bathroom equipment
Cooking pots, pans, utensils, dishes, etc.
Laundry detergent, bleach or change machine
Housekeeping, toilet paper, cleaning supplies
Overnight guest accommodations
Transportation to appointments or bus passes
Medication monitoring, or physical rehabilitation
Substance abuse treatment onsite



Homeless Eligibility Certification Guide

Project Name: St. Peter's Homes- McCreech Place

Applicant: _____

Documentation required. This form is a guide. Signing it does not verify homelessness.

HUD UPDATE 4/27/2006

Applicants for Permanent Supportive Housing at McCreech Place **MUST COME** from homeless situations #1, 2, 3, or 4 listed below.

ST. PETER'S HOMES UPDATE 5/01/2006

8 Non-HUD units may be rented to applicants who are homeless but do not meet HUD homeless criteria. They **do** need to meet criteria for disability and income; all other application criteria apply.

Definitions of homelessness. Under the McKinney Act, the following situations constitute homelessness.

To verify homelessness, place a check besides the definition that applies, and provide the documentation needed.

In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street). (1 or 2) Documentation needed:

Certification form signed by an outreach worker or service worker verifying that the person or family is homeless. This could include a letter or certification form signed by an outreach worker or service worker from another organization that can verify that the person or family was, in fact, homeless as described in the above definition, OR

Written statement prepared by the participant about the participant's previous living place (if unable to verify by outreach worker or service worker). Have the participant sign and date.

In an emergency shelter. (3) Documentation needed:

Referral agency certification that the participant has been residing on the street or at the emergency shelter (on agency letterhead, signed and dated).

In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters (make sure you have evidence that the person came from the streets or emergency shelter situation). (4) Documentation needed:

Transitional housing certification (on agency letterhead, signed and dated) if the participant is residing at the transitional housing facility as well as written verification that the participant was living on the streets or an emergency shelter prior to living in the transitional housing facility (see above for required documentation).

*I certify that I have made every effort to confirm that the applicant _____ is (check one) homeless or chronically homeless**. I have attached the required documentation.*

Signature, Title, Organization

Date

Please also complete a Case Summary for the applicant. Thank you.

**** If you checked chronic homelessness above, please complete the Chronic Homelessness Statement on the next page.**



Chronic Homelessness Statement

Project Name: St. Peter's Homes- McCreech Place

Applicant: _____

Has the applicant been continuously homeless for a year or more? Please describe:

Has the applicant had at least four (4) episodes of homelessness in the last three years?

To be considered chronically homeless, the person must have been *on the streets* or in an *emergency shelter* (i.e. not *transitional housing* or *living with family or friends*) during these episodes.

Please describe, beginning with most recent:

1)

2)

3)

4)

Documentation verifying the above information is required by HUD. This could be a certification (on letterhead) from an emergency shelter (or outreach agency) certifying that the person has been staying in a camp, street, car and sometimes in the emergency shelter for the last year as documented by outreach efforts, or that they have been a resident in the shelter at least four times during the past 3 years.

Completed by _____

Date _____

Organization _____

Phone _____



Verification of Disability/Handicap or Mental Illness

Project Name: St. Peter's Homes- McCreesh Place

Applicant: _____

To Whom It May Concern:

The person named above is a tenant/applicant for a dwelling unit in the above referenced project. Federal law requires us to obtain verification of disability/handicap for each tenant/applicant to determine higher eligibility for occupancy in the project.

For the purpose of qualifying for occupancy in the project, the tenant/applicant must meet a three-part test (a) as a result of his/her disability, the need for treatment is expected to be of a long, continued and indefinite duration; (b) the disability substantially impedes his/her ability to live independently; (c) and is of such a nature that the disability could be improved by more suitable housing conditions. If the participant is disabled by chronic problems with alcohol and/or drugs, the person's disability must meet the following criteria: "Problematic abuse/use of alcohol and/or drugs that (1) has occurred for at least 12 months and (2) has caused serious difficulties in interpersonal relationships as evidenced by disruptions in employment, loss of housing, and/or loss of role in family structures or other important relationships." If the primary disability is a chronic problem with alcohol and/or drugs, the person must have a minimum of nine months sobriety and have completed an in-patient 28-day treatment program within one year of this certification.

The information requested will be kept in the *strictest confidence*. If you have any questions, please contact our office (704) 335-9380. Thank you for your cooperation.

St. Peter's Homes Case Managers

CONSENT FROM APPLICANT TO PROVIDE VERIFICATION

I _____ authorize the release all information concerning my disability.

Signature of Tenant/Applicant: _____

CONFIDENTIAL MEDICAL INFORMATION – To be completed by the licensed professional with knowledge of and/or treating the disability: a licensed M.D., physician or psychiatrist; a Certified Substance Abuse Professional (CSAC) if substance abuse; or a Qualified Developmental Disabilities Professional (QDDP) for DD clients only.

CHECK ONE:

In my opinion, the above referenced tenant/applicant _____ is _____ is not disabled as defined above.

PLEASE CIRCLE ONE OR MORE:

- 1. Severe/Persistent Mental Illness
- 2. Chronic Substance Abuser
- 3. SPMI and CSA (1&2)
- 4. Physical or Developmental
- 5. Other: _____

Signature of Qualified Professional: _____

Title: _____

Address: _____

Telephone: _____

Date: _____

ST. PETER'S HOMES



MCCREESH PLACE

Income Verification

Apartment Community: St. Peter's Homes- McCreesh Place

Applicant: _____

In order for St. Peter's Homes, Inc. to process an apartment application, verification of minimum monthly income of \$500 is required. Acceptable documentation includes:

1. **If employed**, applicant may provide copies of one month's pay stubs or have the Employment Verification Form below completed.
2. **If receiving benefits**, he may provide a copy of the benefit statement from Social Security – recipient may call 800-772-1213 to have a copy fax or mailed to himself.

Employment Verification Form

For the employee listed below, please verify the following information:

Employee's Name _____ Employee's DOB _____

Company Name _____

Employee's Job Title _____

Check one of the following:

_____ Full-time Permanent 30-40 hours per week

_____ Full-time Temporary 30-40 hours (such as seasonal or holiday work)
When will the job assignment end? _____

_____ Part-time Permanent 20-29 hours per week

_____ Part-time Temporary 20-29 hours per week

_____ The employment is through a Temporary agency, but the Temporary agency is verifying that this person will work a long-term indefinite assignment for one company for at least six months or longer.

Hourly Wage _____ Estimated number of hours worked per week _____

Estimated Monthly Gross Income _____

Estimated Monthly Net Income _____

Date Employment Began _____ Date of First Full paycheck _____

How often is this person paid? Check one: ___ Weekly ___ Bi-Weekly ___ Monthly

If you have any questions completing this form, please contact St. Peter's Homes at (703) 335-9380.

Completed by _____ **Contact number:** _____

Position _____ **Date completed:** _____



Case Summary Instructions

Project Name: St. Peter's Homes- McCreesh Place

Applicant: _____

St. Peter's Homes requests statements from persons making referrals for applicants to McCreesh Place, and from individuals who have participated in providing support for the applicant, in the past or currently.

If you are the primary case manager referring the applicant, please answer the following questions in narrative form on your agency letterhead, sign and date it and fax to (704) 334-0313.

If an applicant has requested that you complete a case summary for him to further support his application, please answer the questions below.

Name _____ Organization _____

Position _____ Phone _____ Fax _____

How long have you known the applicant?

How do you know the applicant?

What kind of support do you provide, or have you provided, the applicant?

What do you understand is the applicant's current living situation?

Why is the applicant in need of permanent housing?

Why do you feel the applicant would be a good candidate for our apartment community?

What contact information do you use to get in touch with the client?

Thank you for your referral and/or your support of the applicant in process.