

Community Action Council of Portage County
Home Relief Assistance, 2021

HOME OWNER GENERAL INSTRUCTIONS AND 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.

Mortgage Arrearages, or utility assistance may be paid for arrearages from April 1, 2020 and must solve the emergent need. Homeowner assistance ends as of 12/31/21 unless it is extended by the State.

1	Home Relief Application (2-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 2020 federal tax return with W2s and documentation of submission to the IRS for all household members over 18
4	ID (Applicant Only) and birth certificates or 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	COVID Impact Statement (Signed)
7	Duplication of Benefits Statement (Will be forwarded by your case manager)
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	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 3 consecutive months and must be the same months as mortgage assistance.
10	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.
11	You will be contacted by a Case Manager who will be your primary point of contact going forward.
12	No applications will be processed until all required information is received. Please be patient.

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 HOME RELIEF PROGRAMS

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?
Please Check One: <input type="checkbox"/> I am a RENTER <input type="checkbox"/> I am a HOMEOWNER	Do you live in a mobile home or a mobile home park? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for the Home Energy Assistance Program in the past year?	Are you currently receiving any housing subsidy (reduced rent or mortgage) from PMHA or another entity?
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.
Are you currently unemployed or have been unemployed for the past 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving unemployment benefits or have you received unemployment benefits over the past 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No

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, etc.) See attached form.

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

Rent Assistance/Current Name of Landlord/Mgt Company _____

Rent Assistance/Past Due/Arrearage _____

Security Deposit and First Month's Rent Name of Landlord _____

Mortgage Assistance/Current: Name of Lender _____

Mortgage Assistance/ Past Due/Arrearage _____

Water and Sewer Assistance: Name of Water/Sewer Provider _____

Trash/Refuse Collection Name of Trash/Refuse Provider _____

Heating Costs Name of Utility Company/Bulk Fuel Provider _____

Electric Costs (Ohio Edison)

Other (Describe) _____

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 or 12 months** (W-2's for 2020, IRS 1040 submitted to IRS; paystubs; current assistance letter/Social Security, etc.);
- Copies of Bills for which you are requesting assistance;
- Signed application with COVID impact statement completed (separate form)
- CDBG-CV Duplication of Benefits State and Certification Form (2-pages) **For Home Owners Only**; (mortgage or utility assistance);
- If applying for rent, 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 a rental security deposit, copy of lease agreement; Signed Landlord Verification and Agreement Form
- If applying for **mortgage**, additional information will be required from the bank or mortgage company.

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 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 when contacted by the Community Action Council of Portage County and understand that if I do not, I may face certain penalties and consequences.

Signature of Applicant

Date

**Income Eligibility Guidelines, CAC HOME RELIEF FUNDS, April 2021
Community Action Council of Portage County (80% of median)***

Family Size	MONTHLY INCOME	ANNUAL INCOME	Family Size	MONTHLY INCOME	ANNUAL INCOME
1	\$ 3,742	\$ 44,900	5	\$ 5,771	\$ 69,250
2	\$ 4,275	\$ 51,300	6	\$ 6,200	\$ 74,400
3	\$ 4,808	\$ 57,700	7	\$ 6,625	\$ 79,500
4	\$ 5,342	\$ 64,100	8	\$ 7,054	\$ 84,650

Note: Other programs/funding sources may have different income limitations and totals are subject to change as required by the federal government.

*Income eligibility totals will be revised by the federal government in April 2022.

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 _____
--	---	---

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
--	--	--

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
--	-------------------	--	--	--

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 _____
---	--

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 Assistance Request Related to COVID-19 Pandemic**

A State of Emergency has been declared in the United States of America and the State of Ohio due to the COVID-19 global pandemic. There is no person in the country that is not affected by COVID-19. I, like thousands of others across the state, am requesting assistance to my pay my rent, mortgage and/or utility payment(s) in part or in full. I, and/or other residents in my home, have experienced the following circumstances due to the Global Pandemic and State of Emergency it has caused. Check all that apply and provide documentation if available (unemployment, pay stubs, etc.):

- 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: _____

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 Signature: _____ Date: _____