

Ohio Home Relief Grant 2020

Lancaster-Fairfield Community Action Agency



The State of Ohio has designated a portion of the CARES funding to help low-income Ohioans who have fallen behind on their rent, mortgage, and water bills through the Ohio Home Relief Grant (OHRG). Lancaster-Fairfield Community Action Agency (LFCAA) is administering the OHRG in Fairfield County.

Applications will be accepted starting on November 2, 2020 to help families and individuals in Fairfield County, Ohio who are:

- At or below **200% of the Federal Poverty Guidelines**
- Have been adversely impacted by the Covid-19 Pandemic and
- Are past due Rent, Mortgage, or Water/Sewer bills at their Primary Residence

The funding is limited and will only be available until it runs out or until 12/30/2020.

Rent Assistance

Assistance is available to households that pay rent and have received an eviction or late notice from their landlord or are homeless or experiencing imminent homelessness and moving to a new residence. Rental arrears and fees back to April 1, 2020 may be paid. Rental assistance for those with an eviction or late notice may also be provided to cover their rent until the program ends on December 30, 2020. Payments will be made directly to the landlord. The landlord must also agree to accept the funds and agree to not evict the client after funds have been received for the past due arrearages.

Households that are homeless or will be imminently homeless may receive deposit assistance and monthly assistance until the program ends on December 30, 2020. A household is considered homeless if they are currently residing in a temporary emergency shelter or other location not meant for human habitation (i.e. a vehicle). A household is considered imminently homeless if they are living in a situation that is temporary and they cannot reside there any longer (i.e. couch surfing).

Mortgage Assistance

A household that has been unable to pay their mortgage and has verification of past due payment are eligible for payments to be made directly to the lender. Households are eligible for assistance for past due amounts back to April 1, 2020 and their current mortgage payments until the program ends on December 30, 2020.

Water and Sewer Assistance

Households that have been disconnected, are in threat of disconnection or are behind on their water and/or sewer bill can receive payment assistance for each utility during the program to allow the household to become current with their utility bill. If the client receives a combination utility bill with more than the water or sewer bill included, the client is only eligible to receive funding in the amount required to maintain service or prevent shut off. Households are eligible for utility bill assistance for past due amounts back to April 1, 2020 and current utility payments until the program ends on December 30, 2020. Payments will be paid directly to the utility.

Assistance through this grant is only available for an individual or family's **primary residence**.

While the grant program is statewide, LFCAA is only able to serve Fairfield County residents. Residents of other counties should contact their local Community Action Agency. Find a list at <https://oaca.org/agency-directory/>

Please contact LFCAA to speak with a Case Manager for more information or to apply. The full application packet is included to expedite the process. Some income verification forms may not apply to your situation, please call us with any questions at 740-653-4146.

To download another copy of this application, visit our website at <https://www.faircaa.org/covid19>



Coronavirus Ohio Home Relief Grant (OHRG) Checklist

Required Client File Documentation	
	Client intake form
	Copies of social security cards or citizenship verification for each household member
	Proof of income for all household members 18 years or older for a minimum of the past 30 days
	Additional income forms if applicable including: Employment Verification, Income Self-Declaration for Zero Income, Self-Employment Income and Expenses, or Seasonal Employment Verification
	<i>Voucher and supporting documentation for amount of assistance provided (LFCAA Staff)</i>
	COVID Impact Statement
	Client Release
	<i>Case Notes (LFCAA Staff)</i>

Rental Assistance Client File Documentation (in addition to above)	
	Eviction or past due rent notice
	If moving to a new location, justification for the move (i.e. currently homeless, living with another family and not sufficient space, etc.)
	Landlord assistance statement and agreement to receive funds
	Lease agreement as documentation from landlord
	Verification of landlord ownership from auditor's website
	Landlord W9

Mortgage Assistance Client File Documentation (in addition to above)	
	Notice of past due mortgage payment (can include taxes and insurance)
	Financial Institution W9

Utility Assistance Client File Documentation (in addition to above)	
	Copy of utility bill demonstrating the account has been shut off, is in disconnect status, or is past due
	Amount required to prevent disconnect or maintain service

Case Manager: _____ Date: _____

Application Reviewer: _____ Date: _____

Comments:



Board President
Lisa Evangelista

Executive Director
Clinton Davis

LANCASTER-FAIRFIELD COMMUNITY ACTION AGENCY COVID IMPACT STATEMENT

I have experienced a COVID related hardship as follows:

I certify that all information on this form is true and correct to the best of my knowledge.

Name: _____

Address: _____

Signature: _____ Date: _____

LFCAA Staff: _____ Date: _____





OHIO HOME RELIEF GRANT INTAKE FORM

CLIENT NAME (First, MI, Last, suffix)		MAILING ADDRESS (Street, City, State and Zip)			
SERVICE ADDRESS (Street, City, State and Zip) Is this your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone Number		Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
SSN	DOB	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Veteran Status <input type="checkbox"/> Did Not Serve Active Duty in the US Military <input type="checkbox"/> Served Active Duty in the US Military	
ETHNICITY <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Hispanic/Latino	Highest Level of Education				
	<input type="checkbox"/> K-8 th grade	<input type="checkbox"/> 9-12 th grade/Non-graduate	<input type="checkbox"/> HS graduate/GED	<input type="checkbox"/> Interested in GED	
	<input type="checkbox"/> Some College	<input type="checkbox"/> 2 or 4 years College Graduate	<input type="checkbox"/> Graduate of other post-secondary school		
Disconnected Youth					
<input type="checkbox"/> Youth ages 14-24 who are neither working or in school					
PRIMARY RACE Check All That Apply					
<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)	<input type="checkbox"/> Black/African American (B)	<input type="checkbox"/> Native/Hawaiian/Other Pacific Islander (NH)			
<input type="checkbox"/> Asian (A)	<input type="checkbox"/> White (W)	<input type="checkbox"/> Multi-Race	<input type="checkbox"/> Unknown		
Work Status (Individuals 18+)					
<input type="checkbox"/> Employed FT	<input type="checkbox"/> Employed PT	<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	
Household Type					
<input type="checkbox"/> Single Person	<input type="checkbox"/> 2 Adults NO children	<input type="checkbox"/> Single Parent Female	<input type="checkbox"/> Single Parent Male	<input type="checkbox"/> Two Parent Household	
<input type="checkbox"/> Non-related Adults with Children		<input type="checkbox"/> Multigenerational Household	<input type="checkbox"/> Other:		
Housing					
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other Permanent Housing	<input type="checkbox"/> Homeless (sheltered, unsheltered, couch surfing, in car)	<input type="checkbox"/> Other	

INFO NEEDED FOR HOUSEHOLD MEMBERS WITH DISABLING CONDITIONS

Name	Disability of long duration that substantially limits the client's ability to live on their own			
	<input type="checkbox"/> Physical <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Developmental <input type="checkbox"/> Drug abuse	<input type="checkbox"/> Chronic health condition <input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Mental health <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Developmental <input type="checkbox"/> Drug abuse	<input type="checkbox"/> Chronic health condition <input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Mental health <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Developmental <input type="checkbox"/> Drug abuse	<input type="checkbox"/> Chronic health condition <input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Mental health <input type="checkbox"/> Alcohol and drug abuse
	<input type="checkbox"/> Physical <input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Developmental <input type="checkbox"/> Drug abuse	<input type="checkbox"/> Chronic health condition <input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Mental health <input type="checkbox"/> Alcohol and drug abuse



OHIO HOME RELIEF GRANT INTAKE FORM

RESIDENCE PRIOR (please fill out separately for each adult if adults were living in different living situations)

Homeless Situations
<input type="checkbox"/> Place not meant for habitation
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
<input type="checkbox"/> Safe Haven

Institutional Situations	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center

Temporary and Permanent Housing Situations	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living in a family member's room, apartment or house	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Owned by client, with housing subsidy
<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Owned by client, no housing subsidy

DID THE CLIENT STAY LESS THAN 90 DAYS?

<input type="checkbox"/> No (Skip to income questions.)	<input type="checkbox"/> Yes
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LENGTH OF STAY IN INSTITUTION

<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights
<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 1 month or more, but less than 90 days

LENGTH OF STAY IN LITERALLY HOMELESS SITUATION

<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 90 days or more, but less than 1 year
<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 year or longer

DID THE CLIENT STAY LESS THAN 7 DAYS?

<input type="checkbox"/> No (Skip to income questions.)	<input type="checkbox"/> Yes
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LENGTH OF STAY IN HOUSING SITUATION

<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 2 to 6 nights
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On the previous night, did the client stay on the streets, in an Emergency Shelter, or in a Safe Haven?

<input type="checkbox"/> No (Skip to income questions.)
<input type="checkbox"/> Yes



OHIO HOME RELIEF GRANT INTAKE FORM

LENGTH OF TIME HOMELESS

Include time on the streets, in emergency shelter, and in safe haven.

Including this and any previous sheltered stays or unsheltered episodes, what is the approximate date that the client became homeless? (month / day / year)	/ /
Including today, what is the number of times the client has been on the street, in ES or SH in the past 3 years? (Institutional stays of less than 90 days are not a break. Stays less than 7 days in other places are not a break.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more
What is the total number of months the client has been homeless on the street, in ES or SH in past 3 years?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 or more



Employment Verification

Employee Name: _____ Date: _____

Occupation: _____

Business Name (please print): _____

Employee Signature: _____

If pay stubs are not available, the client's employer must complete the box below.

Please submit information to local Energy Assistance Provider:

****To be completed by the Employer Only****

Please complete the below information, sign and return to the agency listed above. Your assistance is appreciated.

Date employment began: _____ Date first paycheck issued: _____

Date employment ended (if applicable): _____

Date last paycheck was issued: _____ Gross amount of last pay: _____

Provide the information below for the last 30 days or 12 months of employment or attach a copy of pay stubs to this form.

Date paycheck issued:	Gross pay amount:	Medical Deductions:

Employer Address: _____

Employer Name (print): _____ Contact Phone Number: _____

Employer Signature (required): _____ Date: _____



LANCASTER-FAIRFIELD COMMUNITY ACTION AGENCY

RENT/MORTGAGE ASSISTANCE STATEMENT

Client Information: Date: _____

Client Name: _____

Client Address: _____

*Type of Assistance: Rent (check one) Mortgage (check one)
[] Past due rent [] Past due mortgage
[] Current month's rent [] Current month's mortgage
[] First month's rent (effective/move in date _____) []

*The monthly rent/mortgage payment is \$ _____

*The total owed (including the amount above) is \$ _____

*The one month amount being paid by this agency is \$ _____

*The amount being paid is for the month of (month/year) _____

*The one month amount being paid is/was due on (month/day/year) _____

*The one month amount being paid is past due in its entirety at time of payment (check one): [] Yes [] No

Verification (To be completed staff):

Staff Name: _____

Staff Signature: _____

Date (month/day/year): _____

THIS SECTION MUST BE COMPLETED BY LANDLORD/FINANCIAL INSTITUTION

This is to confirm that the rent/mortgage for: _____ (Tenant/Owner Name)

Property address: _____

Monthly rent/mortgage amount \$ _____ Rent/mortgage Due Date: _____

Tenant is past due for the month(s) of: _____

Total amount owed: \$ _____ Late Fees: \$ _____

Landlord/Owner/Mortgage Holder Name: _____

Landlord Phone Number: _____

Vendor #, Social Security# or Tax ID #: _____

Address: _____

Landlord Signature: _____ Date: _____

*** Payment will guarantee residency for an additional 30 days!!!***



Self-Declaration of Income Worksheet

If you have no other way to document your income, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member(s), please list their name(s), address, and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If additional space is required (you have more than three (3) people assisting, you) use the back of this form to list their information and have them provide the required signed statements.

Non-Household Members Providing Support:

First Name	Last Name	Telephone Number (include area code) () -
Address		
First Name	Last Name	Telephone Number (include area code) () -
Address		
First Name	Last Name	Telephone Number (include area code) () -
Address		

Explain how the following expenses are paid (Write N/A to any that do not apply):

Bill	Monthly Amount	Gift / Loan (if Other, please explain)		
Rent/Mortgage	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Food	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Gas	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Electric	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Phone/Cell	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Car Payment/Insurance	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Cable/Internet	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Personal Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____
Other Expenses	\$	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other: _____

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (i.e. Section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

Income Comments section:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Signature: _____ Date: _____



Self-Employment Income and Expense Form

Examples of self-employment include: Owning your own business, babysitting, day care, home party sales, odd jobs, Ohio Electronic Child Care, etc.

If you do not file a Form 1040 with the IRS, you must provide an **IRS Verification of Non-Filing Letter** (if applicable), along with this completed form.

Name of Self-Employed Person: _____

Name of Business: _____

Type of Business: _____

Business Address: _____

Itemized Business Income			Itemized Business Expenses		
Date	Source	Amount	Date	Source	Amount
12-month Income Total			12-Month Expense Total		
Total Business Income (Income minus Expenses):					

Attach additional pages as necessary.

I certify under penalty of perjury, that this income and expenditure information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____