

**EPISCOPAL COMMUNITY SERVICES (ECS)
MINISTRY DEVELOPMENT FUND
GUIDELINES FOR
INDIGENT ELDERLY HOUSING ASSISTANCE**

PROGRAM DESCRIPTION:

The Episcopal Foundation and Episcopal Community Services are looking for an agency /organization to provide housing assistance to low -income elderly persons in the Sacramento Area. If your agency/organization meets this criteria, and you are interested in receiving an annual income from a small endowment to be used to assist indigent elderly with their housing needs, you are requested to complete this Request for Qualifications.

- The funds can be used to augment personal income by \$50-100 per month, providing the elderly person with funds to purchase basic necessities.
- The funds could be used allow an indigent elderly person an option to purchase needed supplies or equipment to improve the quality of life.
- The funds could be used to provide first and last month's rent to allow an indigent elderly person funds needed to obtain suitable housing.

Target Population

- ◆ To be eligible for housing assistance the individual must be elderly (55+), have a continuous source of income and be able to provide for their own food, clothing and shelter on an on-going basis.
- ◆ The individual must have a combined annual income of 100% of the Federal Poverty Level or below.
- ◆ Indigent Elderly may be persons living on fixed incomes, residing in single-family homes, in assisted living or in senior housing, where their rent is taking a disproportionate share of their total income.
- ◆ The indigent elderly may be individuals who are sleeping in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings: or are sleeping in emergency shelters, and need financial assistance to obtain permanent housing. The indigent elderly may be persons who are or have been residing in a hospital or other institution, and need financial assistance to obtain permanent housing.

**EPISCOPAL COMMUNITY SERVICES
MINISTRY DEVELOPMENT GRANT APPLICATION
for
INDIGENT ELDERLY HOUSING ASSISTANCE**

CONGREGATION / ORGANIZATION INFORMATION

Congregation/ Organization _____

Summary of experience providing Health and Social Ministry

Mailing Address: _____

City: _____, CA Zip Code: _____

Phone: _____ Fax: _____ Email _____

Contact Person: _____

Title: _____

Phone: _____

Federal Identification Number: _____ SS# (if individual) _____

Grant Amount Requested _____

Applicant understands that the submission of this document does not guarantee funding, nor that any funding will be allocated at the level requested. ECS reserves the right to fund any or none of the applications submitted in response to this request. Final contract provisions will take precedence over the information contained in the proposal.

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge. The undersigned is authorized to sign:

Signature: _____ Date: _____

Type/Print Name and Title: _____

