



14 West Main St.  
Meriden, CT 06451

### **Transitional Living Program – Short-term Housing Assistance Application**

Thank you for applying to our Transitional Living Program!

#### **Eligibility Criteria**

##### **Applicants must:**

- Have a history of domestic violence (domestic violence victim or survivor)
- Be 18 years or older
- Be homeless as a result of actively fleeing domestic violence.
- Have a verifiable and current source of income, sufficient to pay for all transportation, food, clothing, linens, hygiene, cleaning, and personal items for you and your dependents, plus your monthly program fees or percentage of rent as outlined in the application.
- Ongoing residence in Transitional Living Program requires that the head of household must be able to “safely” live independently, as staff is not available 24 hours for this program.
- Transitional Living Program is designed to serve individuals that can actively participate in their own self-sufficiency, thus participants are encouraged to enroll in job training, education or be actively employed.
- **For Community Apartments**, applicants must additionally:
  - Demonstrate enough income to support utilities, and other housing cost beyond “rent” or “security deposit” this includes furniture, utility deposits, pet deposits, rental fees, storage or other housing cost.
  - Have the ability to set up utilities independently. (if not possible please talk to our advocate staff about the issue)

The Transitional Living Program (TLP) recognizes that the applicant does not have control over the batterer’s behavior or the behavior of people associated with the batterer. The TLP strives to help each participant maintain the safest life possible, and will not exclude participation or withhold assistance based on the batterer’s behavior. **However, confidentiality and non-disclosure of the residential location of TLP to current and previous offenders is a requirement of this program, for the safety of the entire household/program. All applicants are expected to abide by this guideline prior to, during, and after their stay.**

#### **Transitional Living Information**

This TLP can provide:

- Financial assistance for rent and/or security deposits (as eligibility and funds allow)
- Advocacy and emotional support, including counseling and case management
- Assistance finding and maintaining permanent housing
- Safety Planning

- Vocational and employment assistance
- Referrals to community resources and services
- Follow- up services upon exiting

## Transitional Living Program Application for Admission

<b>Today's Date:</b>	
<b>Name:</b>	
<b>Address: (Street)</b>	
<b>(City, State, Zip)</b>	
<b>Safe Phone Number:</b>	
<b>Alternate Phone (if applicable):</b>	
<b>Referring Program:</b>	
<b>Assigned worker at program:</b>	

### Financial Information

Please check off the type of cash income you are currently receiving and fill in the appropriate information. If you are receiving more than one, please check all that apply

Type of Income	Monthly Amount
<input type="checkbox"/> Employment	\$ _____.00
<input type="checkbox"/> State Benefits	\$ _____.00
<input type="checkbox"/> Social Security	\$ _____.00
<input type="checkbox"/> Disability	\$ _____.00
<input type="checkbox"/> Alimony	\$ _____.00
<input type="checkbox"/> General or State Assistance	\$ _____.00
<input type="checkbox"/> Pension	\$ _____.00
<input type="checkbox"/> Child Support	\$ _____.00
<input type="checkbox"/> Worker's Compensation	\$ _____.00
<input type="checkbox"/> Unemployment	\$ _____.00
<input type="checkbox"/> Veteran's Benefits	\$ _____.00
<input type="checkbox"/> Other (specify):	\$ _____.00

**Total Monthly Income:** \_\_\_\_\_

#### Non-Cash Benefits

Type of Benefit	Amount (if applicable)
Food Stamps	\$
CT Medicaid (Title 19) Program	\$
Medicare	\$
HUSKY/State Medical for Children	\$
Veteran's Medical Services	\$
Care 4 Kids	\$
TANF transportation services	\$
Other TANF- funded services	\$
WIC	\$

Is there any income/ or benefits changes (increase or decrease) as result of acceptance into the program?  Yes  No

Please specify: \_\_\_\_\_

## Two Kinds of Transitional Living from MW Chrysalis

The Chrysalis transitional living program offers two kinds of residence.

1. **Bloom’s Place:** At Bloom’s Place, residents live in a communal environment in one house. Each family has its own bedroom space, but bathrooms, kitchens and common areas are shared. All utilities are paid by Chrysalis, and residents have free use of a washing machine and dryer. Monthly program fees are calculated at 30% of total income. Staff is on-site to provide support and assistance. **Minimum monthly income** to be considered is **\$400.00 per/month**, if you do not currently meet this criteria please speak to our advocate staff about TLP sponsorships.
  
2. **Scatter Site Apartments:** Chrysalis also supports transitional living residents at apartments in the community. Chrysalis can sponsor up to three apartments at a time. When those slots are full, applicants are automatically considered for Bloom’s Place. Clients of our community apartments program find their own apartment in Meriden or Wallingford, CT and negotiate and sign their own lease. Chrysalis provides financial support to pay a percentage of the rent. Clients pay 30% of their income for the first 6 months, and increase their contribution by 5% every six months over the maximum duration of 2 years. This is designed to help clients gradually work their way up to affording the apartment on their own. Clients in community apartments have support from staff for case management, emotional support, and connecting to community resources. More financial details of this program are on the next page of this application packet.

When Chrysalis reviews your TLP application, our management team assesses your financial information, to see which one of these programs is best suited to your needs. We would like to know what your preference is, so **please check one of the boxes below.**

	I am only interested in Bloom’s Place
	I am only interested in a scatter site apartment
	I am willing to live in either Bloom’s Place or a scatter site apartment
	I strongly prefer Bloom’s Place / scatter site apartment, but I will accept the other if my (circle one) preference is not available

## How Does the Scatter Site Apartment Transitional Living Program Work?

Clients in the scatter site transitional living program find an apartment, negotiate rent, and sign a lease in their own name. Chrysalis provides the client a letter to show to prospective landlords, describing the financial assistance available to support the rent payment over 2 years. Chrysalis then pays a percentage of the client’s monthly rent, and that percentage decreases every six months for the two years of the program. At the end of the program, financial support from Chrysalis ends but the client can remain in the same apartment with their own name on the lease.

There are caps on the amount of rent Chrysalis can support, depending on the size of your family. A client can still rent an apartment with rent higher than the cap, but then the client is responsible for 100% of the rent beyond the cap. An applicant who chooses an apartment with rent that is very far above the cap may be denied, because part of our consideration of your application is whether your financial plan is realistic and sustainable.

### Caps for Rental Assistance

Family Size	Rental Cap	Chrysalis Contribution Cap
Individual (i.e. studio/ 1 bedroom)	\$900/month	\$900 minus client’s contribution
Family (2 or more bedrooms)	\$1,100/month	\$1,100 minus client’s contribution

### Client Contribution Schedule

Months 1-6	30% of income
Months 6-12	33% of income
Months 12-18	36% of income
Months 18-24	39% of income

**Please note: Clients must pay utilities and all extras (e.g. phone service, cable) above rent. Therefore we recommend that applicants look for apartments where some or all of the utilities are included in the rent.**

### Example Fee Schedule

Total Income for Single Client: \$1,000.00

Total Rent Amount: \$900.00

Months 1-6	30% of income	Client Contribution <u>\$ 300.00</u>	Chrysalis Contribution <u>\$ 600.00</u>
Months 6-12	33% of income	Client Contribution <u>\$ 330.00</u>	Chrysalis Contribution <u>\$570.00</u>
Months 12-18	36% of income	Client Contribution <u>\$ 360.00</u>	Chrysalis Contribution <u>\$ 550.00</u>
Months 18-24	39% of income	Client Contribution <u>\$ 390.00</u>	Chrysalis Contribution <u>\$ 510.00</u>

### Applicant Agreement for Scatter Site Apartment Transitional Living Program

I \_\_\_\_\_ am applying as a ( Single or  Family) and understand that there are caps to amount of assistance that can be provided for me or my family. I understand that if I choose an apartment with rent higher than the cap described above, I have sole responsibility to pay any amount beyond the cap. I also understand that if I choose an apartment far beyond what I can pay with the income I have reported in this application, that may mean that my application will not be approved.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Current Living Situation**

Short Term Housing Assistance is a transitional living program offered by Meriden-Wallingford Chrysalis, Inc. specifically for survivors of domestic violence, dating violence, sexual assault or stalking as a result of sexual assault.

1. Are you a victim or survivor of such a crime?  Yes  No
2. Are you currently homeless as a result of fleeing an abusive relationship?  Yes  No
3. Are there active safety needs/concerns since leaving the relationship?  Yes  No
4. Is it safe to stay in your current living situation while your participation in TLP is determined?  Yes  No  
If no, would you like us to contact you about emergency shelter?  Yes  No
5. Services offered by Meriden-Wallingford Chrysalis Inc. may only be provided in the towns of Meriden or Wallingford. Are you willing to remain in or relocate to this area?  Yes  No
6. If you are not accepted into the Transitional Housing (or have to wait for available space), where will you live? \_\_\_\_\_
7. How has the victimization affected your ability to acquire/maintain stable housing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Housing Background**

1. Please describe your living arrangements prior to and since leaving your experience of domestic violence, dating violence, sexual assault or stalking as a result of sexual assault. Please discuss your need for both housing and support.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Do you have a Section 8 voucher in good standing?  Yes  No  
If yes, amount of time remaining on the voucher? \_\_\_\_\_
3. Do you have any other rental assistance available to you?  Yes  No

**House Hold Information**

Please list all persons (besides applicant) that reside in your house hold and indicate if they will be entering the TLP with you. If you need more room please attach a separate sheet.

Name	Age	Gender	Entering Program (Y/N)

**The following are a list of questions purely for the sake of getting to know you and your needs. Feel free to answer or not answer as you are comfortable. No answer will influence or jeopardize your eligibility for the TLP.**

**Employment History**

Please complete as accurately as possible, listing most recent employment first.

Employer, Town and State	Position Held	Employment Dates (From/To)		Starting Wage	Ending Wage	Hours per week

**Accomodations**

1. Do you or anyone in the household have health issues for which you will require any support and/or accommodation during your stay?  Yes  No
  
2. Please indicate items such as accessibility, stairs, need for an alert line, developmental disabilities, etc.

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**Safety**

1. Do you feel your abuser(s) pose a current danger? Please explain why or why not:
  
2. Is there anything else you would like to share with us about your immediate safety concerns?

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**Why Transitional Housing?**

1. Please tell us why you are interested in Transitional Housing:

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2. Please describe the types of assistance and support would you like to get from Transitional Housing:

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**Other**

1. Please include any other information you feel would be helpful for us, when considering your application:

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2. Please describe any questions or concerns you have about Transitional Housing, which we can discuss when we meet:

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3. If you are not accepted into Transitional Housing, we can still provide information and referrals to a variety of community resources and services. Please describe any services or support you would like to receive information about (For example, employment assistance programs, public assistance, WIC, mental health, food pantry, youth activities, utility assistance, etc.):

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**Please note that this is an application and does not constitute acceptance into Transitional Housing. If you are eligible, a follow-up meeting will be scheduled and additional information may be requested. Thank you!**



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**Office Use Only**

Recommend for Transitional Housing?  Yes  No

If yes, date applicant was notified: \_\_\_\_\_

Date and place of initial meeting: \_\_\_\_\_

Date accepted/ move-in: \_\_\_\_\_

If no, reason? \_\_\_\_\_

Was applicant placed on waiting list?  Yes  No If yes, date: \_\_\_\_\_

If no, reason? \_\_\_\_\_