**Home Relief Grant**

**Overview**

The state of Ohio will allocate $50 million from the Coronavirus Relief Fund from the CARES Act to 47 Community Action Agencies to help Ohioans that have experienced economic hardship as a result of the COVID-19 pandemic. Each Community Action Agency will receive a portion of the funding based on their Community Services Block Grant (CSBG) CARES Act allocation.

Ohioans who are behind on rent, mortgage, and water and/or sewer utility bills may be able to receive assistance. Assistance can be applied to outstanding rent, mortgage, water, and/or sewer bills back to April 1, 2020. Ohioans can receive monthly assistance until the program ends on December 30, 2020.

For utility bills that include more than the water or sewer services, assistance can be provided to maintain services or prevent shut off only.

The Community Action Agencies will make direct payments on behalf of the applicant to the landlord, bank, or water and/or Sewer Company. A household can receive assistance in more than one category.

**Application Process**

Ohioans will apply for assistance through their local Community Action Agency starting November 2, 2020. Ohioans can find their local Community Action Agency by visiting BusniessHelp.Ohio.Gov.

Ohio households with an annual income at or below 200% of the federal poverty guidelines will be eligible for assistance. For a family of four, that is an annual income up to $52,400. Individuals that are currently unemployed will only need to provide proof of income for the last 30 days for verification purposes. Additionally, any federal unemployment stipend is excluded from determining a household’s benefit.

**Ohioans will need to provide the follow information when they apply:**

* Names of all household members
* Date of Birth
* Social Securty Number
* Current or Previous address
* Copies of Social Security cards, or verification for each household member
* Proof of income for all household members 18 years or older for a minimum of the past 30 days
* Any supporting documentation to demonstrate need
* Hardship due to the COVID-19 pandemic

**To receive Rental Assistance, they will also need to provide:**

* Eviction or past due rent notice. Notice should include total amount due (including fees)
* If moving to a new location, justification for the move (i.e. currently homeless, living with another family and not sufficient space etc.)
* Landlord verification/proof of ownership and agreement to receive funds
* Lease agreement

**To receive Mortgage Assistance, they will also need to provide:**

* Notice of late mortgage payment (including taxes and insurance)

**To receive Utility Assistance, they will also need to provide:**

* Copy of utility bill demonstrating the account has been shut off, is in disconnect status or is past due

**Assistance Available**

The funding may be distributed among rental assistance (homeless/eviction prevention, re-housing assistance, or security deposit assistance), mortgage assistance, and water and/or sewer utility assistance.

**Income Eligibility Guidelines, CAC/CARES Relief Fund (CRF), November 2020**

**TRUMBULL COMMUNITY ACTION PROGRAM**

|  |  |  |
| --- | --- | --- |
| Family Size | Annual Income | 30 Day Income |
| 1 | $25,520 | $2,126,67 |
| 2 | $34,480 | $2,873.00 |
| 3 | $43,440 | $3,620.00 |
| 4 | $52,400 | $4,366.67 |
| 5 | $61,360 | $5,113.33 |
| 6 | $70,320 | $5,860.00 |
| 7 | $79,280 | $6,606.67 |
| 8 | $88,240 | $7,353.33 |

**Application**

|  |  |  |
| --- | --- | --- |
| Client Number | Agency  | Application Date |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Primary Applicant First Name  | M.I. | Last Name |
|  |  |  |

|  |  |
| --- | --- |
| Social Security Number | Date of Birth  |
|  |  |

Gender:

☐ Female ☐ Male ☐ Other

**Household Information**

Household Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Status:

☐ Own ☐Rent ☐Other Permanent Housing ☐Homeless ☐Other

Family Type:

☐ Single Parent/Female ☐Single Parent/Male ☐Two-Parent Household ☐Single Person ☐Two Adults/No Children

☐Non-related Adults with Children ☐Multigenerational Household

☐Other

Building Type:

☐ Mobile Home

☐ Single Family

☐ Multi-family low rise (3 stories or less)

☐ Multi-family high rise (3 stories or more)

**Customer Information**

Current Services Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment/Lot/Unity Floor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address (if different from above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment/Lot/Unity Floor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Applicant Demographic**

Ethnicity:

☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins

Race:

☐ American Indian/Alaskan Native ☐ Asian

☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander

☐ Other ☐ Unknown/Not-reported

☐ White

Education:

☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate

☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education

☐ 2 or 4 Year College Graduate

☐ Graduate or other post-secondary school

Is Client Disabled?

☐ Yes ☐ No

Military Status

☐ Veteran ☐ Active Military

Is Client a US Citizen?

☐ Yes ☐ No

Work Status:

☐ Employed full-time

☐ Employed part-time

☐ Migrant Seasonal Farm Worker

☐ Unemployed (short-term, 6 months or less)

☐ Unemployed (long-term, more than 6 months)

☐ Unemployed (not in labor force)

☐ Retired

☐ Unknown/not reported

☐ Youth ages 14-24 who are neither working nor in school

Health Insurance Type:

☐ Medicaid

☐ Medicare

☐ Private/Employment Based

☐ Self-Insured/Direct Pay

☐ None

☐ State Children’s Health Insurance Program

☐ State Health Insurance for Adults

Non-Cash Benefits:

☐ Affordable Car Act Subsidy

☐ Childcare Voucher

☐ Housing Choice Voucher

☐ HUD-VASH

☐ Other

☐ Permanent Supportive Housing

☐ Public Housing

☐ SNAP

☐ WIC

**Additional Household Members**

|  |  |  |
| --- | --- | --- |
| First Name  | M.I. | Last Name |
|  |  |  |

|  |  |
| --- | --- |
| Social Security Number | Date of Birth  |
|  |  |

Gender:

☐ Female ☐ Male ☐ Other

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| --- | --- | --- |
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|  |  |  |

|  |  |
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☐ Childcare Voucher

☐ Housing Choice Voucher

☐ HUD-VASH

☐ Other

☐ Permanent Supportive Housing

☐ Public Housing

☐ SNAP

☐ WIC

**Countable Income Information**

|  |  |  |
| --- | --- | --- |
| Client Name | Total Amount Received | Period Received (30,90 or 365 days) |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Income Category |  | Frequency | Total Amount |
| Fixed Countable income | * Supplemental Security Income (SSI) (See E-2.3)
* Social Security Disability Insurance (SSDI) (See E-2.3)
* Pension (examples are government, military and private)
* Widow/Widower’s benefit
* Alimony
* Black Lung pension
 | ☐ Weekly☐ Bi-weekly☐ Monthly☐ Yearly | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Earned Countable Income | * Wages (salary, tips, commission, bonuses, etc.)
* Active Military Pay
 | ☐ Weekly☐ Bi-weekly☐ Monthly☐ Yearly | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Earned Countable Income  | * Seasonal Employment
* Self-employment
 | ☐ Weekly☐ Bi-weekly☐ Monthly☐ Yearly | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Supplemental Countable Income | * Unemployment
* Utility Assistance
* Workers’ Cmpensation
* Ohio Works First
* Temporart Assistance for Needy Families (TANF)
* Employment Disability Payouts
* Strike Benefit
 | ☐ Weekly☐ Bi-weekly☐ Monthly☐ Yearly | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other Countable Income  | * Cash withdraws from: Individual Retirement Accounts, Annuities, Other Investments
* Lump sum payouts from: Estate & Trust settlements, Divorce settlements, insurance payout, lottery winnings
* Interest Income
 | ☐ Weekly☐ Bi-weekly☐ Monthly☐ Yearly | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| None |  |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total |  |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Deductions**

|  |  |  |
| --- | --- | --- |
| Deductible Income | Frequency | Total |
| * Health Insurance
* Short and Long-term Disability Premiums
* Prescription Plans
* Health Care Spending Accounts
* Medicaid Spend Down (deductibles)
* Medicare Premiums
* Child Support paid-out
* Attorney fees or estate or trust settlements
* Self-employment IRS allowable business expenses
* Reimbursement for work expenses
 | ☐ Weekly☐ Bi-weekly☐ Monthly☐ Yearly | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Household Income (Countable Income – Deductions) |  | $ |
| Federal Poverty Level |  | % |

**Excluded Income**

|  |  |  |
| --- | --- | --- |
| Excluded Income | Frequency | Total Amount  |
| * Agency Orange Pension
* Veterans affairs, service related disability
* Handicapped income (i.e. work programs for the blind or disabled)
* Title V wages (i.e. senior employment programs)
* Volunteers in Service to America Stipend (VISTA)
* Work Allowances (work requirement to receive OWF assistance)
* Income earned by dependent minors
* Tax refunds/rebates
* Education assistance (grants stipends for tuition/books)
* Stipends for foster care
* Military allowances for subsistence
* Ohio waive program (Medicaid benefit for caregiver)
* Prevention retention and contingency (i.e. emergency services, rental asst.)
* Transportation allowances (WIOA)
* Proceeds from reverse mortgage
* FEMA, cash payments
* Title III Disaster relief emergency assistance
 | ☐ Weekly☐ Bi-weekly☐ Monthly☐ Yearly | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Expenses**

|  |  |
| --- | --- |
| Expenses Type | Total Monthly Expense Amount |
| Food | $ |
| Shelter | $ |
| Child Care | $ |
| Transportation | $ |
| Utilities | $ |
| Total | $ |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coronavirus Relief Fund Emergency Services Program Application Details**

CRFESP Program Details

|  |  |  |
| --- | --- | --- |
| Program | Member | Date |
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CRFESP Program Details

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| --- | --- | --- | --- | --- | --- |
| Activity  | Description | Member | Quantity  | Amount | Date |
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