



## OHIO HOME RELIEF Checklist & Cover Letter

**Application submitted by:** Agency Name \_\_\_\_\_

Contact Name: \_\_\_\_\_

Application Summary				
<i>Application Type</i>	Rental	Homeless (1 <sup>st</sup> Mnth/Dpsit)	Mortgage	Water/Sewage
<i>Client's Full Name</i>				
<i>Hamilton County Auditor – Parcel ID #/ printout</i>				
<i>Mortgage Holder/ Financial Institution</i>				
<i>Past Mortgage Due Amount</i>				
<i>Rental (Landlord/Property Manager Name)</i>				
<i>Rental Amount</i>				
<i>GCWW Amount</i>				
<i>Total Amount of Request</i>				

<b>Required Client File Documentation (required for all applications)</b>	
	Client application
	ID for head of household
	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: Income Self-Declaration for Zero Income, Self-Employment Income and Expenses
	COVID Impact Statement
	Client Release of Information
	Case Notes (if applicable, CAA Staff)
	Voucher and supporting documentation for amount of assistance provided (CAA Staff only)

<b>Rental Assistance Client File Documentation (in addition to required documents)</b>	
	Eviction or past due rent notice
	Landlord statement signed with total amount due
	Lease agreement as documentation from landlord
	Verification of landlord ownership from auditor's website (parcel ID information)
	Landlord W9 & Debarment

<b>Homeless Assistance Client File Documentation (in addition to required documents)</b>	
	If moving to a new location, justification for the move (i.e. currently homeless, living with another family and not sufficient space, etc.)
	Document from Landlord with deposit and 1 <sup>st</sup> month's rent amount
	Landlord W9 & Debarment

<b>Mortgage Assistance Client File Documentation (in addition to required documents)</b>	
	Notice of past due mortgage payment (can include taxes and insurance)

<b>Utility Assistance Client File Documentation (in addition to the above)</b>	
	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)

Processor: \_\_\_\_\_

Date: \_\_\_\_\_

Application Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_



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Client's Full Name:

**Submitting Agency Comments:**

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**CAA Staff Comments:**

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## OHIO HOME RELIEF APPLICATION

SS#: \_\_\_ / \_\_\_ / \_\_\_

CLIENTNAME:

DOB: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS:

CITY:

ZIP:

TELEPHONE:

GENDER	
<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE

DISABLED	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

ETHNICITY		
<input type="checkbox"/> BLACK AFRICAN AMER	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> ASIAN
<input type="checkbox"/> WHITE	<input type="checkbox"/> NATIVE AMER	<input type="checkbox"/> OTHER

EDUCATION	
<input type="checkbox"/> 0 - 8	<input type="checkbox"/> 12+
<input type="checkbox"/> 9 - 12	<input type="checkbox"/> UNKNOWN
<input type="checkbox"/> HS GRAD/GED	<input type="checkbox"/> COLLEGE GRAD

FOOD STAMP	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

HEALTH INSURANCE	
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> SELF-INS
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> NONE
<input type="checkbox"/> PRIVATE	<input type="checkbox"/> UNKNOWN

FARMER	
<input type="checkbox"/> FARMER	<input type="checkbox"/> MIGRANT
<input type="checkbox"/> SEASONAL	

VETERAN	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	

# IN HSHL	
<input style="width: 40px; height: 20px;" type="text"/>	

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

HOUSING	
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT
<input type="checkbox"/> HOMELESS	<input type="checkbox"/> H-W
<input type="checkbox"/> H-WO	<input type="checkbox"/> SUBSIDIZED

CUSTOMER INCOME/PERIOD	
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> ANNUAL
<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> 13 WEEKS
<input type="checkbox"/> MONTHLY	AMOUNT <input style="width: 60px;" type="text"/>

SOURCE OF INCOME					
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> AFDC/TANF	<input type="checkbox"/> PENSIONS	<input type="checkbox"/> WORKER COMP.	<input type="checkbox"/> INTEREST	
<input type="checkbox"/> UNEMPLOYMENT	<input type="checkbox"/> DA	<input type="checkbox"/> DISABILITY	<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> OTHER SITE	
<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> SSI/SSD	<input type="checkbox"/> SELF EMP.	<input type="checkbox"/> VA		

### HOUSEHOLD MEMBERS

SS#						
LAST NAME						
FIRST NAME						
RELATION						
DATE OF BIRTH						
GENDER						
DISABLED						
ETHNICITY						
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 of all information necessary for verification purposes*

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_



## OHIO HOME RELIEF 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: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAA STAFF: \_\_\_\_\_ Date: \_\_\_\_\_



**OHIO HOME RELIEF Release of Information Authorization**

**Agency Information**

<i>Name of Agency</i>		<i>Name of Agency Contact</i>		<i>Date</i>
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone</i>	<i>Fax Number</i>	<i>Email Address</i>		

**Customer Information**

<i>Name</i>				
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone</i>		<i>Email Address</i>		

I \_\_\_\_\_ understand that the Community Action Agency needs to receive information concerning myself and/or my family and is asking for my cooperation in this process. I do give my consent to the agency/program listed above to release the following information for the purpose indicated below.

**Data requested from:**

Landlord/Property Manager Name (Please print): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Mortgage Financial Institution: \_\_\_\_\_  
 Account Number.

GCWW account number: \_\_\_\_\_

*I understand this consent for release of information shall remain in effect for one year, unless I cancel my consent prior to this agreement.*

Client: \_\_\_\_\_

Date \_\_\_\_\_

CAA Staff: \_\_\_\_\_

Date \_\_\_\_\_