

Community Action Council of Portage County
Corona Virus Relief Fund-Emergency Services Program (CRF-ES)
November 2 thru December 30, 2020

OVERVIEW: The Community Action Council of Portage County will be operating the Corona Virus Relief Fund-Emergency Services Home Relief Program (CRF) between November 2, 2020 and December 30, 2020 through the Ohio Development Services Agency, Office of Community Assistance. Individuals and families who have been impacted by COVID-19 and are below **200%** of the federal poverty level may be eligible for **RENTAL ASSISTANCE, MORTGAGE ASSISTANCE, AND WATER/SEWER BILLS**. A basic summary of the operational requirements and related information is as follows:

- All individuals applying for assistance must complete a 2-page application and **document COVID impact**; the application and basic information is available at the CAC website @ www.cac.portage.net.
- All applicants must also complete a CAC Intake Summary, provide proof of 30 days income and be below **200%** of the poverty guideline;

Family Size	ANNUAL INCOME	30 DAY INCOME	Family Size	ANNUAL INCOME	30 DAY INCOME
1	\$ 25,520	\$ 2,097.53	5	\$ 61,360	\$ 5,043.29
2	\$ 34,480	\$ 2,833.97	6	\$ 70,320	\$ 5,779.73
3	\$ 43,440	\$ 3,570.41	7	\$ 79,280	\$ 6,516.16
4	\$ 52,400	\$ 4,306.85	8	\$ 88,240	\$ 7,252.60

- **All customer contact will be remote, by either phone, email, or a combination thereof.**
- Rental, Mortgage and Water/Sewer arrearages can be paid from April 1 through the present (8-9 months); security deposits related to rental agreements are also eligible for payment. No payments will be to clients or for expenses previously paid;
- **Water and Sewer bills** are eligible for assistance; no other utility assistance is eligible. Individuals needing heating or electric assistance are strongly encouraged to contact the Agency's 24-hour voice response system to set up an appointment with the **HEAP** program @ 234-703-4303.
- There are **NO CAP LEVELS** on the total assistance per household.
- For rent, a past due notice or eviction notice from the landlord is required along with the total amount owed. The landlord must sign a Landlord Agreement and agree to its stipulations; for mortgage assistance, additional information will be required from the lender.
- Individuals applying can access an application for services on the CAC website at the icon on the home page, send an email to the CARES website or leave a voicemail @ 330-297-1456 Ext 225;
- After completing and signing the application it can be scanned and emailed to cares@cacportage.net or dropped off at the agency drop box at 1036 West Main Street in Ravenna;
- An Intake Specialist/Case Manager will contact the applicant as soon as possible and arrange for receipt of all required documentation/information.

Community Action Council of Portage County
 PO Box 917, 1036 West Main
 Ravenna, OH 44266
info@cacportage.net
cares@cacportage.net
 PH: 330-297-1456
 FAX: 330-296-8730

CAC/CARES RELIEF FUND (CRF) CSBG CARES RELIEF (CSBG CARES)

Applicant Information

First Name	Last Name
Street Address	City, State and Zip
Social Security #	Date of Birth
Telephone # land line and/or cell phone	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail Address	What is the best way and time to reach you?
Have you ever applied for the Home Energy Assistance Program in the past year?	If yes, indicate when and provide your client ID if you have it)
Have you received rent, mortgage, or water assistance from any other agency since April 1, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who did you receive it from? Please explain further in an email or when contacted by your case manager.

To be considered for CAC CARES RELIEF FUND (CRF) assistance, an applicant must be at least 18 years of age or older; be a resident of Portage County **and have been negatively affected by the COVID-19 pandemic** (Loss of employment, reduction in hours, contracted COVID 19, care for another, displacement, etc.)

Explain how you have been negatively affected by the COVID-19 pandemic

PLEASE CHECK WHICH SERVICES YOU ARE APPLYING FOR Allowable expenses cannot be for any period prior to April 1, 2020:

Rent Assistance: Number of Months Past Due _____
 Total Estimated Arrearage (April 1 to present) _____

Security Deposit and First Month's Rent _____
 Total Amount Due for Each _____

Mortgage Assistance: Number of Months Past Due _____
 Total Estimated Arrearage (April 1 to present) _____

Water and Sewer Assistance: Months Past Due _____
 Total Estimated Arrearage (April 1 to present) _____

INFORMATION THAT WILL BE REQUIRED IN ORDER TO PROCESS YOUR REQUEST FOR ASSISTANCE: (Provide all information that you have; the Intake Specialist/Case Manager will contact you for missing information or to assist you in obtaining the information)

- Picture ID
- Proof of citizenship for all household members,(birth certificates or social security cards)
- Completed and Signed Intake Form (attached)
- If you have applied for the Home Energy Assistance Program in the last 30 days, we should be able to obtain the above information from your electronic file.
- Income information for all family members over 18 for the last 30 days (220% of poverty; see below)
- Signed application with COVID impact statement completed
- If applying for rent, copies of eviction or past due statement; monthly rental amount; Signed Landlord Verification and Agreement Form
- If applying for a rental security deposit, copy of lease agreement; Signed Landlord Verification and Agreement Form
- If applying for mortgage, will need a completed Borrower Authorization of Third Party form; notice of foreclosure or past due statement.

By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. In addition, by my signature, I acknowledge that final approval of my Cares Relief Fund request is based on the established guidelines and availability of funding. I authorize the exchange of information between CAC and all providers related to my assistance. I understand that all information contained in this application is confidential.

Signature of Applicant

Date

**Income Eligibility Guidelines, CAC/CARES Relief Fund (CRF), November 2020
Community Action Council of Portage County**

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COMMUNITY ACTION COUNCIL OF PORTAGE COUNTY, INC.

INTAKE FORM

SS# _____ LAST NAME _____ FIRST NAME _____
 DOB _____ ADDRESS _____
 CITY _____ ZIP CODE _____ TELEPHONE _____
 CELL PHONE _____ EMAIL _____

GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> MULTI-RACE <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN /ALASKAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> OTHER _____
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EDUCATION <input type="checkbox"/> 0-8 <input type="checkbox"/> 12+ <input type="checkbox"/> 9-12 (NON-GRAD) <input type="checkbox"/> COLLEGE GRAD <input type="checkbox"/> HS GRAD/GED <input type="checkbox"/> UNKNOWN	FOOD STAMPS <input type="checkbox"/> YES <input type="checkbox"/> NO	HEALTH INSURANCE <input type="checkbox"/> MEDICAID <input type="checkbox"/> SELF INSURED <input type="checkbox"/> MEDICARE <input type="checkbox"/> NONE <input type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN
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VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	# IN HSHLD	FAMILY TYPE <input type="checkbox"/> SINGLE PAR/FEMALE <input type="checkbox"/> SINGLE <input type="checkbox"/> SINGLE PAR/MALE <input type="checkbox"/> COUPLE <input type="checkbox"/> TWO PARENT <input type="checkbox"/> OTHER	ETHNICITY <input type="checkbox"/> HISPANIC <input type="checkbox"/> NON-HISPANIC	HOUSING <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOMELESS
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CLIENT INCOME <input type="checkbox"/> WEEKLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> 13-WEEKS <input type="checkbox"/> MONTHLY <input type="checkbox"/> AMOUNT _____	SOURCES OF INCOME <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> VA <input type="checkbox"/> SSI/ SSD <input type="checkbox"/> PENSION <input type="checkbox"/> OTHER _____	<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> TANF <input type="checkbox"/> DISABILITY
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PREFERRED METHOD OF CONTACT _____

HOUSEHOLD MEMBERS

SS#	LAST NAME	FIRST NAME	DATE OF BIRTH	GENDER	DISABLED	RACE	EDUCATION	HEALTH INS.	VETERAN	INCOME PERIOD	AMOUNT	SOURCE

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

CLIENT SIGNATURE _____ DATE _____ INTAKE WORKER _____