

# **Am I Eligible For Assistance?**

**Have you lost your job or has your household income been reduced due to the Coronavirus Pandemic?**

**Have you experienced an increase in household expenses due to the Coronavirus Pandemic?**

**Are you late paying on your rent, mortgage, water/sewer, or heating utility bills?**

**Is your combined household income for ALL household members age 18 and over less than the income limit guidelines listed in the table below? \***

Household Size	Total Household Income for 12 months	<i>For households with more than 8 members, add 8% of the 4-person limit (\$4,168) to the 8-person limit for each additional person.</i>
1	up to \$ 36,500	
2	up to \$ 41,700	
3	up to \$ 46,900	
4	up to \$ 52,100	
5	up to \$ 56,300	
6	up to \$ 60,450	
7	up to \$ 64,650	
8	up to \$ 68,800	

*\*Income eligibility **will be determined during the application process and calculated using the most recent (30 day) income documentation (90 days proof of income is required).***

**If you answered “Yes” to ALL of the questions listed above, you may be eligible to receive assistance from OIC’s Coronavirus Home Relief - Emergency Services Program.**

## **TO REQUEST ASSISTANCE:**

**Carefully read and thoroughly complete ALL DOCUMENTS in this packet and**

## **RETURN ALL REQUIRED DOCUMENTS to:**

**920 West Main St., Springfield OH**

**(the former Security National Bank-Western Office)**

**PLACE ENVELOPE IN DESIGNATED EMERGENCY SERVICE DROP BOX**

**FOR MORE INFORMATION: Call (937) 325-8366 or  
email: [help@oicofclarkco.org](mailto:help@oicofclarkco.org)**

**FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION WHEN SUBMITTING THIS ENVELOPE, WILL RESULT IN YOUR REQUEST FOR ASSISTANCE TO BE DELAYED AND POSSIBLY DETERMINED INELIGIBLE FOR ASSISTANCE.**



## **APPLICATION CHECKLIST**

- ☐ **Copy of your Driver's License or Picture ID**
- ☐ **Copy of Social Security cards for all household members**
- ☐ **Completed Assistance Request Form – Signed & Dated**
- ☐ **Completed COVID-19 Form- Signed & Dated:**
  - **Documentation of COVID hardship – copy of health care document showing test results, quarantine, employer letter of time off, etc**
- ☐ **Proof of Income for past 30 days for all household members 18 years or older (see attached Income types)**
- ☐ **Did you sign the Duplication of Benefits Statement?**
- ☐ **Have you included your Landlord documents\*\*\*?**
- ☐ **Have you included your Mortgage documents\*\*\*?**

**\*\*\*LANDLORD PACKET INCLUDED WITH INSTRUCTIONS FOR LANDLORDS**

**\*\*\*IF YOU ARE APPLYING FOR MORTGAGE or PROPERTY TAX ASSISTANCE ALSO INCLUDE:**

- **Notice of late mortgage payment** (including taxes and insurance if escrowed).
- **Notice of past due Property Taxes**



**Coronavirus Home Relief  
Emergency Services Program  
ASSISTANCE REQUEST FORM**

**YOU MUST LIST ALL MEMBERS LIVING IN YOUR HOUSEHOLD  
AND RETURN THIS DOCUMENT WITH YOUR PACKET  
PLEASE PRINT CLEARLY**

**Applicant's Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Previous Address (if displaced or homeless):** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Other Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Household Member's Name	Birth Date	Social Security Number	Is Household Member employed?
<i>APPLICANT</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no
<i>Household Member</i>			<input type="checkbox"/> yes <input type="checkbox"/> no

***I (enter your name →) \_\_\_\_\_ verify to that the household I am requesting assistance for, or any of this household's members, have NOT received rent, mortgage, or utility assistance from another source for the time period that I am requesting to be covered.***

**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: \_\_\_\_\_

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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:** \_\_\_\_\_



**Opportunities for Individual Change, OIC of Clark County, 920 West Main Street, Springfield, Ohio 45504**  
*Telephone: (937) 323-6461 Facsimile (937) 324-4580 [www.oicofclarkco.org](http://www.oicofclarkco.org)*

## **AUTHORIZATION TO RELEASE INFORMATION**

I \_\_\_\_\_  
**Print Name**

**Located at:**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Here by give OIC of Clark County permission to share my information with other agencies for the purpose of completing the necessary requirements to receive mortgage, rental or utility assistance.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**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 <sup>1</sup>	<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 <sup>2</sup>	\$
Total Assistance Received or Anticipated for Proposed Activity <sup>3</sup>	
Total of Non-Duplicative Assistance <sup>4</sup>	
Total Duplication of Benefits (DOB) <sup>5</sup>	
CDBG-CV funding request <sup>6</sup>	\$

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

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

<sup>3</sup> 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.

<sup>4</sup> 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).

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

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

### Proposed Itemized Activity Budget<sup>7</sup>

#### MORTGAGE OR RENT ASSISTANCE REQUEST

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

#### UTILITY ASSISTANCE REQUEST

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

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

<sup>7</sup> Add or delete columns or rows, as needed.

# Landlord Packet

- **Landlord Verification to be completed by landlord**
- **Landlord to include the following:**
  - **Lease or Land Contract**
  - **Past Due Notice, 3 Day Notice, Eviction Notice or ledger account of payments**  
*(a document is included for Past Due Notice if needed)*
  - **W9 required for new landlords that have not worked with OIC**





### Landlord Verification and Agreement for Program Participation

Tenant Customer \_\_\_\_\_

Property Address \_\_\_\_\_

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

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

**Landlord Agreement:**

I, (Landlord/organization name) \_\_\_\_\_ agree to accept the amount provided by **OIC of Clark Co** \_\_\_\_\_ (agency name) for the above tenant to cover expenses back to April 1, 2020. I further agree to not increase the rent costs prior to receipt of CDBG-CV Home Relief Grant payment or to evict the tenant for nonpayment for the months covered through this assistance program.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord Name

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

\_\_\_\_\_  
Mailing Address

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

## PAST DUE RENT NOTICE

**Tenant/Customer Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**We have not yet received your rent for the months of:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Please make payment immediately in accordance with the terms and conditions of your rental agreement.**

**Monthly Rental charge:** \$ \_\_\_\_\_

**Number of months late:** \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_  
(as of date on this notice)

Thank you for taking care of this matter immediately!

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

**Landlord** \_\_\_\_\_

**Landlord Address** \_\_\_\_\_

\_\_\_\_\_

**Landlord Phone number** \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# Types of Income Required

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- Income documentation for everyone in the household over 18 years of age: 30 days of Paystubs (name needs to be on the paystub and the gross amount.
- SNAP (*if received- name needs to be on document*)
- TANIF (*if received- name needs to be on document*)
- Child Support documentation (*if received- name needs to be on document*)
- Social Security Award Letter for 2021 benefits (*if received- name needs to be on document*)
- Self-Declaration of Income Document if not worked in the last 30 days. Each person needs to provide a Self-Declaration form from anyone that has helped pay bills. Must be signed by the person helping.
- Copy of 2021 1040 if taxes were filed.
- **If no income** – and you received any stimulus checks, we will need a bank statement showing your name, checks received, date and the amounts of each check. You can also find this on [www.irs.gov](http://www.irs.gov). If not, a handwritten letter stating they did not receive any stimulus money and signed.
- If you have income: paid employment/SS/SSI/unemployment, plasma donation etc., we will not need stimulus information unless you are at 30% or below of the Federal Poverty Guidelines.



# 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: \_\_\_\_\_



## Employment Verification Form

Local Delegate Agency Contact Information:

If pay stubs are not available, the customer's employer must complete the Employment Verification Form.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name (please print): \_\_\_\_\_

### **\*\*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 from the date above or attach a copy of pay stubs.

Date issued:	Gross pay amount:	Medical Deductions:

Employer Address: \_\_\_\_\_

Employer Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name (print): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_



## Seasonal Employment Verification Form

Household members who work on a 12-month contract but will be paid over a period of less than 12 months are considered to receive seasonal employment income. School district employees may be the most common example of this situation. For example, some teachers get paid for 9 months but have a 12-month contract.

Seasonal employees are required to provide 12 months of income documentation. If pay stubs are not available, the employee may request the employer to complete the information below.

Local Delegate Agency Contact Information:

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Name (please print): \_\_\_\_\_

**\*\*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 12-months from the date above or attach a copy of pay stubs.

Date issued:	Gross pay amount:	Medical Deductions:

Employer Address: \_\_\_\_\_

Employer Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name (print): \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_



## Self-Employment Income and Expense Form

Examples of self-employment include: Owning your own business, rental income, baby-sitting, day care, home party sales, 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: \_\_\_\_\_