

Community Action Council of Portage County
Home Relief Assistance, 2022

HOME OWNER GENERAL INSTRUCTIONS/INFORMATION NEEDED

Note: If you reside in a mobile home and own your mobile home, (Must be in your name) apply for assistance as a HOMEOWNER.

Mortgages or utility assistance may be paid for arrearages from April 1, 2020 and must solve the emergent need. Homeowner assistance ends as of 9/30/22 unless it is extended by the State. You must be below 200% of poverty to receive mortgage assistance. If you are above that limit, you may still be eligible but will have to apply for mortgage assistance through the Save the Dream website at <https://savethedream.ohiohome.org/>.

1	Home Relief Application (3-pgs) complete and signed
2	CAC Intake Profile Complete and Signed
3	30 Days Income (all sources, including unemployment, paystubs, Social Security/SSI Letter) or your 2021 federal tax return with W2s and documentation of submission to the IRS for all household members over 18
4	ID (Applicant Only), birth certificates & social security cards for all household members
5	Current Mortgage Statement showing total amount owed by Month; please note that arrearages may only be paid back to April 2020.
6	Financial Hardship Attestation (Signed)
7	2022 Self Declaration/Zero Income (if applicable)
8	Utility Bills (current) for all utilities that you are requesting assistance for, including heating, electrical, water/sewer, and trash; please note that utility arrearages can only be paid back to April 2020.
9	Certification of Continued Eligibility-UAP only (if applicable)
10	Lot Rent Information if you reside in a mobile home, OWN your unit, and are behind in lot rent; please note that lot rental assistance can only be paid for 5 months plus delinquencies. .
11	Applications and required documents may be emailed to cares@cacportage.net or dropped off to our drop box located at 1036 W. Main Street, Ravenna.
12	You will be contacted by a Case Manager who will be your primary point of contact going forward.
13	No applications will be processed until all required information is received. If you do not provide all required information within 30 days after contact, your application will be denied and deleted.

To be considered for HOME RELIEF 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, financial hardship, etc.) See attached form.

PLEASE CHECK WHICH SERVICES YOU ARE APPLYING FOR Allowable expenses cannot be for any period prior to April 1, 2020. Depending on funding and receipt of all required information, **you may not be eligible for all services listed:**

<input type="checkbox"/> Rent Assistance/Current Name of Landlord/Mgt Company_____
<input type="checkbox"/> Lot Rent Delinquencies (Mobile Home Park)_____
<input type="checkbox"/> Mortgage Assistance/Current: Name of Lender_____
<input type="checkbox"/> Water and Sewer Assistance: Name of Water/Sewer Provider_____
<input type="checkbox"/> Trash/Refuse Collection Name of Trash/Refuse Provider_____
<input type="checkbox"/> Heating Costs Name of Utility Company/Bulk Fuel Provider_____
<input type="checkbox"/> Electric Costs (Ohio Edison)
<input type="checkbox"/> Property Taxes/Homeowner Insurance (Provide copy of invoices). If your property taxes/insurance are escrowed and paid in conjunction with a mortgage through a bank or lending institution, you must apply thru https://savethedream.ohiohome.org/ .
<input type="checkbox"/> Internet Name of Provider _____

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 Home Relief request is based on the established guidelines and availability of funding. I authorize the exchange of information between CAC and any and all providers related to my assistance. I understand that all information contained in this application is confidential. I agree to complete a 12-month Duplication of Benefits Form or follow-up when contacted by the Community Action Council of Portage County and understand that if I do not, I may face certain penalties and consequences. I understand that if I do not provide all required information within 30 days after my case manager contacts me, my application will be closed, and I will need to reapply.

Signature of Applicant

Date

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)

- ___ Completed and signed application
- ___ Picture ID
- ___ Proof of citizenship for all household members (birth cert or social security cards)
- ___ Completed and Signed Intake Form (attached)
- ___ Income information for all family members over 18 for the last **30** days **or** 12 months (W-2's for 2021, IRS 1040 submitted to IRS; paystubs; current assistance letter/Social Security, etc.);
- ___ Copies of all bills for which you are requesting assistance;
- ___ Signed Financial Hardship/COVID Attestation
- ___ If applying for rent, copies of signed current lease, copies of eviction or past due statement; monthly rental amount; signed Landlord Verification and Agreement Form and a signed W-9 from the landlord

- If applying for homeowner assistance, you will be required to provide proof of ownership (Mortgage statement, other ownership documents).
- All assistance is based on a first-come, first served basis and is contingent on available funding. Incomplete applications will not be processed if any required information is missing. The Community Action Council may delete your application for assistance if you have been contacted and do not provide the necessary information in the time period requested (approximately 30 days). Discrepancies in applicant information, household information or other factual information provided will delay and may negate approval.
- Eligibility for assistance is not a guarantee of assistance. All requests for assistance are based on need and prior assistance provided if any.

The Community Action Council of Portage County is an equal opportunity employer and provider of services and does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

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"/> EMPLOYMENT <input type="checkbox"/> UNEMPLOYMENT <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> VA <input type="checkbox"/> TANF <input type="checkbox"/> SSI/ SSD <input type="checkbox"/> PENSION <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER _____
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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 _____

**COMMUNITY ACTION COUNCIL OF PORTAGE COUNTY
HOME RELIEF FINANCIAL HARDSHIP/COVID ATTESTATION**

I/we attest that I/we have experienced a material reduction in income and/or a material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of rental delinquency or eviction, mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displaced me/us as a homeowner(s), that this financial hardship occurred after April 2020, and that the nature of the financial hardship is because of [check all that apply]

- 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/Mortgage/Utilities/Other Now, I Will Not be Able to Meet My Family's Basic Needs
- OTHER: _____

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

Applicant Name (Print)	Applicant Signature	Date
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Co-Applicant Name (Print)	Co-Applicant Signature	Date
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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

Community Action Council of Portage County
HOME RELIEF FUND
MORTGAGE VERIFICATION FORM

Customer Name: _____

Property Address: _____

Please complete the table below indicating the months and amounts past due:

Month	Mortgage Charge Type (i.e. late rent, late fees, court fees, etc.)	Amount Owed	
		CSBG/CARES	OTHER
TOTAL AMOUNT OWED			

Person Contacted at Mortgage Company: _____

Date Contacted: _____

Name of Mortgage Company: _____

Telephone: _____

Email: _____

Intake Signature and Date: _____

