

Emergency Rental Assistance Application ONLY

APPLICANT INFORMATION

First Name	MI	Last Name
Street Address	City	State Zip Code
Phone Number	Email Address	Date of Birth

PRIMARY APPLICANT DEMOGRAPHIC INFORMATION

Gender	Race	Family Type
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Island <input type="checkbox"/> Unknown/Not reported <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other
Housing Status	Ethnicity	
<input type="checkbox"/> Renting <input type="checkbox"/> Homeless	<input type="checkbox"/> Hispanic, Latino or Spanish <input type="checkbox"/> Not Hispanic, Latino or Spanish <input type="checkbox"/> Unknown/Not reported	

HOUSEHOLD MEMBER INFORMATION

Household Size	Categorical Eligibility
	<i>(If checking a box here, include benefits documentation to skip income certification)</i>
# Household Members (including yourself):	<input type="checkbox"/> Temporary Assistance For Needy Families (TANF) <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Ohio Works First <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Supplemental Social Security (SSI) <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP/WIC <input type="checkbox"/> Medicaid

HOUSEHOLD MEMBER INFORMATION

	Yourself	#2	#3	#4	#5
Last Name					
First Name					
Relation					
Date of Birth					
Income Source (18+)					
Income Amount					

TOTAL GROSS HOUSEHOLD INCOME: _____ ☐ Yearly ☐ Monthly ☐ Bi-Weekly ☐ Weekly

CERTIFICATION OF INCOME OR NO INCOME
(Required for any household member 18 or older with \$0 income)

APPLICANT INFORMATION

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
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- ☐ I hereby certify that I do not individually receive income from any of the following sources:
- Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - Income from operation of a business;
 - Rental income from real or personal property;
 - Interest or dividends from assets;
 - Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - Unemployment or disability payments;
 - Public assistance payments;
 - Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, etc.);
 - Any other source not named above.
- ☐ I currently have no income of any kind and there is no imminent change expected in my financial status or employment.
- ☐ I certify that my household's gross monthly income is \$_____
- ☐ I will be using the following sources of funds to pay for rent and other necessities:
- _____

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any of all information necessary for verification purposes.

Client Signature _____ Date _____

Staff Signature _____ Date _____

REQUEST FOR ASSISTANCE

APPLICANT INFORMATION

First Name

MI

Last Name

TYPE OF ASSISTANCE REQUESTED

NOTE: All requests for assistance must be accompanied by proper documentation

<input type="checkbox"/> Rental Assistance	<p>Monthly rent before fees _____</p> <p>Total amount owed _____</p> <p>Eviction Status:</p> <p><input type="checkbox"/> Have not received an eviction notice</p> <p><input type="checkbox"/> 3-day notice</p> <p><input type="checkbox"/> Have or had a court date: _____</p>	<p>Landlord</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Address: _____</p>
<input type="checkbox"/> Utility Assistance	<p>Home Energy:</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____</p> <p>Total amount owed _____</p> <p>Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Utility Provider</p> <p>Provider: _____</p> <p>Account #: _____</p>
	<p><input type="checkbox"/> Water/Sewer</p> <p>Total amount owed _____</p> <p>Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Utility Provider</p> <p>Provider: _____</p> <p>Account #: _____</p>
	<p><input type="checkbox"/> Trash Removal</p> <p>Total amount owed _____</p> <p>Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Utility Provider</p> <p>Provider: _____</p> <p>Account #: _____</p>
	<p><input type="checkbox"/> Internet</p> <p>Total amount owed _____</p> <p>Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Utility Provider</p> <p>Provider: _____</p> <p>Account #: _____</p>
	<p><input type="checkbox"/> Other</p> <p>Total amount owed _____</p> <p>Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Utility Provider</p> <p>Provider: _____</p> <p>Account #: _____</p>

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any of all information necessary for verification purposes.

Client Signature _____ Date _____

Staff Signature _____ Date _____

DUPLICATION OF BENEFITS AND RELEASE OF INFORMATION

APPLICANT INFORMATION

First Name

MI

Last Name

TYPE OF ASSISTANCE REQUESTED IN THIS APPLICATION	SOURCE(S) OF PREVIOUS ASSISTANCE	MONTHS COVERED BY PREVIOUS ASSISTANCE	TOTAL \$ AMOUNT OF PREVIOUS ASSISTANCE RECEIVED
<input type="checkbox"/> Rental Assistance Have you received rent assistance from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Utilities Assistance Have you received utility assistance from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you applied for HEAP/PIPP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other Assistance: _____ Have you received assistance from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any of all information necessary for verification purposes.

I, _____, understand that the Community Action Agency needs to receive information concerning myself and/or my family and is asking for my cooperation in this process.

I give my consent for the Community Action Agency to share my information with partnering agencies that may assist in the processing of my application.

I understand this Release of Information Authorization shall remain in effect for one year, unless I cancel my consent prior to this agreement.

Client Signature _____ Date _____

Staff Signature _____ Date _____

ATTESTATION OF HARDSHIP / COVID IMPACT STATEMENT

APPLICANT INFORMATION

First Name

MI

Last Name

I have experienced a hardship as follows:

- ☐ Loss of Work / Decrease in Available Hours at Work
- ☐ Forced Work Closure
- ☐ Inability to Access or Get to Work
- ☐ Unpaid wages or Other Unpaid Compensation Ordinarily Received
- ☐ Increase in Childcare Costs
- ☐ Forced to Take Off Work due to School Closure or Childcare Change
- ☐ Self-Quarantined at Home under Government or Medical Recommendation
- ☐ Stay at Home or Shelter in Place Order by any level of Government Authority
- ☐ Forced to Take Off Work to Care for a Family Member
- ☐ Personal or Family Experiencing Illness, Disability, or Mental Health Issues
- ☐ Lack of Access or Delayed Access to Healthcare
- ☐ Experience of Food Insecurity, Shortages, or Delayed Benefits
- ☐ Increase in Family Expenses due to Pandemic or Emergency Preparedness
- ☐ Unemployment Insurance Unavailable, Insufficient, or Delayed
- ☐ Emergency Assistance Unavailable, Insufficient, or Delayed
- ☐ Loss of Social, Financial, or Health Safety Net
- ☐ Fear and Concern of Future Economic and Health Insecurity and Instability
- ☐ If I Pay for Rent Now, I Will Not be Able to Meet My or My Family's Basic Needs
- ☐ OTHER: _____

This hardship was directly or indirectly due to COVID ☐ Yes ☐ No

The timeframe during which my household experienced hardship (dates): _____

I certify that all information on this form is true and correct to the best of my knowledge.

Client Signature: _____

Date: _____

CAA Staff Signature: _____

Date: _____