

CAC of Pike County - Housing Program –Application Cover Sheet (for RENTERS)

This program cannot help with mortgage payments and it cannot help with utilities of homeowners.

Please make sure the phone number that you provide in your application is a good working phone number (and has voicemail set up) so that we may contact you about your application if additional information is needed to process the application. Please fill out the attached forms and keep this page for your records.

APPLICATIONS CANNOT BE PROCESSED WITHOUT ALL REQUIRED DOCUMENTATION LISTED ON THIS PAGE. PLEASE COMPLETE EVERY PAGE REQUIRED FOR YOUR APPLICATION AND TURN IT IN WITH ALL REQUIRED DOCUMENTATION LISTED ON THIS PAGE AND ALLOW OUR STAFF UP TO 10 DAYS TO PROCESS YOUR APPLICATION.

Your household income must be below 30% Area Median Income (AMI) as listed here:

Household Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Monthly Limit	\$1,300	\$1,525	\$1,919	\$2,312	\$2,705	\$3,099	\$3,492	\$3,885

1. Documents needed for every client:

- Two-page Housing Program Application (included in this packet)
- Photo ID's for adults (unexpired)
- Citizenship for everyone (birth certificate, social security card, travel passport, DD214, voter registration)
- Social Security Numbers for everyone (list on the housing application on the next page)
- Self-declaration of income support must be signed (included in this packet)
- Proof of last 30 days' income for everyone in the household (from the date of application)
- ^or, if you have no income, fill out the attached Self-declaration of zero income
 - please attach signed letters from friends/family helping out (include their name, address, phone #)
 - please provide food stamp verification, if applicable
- Assistance Request Related to COVID-19 Pandemic Form (included in this packet)
- Non-duplication of Benefits Agreement (2 pages, must be signed, included in this packet)

2. For any rent/deposit situation (in addition to Section 1)

- Landlord Verification Form must be filled out and signed by Landlord (included in this packet)
- Lease Agreement (must have all pages and be signed by both Landlord & Tenant)

3. For rental/security deposits (in addition to Section 1+2):

- Justification of **why** you're moving (evicted, doubled-up and overcrowded, living at the homeless shelter requires letter of residency from the homeless shelter)

4. For rental arrears ("arrears" meaning anything past the due date) (in addition to section 1+2)

- Eviction or past due rent notice (including the total amount due and fees)

5. For utility assistance (in addition to Section 1):

- Copy of utility bill (demonstrating the account has been shut off, in disconnect, or past due, if applicable)
- Document of responsibility if the utility is in the Landlord's name (included in this packet)

Ways to submit your application (and supporting documentation):

Our address: 107 W. 2nd Street, Waverly, Ohio 45690

In person: Monday through Friday, 8:00 AM to 4:30 PM at the front desk.

By fax: (216) 666-2739 (please put "ATTN: housing" on a cover page)

By email: housingprogram@pikecac.org

If you need help completing this application, please call 740-289-2371 and let reception know that you need help completing your housing application.



Housing Program Application

Agency
Date →
Stamp

Head of Household's Name: _____ Today's date: _____

Primary Phone Number (should have voicemail set up): _____

Secondary Phone Number: _____ Email: _____

Current Address: _____

Current Landlord: _____

What are you seeking assistance with? Rent Deposit Mortgage Utilities

Family Type:

- Single Person Multi-generational Household Single Parent/Male
 Two-Parent Household Non-Related Adults with Children Single Parent/Female
 Two Adults/No Children Other: _____

Please list ALL household members (everyone living with you, including non-relatives).

Name	Relation to you	Age	Date of Birth	Social Security Number	Gender	Race	Hispanic/Latino Y/N	Vet? Y/N
	Self							

Please list all incomes in the household:

Household Member	Source of Income*	Amount of Income	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly

*Income sources include wages from employment, unemployment, SSI, SSDI, Social Security (survivors, retirement, widows, etc.), disability income, pension, self-employment (requires copy of taxes filed on it), child support, welfare/cash assistance/OWF/TANF, veteran's benefits, adoption subsidies, etc.

How do you pay for your food? (select all that apply):

- Food Stamps Food Pantries Buy food with cash Someone buys our food Don't have access to food

Have you been affected by COVID-19? No Yes (please fill out how on COVID form attached)

Where did your household sleep last night (choose one)?

- | | |
|--|--|
| <input type="checkbox"/> Emergency Homeless Shelter | <input type="checkbox"/> Rental by you, without subsidy |
| <input type="checkbox"/> Place not meant for human habitation:
Explain: _____ | <input type="checkbox"/> Rental by you, with subsidy: |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Section 8 <input type="checkbox"/> Low-income apartment |
| <input type="checkbox"/> Long-term care facility/nursing home | <input type="checkbox"/> Owned by you, with subsidy |
| <input type="checkbox"/> Jail, prison, juvenile detention facility | <input type="checkbox"/> Owned by you, without subsidy |
| <input type="checkbox"/> Foster care home/group home | <input type="checkbox"/> Residential project/halfway house |
| <input type="checkbox"/> Psychiatric hospital/facility | <input type="checkbox"/> Shelter plus care or supportive housing |
| <input type="checkbox"/> Substance abuse treatment facility/detox center | <input type="checkbox"/> Transitional housing for homeless |
| <input type="checkbox"/> Hotel/motel paid for by you/friend/family | <input type="checkbox"/> Staying or living at a family member's |
| | <input type="checkbox"/> Staying or living at a friend's |

How long has your household been living in this housing?

- Under 1 week 1-4 weeks 1-3 months 4-6 months 7-12 months 1-2 years 2+ years

What are the main causes of your housing instability right now?

- Homelessness Home unfit to live in Household members lost/gained Eviction
 Family kicking you out Divorce/break-up Family kicking you out COVID-19
 Friends kicking you out Loss of income Other: _____

Please give us a brief summary of why your household is in need of assistance:

I/we understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my/our knowledge. I/we have no objections to inquiries being made for the purpose of verifying the statements made herein. Further, the unit being applied for will be my/our permanent residence and I/we do/will not have other housing options available to me/us.

Warning! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willfully-falsifies, conceals, or covers up by any trick, scheme, or device a material fact, makes any materially false, fictitious, or fraudulent statement or representation or makes or uses and false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

Signature of Applicant: _____ **Date:** _____

Signature of Co-Applicant: _____ **Date:** _____



Self-Declaration of Income Support

Applicant Information:

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

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

Monthly Household Income Amount:	\$	Annual Household Income:	\$
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Describe how you have been able to pay your bills, including food, shelter, clothing etc.:

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member, please list their name(s), address, and phone number(s) below. If you have a note from the person providing assistance, please include the signed and dated note with your application. If additional space is required (you have more than one person assisting you) use the back of this form to list their information and have them provide a signed and dated notes, if available.

First Name	Last Name	Telephone Number (include area code)
Address		
How much is given: \$	How Often: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Paid to me <input type="checkbox"/> Paid to bill directly

Does your household receive any of the following?	Yes or No	Amount per Month
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.		\$

Describe how your household was financially impacted by COVID-19:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct. I further certify that my household is experiencing homelessness or housing instability.

Signature: _____

Date: _____

Verified by: _____

Date: _____



Self-Declaration of Income Worksheet

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If all sections are not complete there may be a delay in processing your application.

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member(s), include a signed and dated statement from that person(s) that has their name(s), address, and phone number(s). The statement must show how much money is provided, how often, and if the money is given to you or paid directly to your creditors.

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

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"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Food	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Gas	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Electric	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Phone/Cell	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Car Payment/Insurance	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Cable/Internet	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Personal Expenses	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:
Other Expenses	\$	<input type="checkbox"/> N/A	<input type="checkbox"/> Gift/Loan	Other:

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: _____

CDBG-CV 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:

- 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: _____

**CDBG-CV Individual Applicant Request for Assistance and
Duplication of Benefits
Statement, Certification, and Subrogation Agreement**

In accordance with the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116–136) (CARES Act), the U.S. Department of Housing and Urban Development (HUD) allocated Community Development Block Grant coronavirus response (CDBG-CV) funds to the State of Ohio to prevent, prepare for, and respond to coronavirus. Recipients of CDBG-CV funds must implement procedures to prevent any Duplication of Benefits (DOB) as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 42 U.S.C. 5121 et seq.). With this form, an applicant for CDBG-CV assistance 1) outlines the costs associated with a proposed coronavirus-related activity; 2) identifies other assistance received or anticipated for the activity; 3) states the CDBG-CV funding request; 4) certifies the accuracy of the information; and 5) **agrees to repay any awarded CDBG-CV assistance that is duplicated.**

Applicant Name	
Applicant Address	
Proposed Activity ¹	<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Utilities Assistance ○ Have you applied for HEAP/PIPP? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If yes, are you eligible and/or currently receiving assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Need ²	\$
Total Assistance Received or Anticipated for Proposed Activity ³	
Total of Non-Duplicative Assistance ⁴	
Total Duplication of Benefits (DOB) ⁵	
CDBG-CV funding request ⁶	\$

¹ Eligible activities are: Rental, Mortgage, and/or Utility Assistance. Activity must be associated with an action to prevent, prepare for, or respond to coronavirus.

² “Total Need” is the total activity cost. All costs included in total need must be reasonable and necessary. Applicant must provide applicable supporting documentation.

³ Not including CDBG-CV. “Assistance” includes resources such as cash awards, insurance proceeds, grants, and loans received or anticipated by the CDBG–CV applicant, including awards under local, state or federal programs, and from private or nonprofit charity organizations. “Anticipated” assistance means assistance likely to be received by acting reasonably to evaluate need and the resources available to meet that need. Applicant must provide applicable supporting documentation for any source of funding cited in the total assistance calculation. For reference, HUD’s guidance document [“CARES Act Programs through SBA, FEMA, IRS, Treasury, USDA, and HHS for CDBG Grantees’ Awareness for Duplication of Benefits”](#) provides a summary of federal CARES Act programs.

⁴ Assistance is non-duplicative if it is 1) provided for a different purpose; or 2) Provided for the same purpose (eligible activity), but for a different, allowable use (cost).

⁵ Total DOB equals “Total Assistance Received or Anticipated for Proposed Activity” minus “Total of Non-Duplicative Assistance.”

⁶ The CDBG-CV funding request may not exceed the “Total Activity Cost” minus the “Total Duplication of Benefits (DOB).”

Proposed Itemized Activity Budget⁷

MORTGAGE OR RENT ASSISTANCE REQUEST

Funding Source	Month 1:	Month 2:	Month 3:
CDBG-CV Request:	\$	\$	\$
(Source)			
(Source)			
(Source)			
(Source)			
Total \$	\$	\$	\$

UTILITY ASSISTANCE REQUEST

Funding Source	Month 1:	Month 2:	Month 3:
CDBG-CV Request:	\$	\$	\$
(Source)			
(Source)			
(Source)			
(Source)			
Total \$	\$	\$	\$

Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. **Additionally, if I/we receive future funding for the same purpose of the any CDBG-CV funds received, I/we will agree to repay the assistance that was duplicated.** Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

 Applicant Name

 Signature

 Date

⁷ Add or delete columns or rows, as needed.



Landlord Verification and Agreement for Program Participation

Tenant/Client Name: _____

Property Address: _____

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

Month	Rent Charge Type (i.e. late rent, late fees, court fees, etc.)	Amount Owed

Landlord Agreement:

I, (Landlord/organization name) _____ agree to accept the amount provided by The Community Action Committee of Pike County for the above tenant to cover expenses back to April 1, 2020. I further agree to not increase the rent costs prior to the receipt of CDBG-CV Emergency Housing Assistance payment or to evict the tenant for nonpayment for the months covered through this assistance program.

Landlord Signature

Date

Landlord Name:	LL Phone:
LL Mailing Address:	LL Email:

Water Bill Assistance Program

Document of Responsibility



Tenant: _____

Address: _____

Phone Number: _____

I rent to the above stated tenant and the water bill is in my name. I do not permit tenants to transfer the water bill out of my name. The tenant is responsible for making the payment directly to the water company.

Landlord/Apartment Name: _____

Landlord's Address: _____

Landlord's Phone Number: _____

X _____

Landlord/Apartment Manager Signature

**COMMUNITY ACTION COMMITTEE OF PIKE COUNTY
SOCIAL SERVICES/HEAP DEPARTMENT**

Phone: 740-289-2375 Fax: 740-289-4148

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ authorize the following agencies to release information checked below to representatives of the Community Action Committee of Pike County.

Agency/Business

_____ INCOME VERIFICATION

_____ UTILITY INFORMATION

_____ OTHER (PLEASE BE SPECIFIC): _____

CLIENT'S PRINTED NAME: _____

CLIENT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE