



HOMEOWNER APPLICATION

APPLICANT INFORMATION

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>SS #</i>
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<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Phone Number</i>	<i>Email Address</i>	<i>Date of Birth</i>
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HOUSEHOLD INFORMATION

Household Size	Family Type	Building Type
Housing Status <input type="checkbox"/> Own <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	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (0-3 stories) <input type="checkbox"/> Multi-family high rise (0-3 stories)

PRIMARY APPLICANT DEMOGRAPHIC INFORMATION
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Disabled?	Ethnicity	Education
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic, Latino or Spanish <input type="checkbox"/> Native Hawaiian/Other Pacific Island <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school
Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military <input type="checkbox"/> N/A		
Is Client a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Work Status <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	Health Insurance Type <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children’s Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Non-Cash Benefits <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

PRIMARY APPLICANT - SOURCES OF INCOME

<p>EARNED INCOME</p> <input type="checkbox"/> Employment Wages (salary, tips, commission, bonuses) <input type="checkbox"/> Active Military Pay <input type="checkbox"/> Self-Employment <input type="checkbox"/> Seasonal Employment	<p>FIXED INCOME</p> <input type="checkbox"/> Pension <input type="checkbox"/> Social Security Retirement (SS) <input type="checkbox"/> Supplemental Social Security (SSI) <input type="checkbox"/> Social Security Disability (SSDI) <input type="checkbox"/> Alimony/Child Support	<p>SUPPLEMENTAL INCOME</p> <input type="checkbox"/> Unemployment <input type="checkbox"/> Employment Disability <input type="checkbox"/> Workers Comp <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Temporary Assistance For Needy Families (TANF) <input type="checkbox"/> Ohio Works First <input type="checkbox"/> Strike Benefit	<p>OTHER INCOME</p> <input type="checkbox"/> Interest Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Other _____
<p>AMOUNT: _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<p>AMOUNT: _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<p>AMOUNT: _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	<p>AMOUNT: _____</p> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

OTHER HOUSEHOLD MEMBERS

	#1	#2	#3	#4	#5
SS#					
Last Name					
First Name					
Relation					
Date of Birth					
Disabled					
Veteran					
Citizen					
Gender					
Ethnicity					
Education					
Work Status					
Health Ins Type					
Non-Cash Benefits					
Income Source					
Income Amount					
Income Period					

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

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

APPLICANT INFORMATION

First Name ***MI*** ***Last Name***

- 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 will be using the following sources of funds to pay for housing expenses 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"/> Homeowner Association or Condo Fees	Payment amount _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Date delinquency started _____ Total amount owed _____	Homeowner Association Association: _____ Account #: _____ Address: _____
<input type="checkbox"/> Property Tax Assistance	Payment amount _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually Date delinquency started _____ Total amount owed _____	Hamilton County Treasurer Parcel # _____ Account #: _____
<input type="checkbox"/> Utility Assistance	Home Energy: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other: _____ Date delinquency started _____ Total amount owed _____ Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Utility Provider Provider: _____ Account #: _____
<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Removal <input type="checkbox"/> Other	Date delinquency started _____ Total amount owed _____ Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Utility Provider Provider: _____ Account #: _____
<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Trash Removal <input type="checkbox"/> Other	Date delinquency started _____ Total amount owed _____ Have you been disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Utility Provider Provider: _____ Account #: _____

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 STATEMENT

APPLICANT INFORMATION

First Name _____

MI _____

Last Name _____

TYPE OF ASSISTANCE REQUESTED IN THIS APPLICATION	SOURCE(S) OF OTHER ASSISTANCE	MONTHS COVERED BY OTHER ASSISTANCE	TOTAL \$ AMOUNT OF OTHER ASSISTANCE RECEIVED
<input type="checkbox"/> Property Tax Assistance Have you received assistance from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Homeowner Assoc. Assistance Have you received assistance from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Utilities Assistance Have you received 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 Yes, are you eligible and/or currently receiving assistance? <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.

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: _____

CLIENT RELEASE OF INFORMATION AUTHORIZATION

AGENCY INFORMATION

Community Action Agency

<i>Name of Agency</i>	<i>Name of Agency Contact</i>	<i>Date</i>
1740 Langdon Farm Road	Cincinnati	Ohio 45237
<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
513-569-1840 ext.		
<i>Phone</i>	<i>Fax Number</i>	<i>Email Address</i>

APPLICANT INFORMATION

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>SS #</i>
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone Number</i>	<i>Email Address</i>		

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 to the agency/program listed above to release the following information for the purpose indicated below.

Data Requested From:

Property Tax Authority: _____ Account Number: _____

Home Energy Company: _____ Account Number: _____

Water Company: _____ Account Number: _____

Sewer Company: _____ Account Number: _____

Trash Company: _____ Account Number: _____

Internet Provider: _____ Account Number: _____

Other Utility: _____ Account Number: _____

Homeowner Association: _____ Account Number: _____

I also 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 _____

CAA Staff Signature: _____ Date _____