



**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: _____

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: _____

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.



Opportunities for Individual Change, OIC of Clark County, 920 West Main Street, Springfield, Ohio 45504

CUSTOMER DOCUMENTATION CHECKLIST

In order to apply for the Coronavirus Relief Fund-Emergency Services Program-Rent, Mortgage or Utility Assistance, customers are required to provide the following documentation:

- Request for Assistance form
- Proof of Citizenship for ALL household members (Social Security cards, or birth certificates etc.)
- Picture ID card of the primary household member
- COVID Hardship form
- Duplication of Benefits form
- Landlord Verification form or Mortgage documentation

- **If requesting Utility Assistance:**
 - Bulk Fuel, Water, Sewer, Trash, Electric and Gas – you must provide a copy of each recent utility bill that you are requesting assistance for that includes your name and account number.
 - If you are applying for new service, or transferring service, call the utility companies first and apply for service(s) and provide the new pending account numbers. You may need to provide the utility companies with a signed lease.

- **Income:** Proof of total household income for everyone in the household 18 years or older. Each household member must provide their Gross Income for the current 90 days. Up to 12 months may be required and will be determined during the application process.
 - Weekly** pay stubs **Bi-Weekly** pay stubs **Monthly** Fixed income, current awards letter.
- All check stubs must have Gross Income and year-to-date Gross Income or provide an **Employment Verification Form** which can be obtained from your processor, picked up at 920 W. Main St. or online at www.oicofclark.org. Types of income can include Wages, Unemployment, Stimulus Check(s), Utility Assistance, TANF, SS income, SSI, SSDI, Plasma, OWF, Workman's Compensation (BWC), Alimony, IRA's, Annuities, Other Investments, Lump Sum pay outs from SSI, SSDI, Estate and Trust Settlements, Divorce Settlements, Insurance payout, Lottery Winnings, Interest Income, Work Study, Employment Disability, proof of VA disability or VA Service Connected or Non-service income statement, Child Support for past 12 months and PELL Grant Refunds
- If there is a gap between employment, or you have lost your job, you will need to provide 12 months of income and your **Employer Verification Form** and a letter of termination from previous employer(s). Forms can be obtained from your processor, picked up at 920 W. Main St. or online at www.oicofclark.org.
- If claiming **Seasonal Income** (construction workers, teachers, landscapers etc.) you must provide 12 months of pay stubs with gross year to date along with the **Seasonal Employment Form**, which can be obtained from your processor, picked up at 920 W. Main St. or online at www.oicofclark.org.
- If claiming **Self-Employment** (owning your own business, rental income, babysitting, day care, home party sales, odd jobs and Ohio Electronic child care, etc.) you must provide a copy of your filed IRS form 1040 and schedule 1, or most recent 1099, or Self-Employment Income and Expense Form for the past 12 months along with the Self-Employment Form. If you did not report taxes an IRS non-filing letter must be provided. Forms for **Self-Employment** can be obtained from your processor, picked up at 920 W. Main St. or online at www.oicofclark.org.
- If you attend college and have received a PELL Grant, or student loan you must provide a statement showing the month of your refund.



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Telephone: (937) 323-6461 Facsimile (937) 324-4580 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



Opportunities for Individual Change, OIC of Clark County, 920 West Main Street, Springfield, Ohio 45504

- If you claim **ZERO INCOME**, you will be asked to explain how you have been living for the past 12 months (this includes how you are paying for your housing, purchasing food, etc.) and will need to provide verification as follows:
 - If you receive food stamp assistance and/or child support, you will need a printout to show activity for the past 12 months.
 - If you receive housing assistance, you will need a copy of your lease or a letter from that office stating your rent amount and your utility allowance you received for the past 12 months.
 - If you own the home, we will need your most recent property tax paper to show how it was paid. For clients claiming “**(No Income)**”.
 - If a family member or friend has been helping you, you need a letter signed, dated, address, and phone number by that individual to include:
 - What and how they assisted you and the amounts for each item paid for the past 12 months.
 - How often they provided you with assistance.
 - If they provided you with money, it needs to state the dates and amounts the money was given for the past 12 months.
 - If a family member or friend pays your personal items (bills, clothes, food, etc.) directly, the letter must state the dates and amounts for the past 12 months and must state “**no cash was exchanged**”.
 - If you have been living off of your tax return or savings, you need to bring a copy of your return or bank statements for the past 12 months showing money being withdrawn.
- If you claim that you don't receive assistance from a family member or friend, you will be required to provide a **tax transcript**. Information on how to obtain documents from the IRS can be obtained below.

Self-Declaration of Income Statement and Zero Income Statement

Households reporting zero income who were not required to file taxes can request a copy of a “Verification of Non-Filing Status Transcript” form the Internal Revenue Service (IRS) three ways:

By Phone:

If the customer filed a tax return: 1-800-908-9946

If the customer did not file a tax return: 1-800-829-1040

In Writing:

Internal Revenue Service (IRS)

Return and Income Verification Services (RAIVS) Team

PO Box 145500

Stop 2800 F

Cincinnati, Ohio 45250

Fax # 1-859-669-3592 or you can visit your local IRS office

ON-LINE:

<http://www.irs.gov/Individuals/Get-Transcript>

**FAILURE TO PROVIDE ALL THE REQUIRED DOCUMENTATION WILL
PREVENT YOUR APPLICATION FROM BEING PROCESSED**



Landlord Verification and Agreement for Program Participation

Tenant Customer 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)	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