



STAY PUT

EMERGENCY RENTAL ASSISTANCE

Administered by the City of Kettering



CITY OF KETTERING



MONTGOMERY
C O U N T Y

Tenant Packet

Return With ID to:

STAYPUT@ketteringoh.org

Or by FAX to 937-296-3240

Or to the
City of Kettering, Planning &
Development
3600 Shroyer Rd.



Tenant's Checklist for STAYPUT Application:

- First and Last Page of Lease or other proof of residency
- Copy of ID (Any with a photo and your name)
- Tenant & Landlord Statement (Top Half)
- Proof of Income (Paystub, tax forms, unemployment stub, bank statement, unemployment app or denial), benefit letter)
- COVID Impact Statement
- Household Income Form
- Certifications and Attestations Form
- Duplication of Benefits Form
- Copies of any 3 Day Notice or Eviction Filing



Landlord must complete and return this form to process rental assistance application. Completing this statement does not guarantee payment. You will receive a Payment Form agreement upon approval of the application.

Tenant Information

Name on Lease

Complete address of rental property:

Street Address

Street address Line 2

City State Zip Code County

Phone Number E-mail address

Amount of one Month's rent Due Date

Number of Months Delinquent Total Amount owed Late Fee

Number of Months Future Total Amount

Does the tenant receive rental assistance? Yes No

Are you related to your tenant? (Spouse, parent, sibling, aunt/uncle, grandparent, in-law, close relative of inhabitant)
 Yes No

Owner/Landlord Information

(this information must match the information on the mandatory W-9 Form)

Owner/Landlord Name (as appears on the County Auditor Site)

Business Name (if applicable)

Complete Address (check will be sent to this address):

Street Address

Street Address Line 2

City State Zip Code County

Phone Number Fax Number

Email Address SS# or Employer Identification #

I certify that this information is true and accurate and provided in connection with the request of financial assistance for the above-named tenant. Deliberate misrepresentation may subject me to prosecution under applicable local, state and federal laws. Acceptance of payment through this program obligates me to guarantee at least 30 days of continued residency from the receipt of the agency payment or at least 90 days if rent is being paid forward. Payment may take up to 30 days from date of pledge, but a concerted effort will be made to issue payment sooner.

Landlord Signature: _____ Date: _____




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Emergency Rental 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: _____



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Client Name: _____

Date: _____

Montgomery County, Ohio Emergency Rental Assistance Program
Household Income Verification Form

Household Information	
Household size	
Household members over the age of 18	
County	

Income Verification Method	
Past 30 days verified	
2020 annual income verified	<input type="checkbox"/>
Self-certifications everyone 18+	<input type="checkbox"/>

Directions: List all income in each category for each household member over the age of 18. For households with more than three members 18+, attach additional sheets.

INCOME

	Applicant	HH Member 18+ #2	HH Member 18+ #3	Totals
Fixed Countable Income				
Name:				
SSI	\$ 1,000.00			\$ -
SSDI				\$ -
SS				\$ -
Pension				\$ -
Widow/Widower's Benefit				\$ -
Alimony				\$ -
Black Lung Pension				\$ -
Lump sum payout (from sources above)				\$ -
Earned Countable Income				
Wages (salary, tips, commission, bonuses, etc.)				\$ -
Active military pay				\$ -
Seasonal employment				\$ -
Self-employment				\$ -
Supplemental Countable Income				
Unemployment				\$ -
Utility assistance				\$ -
Workers' Compensation				\$ -
Ohio Works First (TANF, etc.)				\$ -
Employment Disability Payouts				\$ -
Strike Benefit				\$ -
Other Countable Income				
Cash withdrawals (IRA, Annuities, Investments)				\$ -
Lump sum payout (Estate & trust, divorce, insurance, lottery)				\$ -
Interest income				\$ -
Total Income:	\$ 1,000.00	\$ -	\$ -	\$ 1,000.00

DEDUCTIONS

	Applicant	HH Member 18+ #2	HH Member 18+ #3	Totals
Health Insurance Premiums				\$ -
Short- & Long-Term Disability Prem.				\$ -
Prescription plans				\$ -
Health Care Spending Account				\$ -
Medicaid Spend Down				\$ -
Medicare Premiums				\$ -
Child Support paid out				\$ -
Attorney fees for estate or trust settlements				\$ -
Self-emp IRS allowable bus. exp.				\$ -
Reimbursement for work expenses				\$ -
Total Deductions:	\$ -	\$ -	\$ -	\$ -

Total HH Income = \$ 1,000.00

TOTAL ANNUAL HH INCOME = \$ 1,000.00

Total Countable Income - Total Deductions

FY 2021 Income Limits (Annual) - 80% AMI

HH Size	1	2	3	4	5	6	7	8
Mont.	42,400	48,450	54,500	60,550	65,400	70,250	75,100	79,950

Maximum Income Allowable: N/A

Eligibility: N/A

(If ELIGIBLE, proceed with application processing) (If NOT ELIGIBLE, prepare denial letter)

Notes: _____

Staff Name: _____

Reviewer Name: _____

Staff Signature: _____

Reviewer Signature: _____

Date: _____

Review Date: _____




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**STAYPUT EMERGENCY RENTAL ASSISTANCE PROGRAM
 CERTIFICATIONS AND ATTESTATIONS
 PRIMARY APPLICANT**

Authorization for Information Exchange

By submitting this authorization, I grant permission for the sharing of information related to this application, which will be used to determine eligibility for participation in this program for either myself or my family members. Information required to be reported may be shared, whether for auditing and/or compliance purposes, and may be Public Records under this program. I further declare that I understand and permit this information to be disclosed as necessary. I also hereby give permission to release to any entity involved in the program.

I agree to terms and conditions

Certification

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 the verification process.

I agree to terms and conditions

Attestation

I certify, attest, and affirm under penalty of perjury that the information included in the application is complete and accurate to the best of my knowledge and belief. I authorize any entity, including but not limited to, the City of Kettering, Montgomery County and the US Department of Treasury to verify and investigate such information with my full cooperation at any time. I understand that providing false or misleading statements or omissions to the United States Government, Montgomery County, and City of Kettering, on this Application and Attestation may result in federal and state criminal and civil actions for fines, penalties, damages, or imprisonment. I have read and understand the above attestation.

I agree to terms and conditions

By checking the boxes above and with my signature below, I agree to the terms and conditions for the Authorization for Information Exchange, Certification and Attestation.

Applicant Signature

Agency Signature

Applicant Signature

Agency Signature




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Montgomery County Emergency Rental Assistance Program
 Distribution of Benefits for
 COVID-19 Emergency Rental Assistance
 Form & Instructions

LEAVE BLANK IF YOU HAVE NOT RECEIVED ANY OTHER FORMS FOR RENTAL ASSISTANCE FOR THE SAME MONTHS BEING REQUESTED

I/We have received the following funds for Rental Assistance due to having been financially impacted by the COVID-19 outbreak:

1 Source of Funding	2 Amount Awarded (\$)	3 Verification of Award (✓) or (X)	4 Documentation of Expenditure (✓) or (X)	5 Amount Expended
a. Miami Valley Community Action Partnership				
b. Private or Nonprofit Sources*				
c. Private or Nonprofit Sources*				
d. Federal Aid				
e. Section 8 or Other Housing Assistance				
Total				
*Examples of Private/ Nonprofit include St. Vincent, Salvation Army, Cityheart Duplication of Benefits Total (Column 2 – Column 5) \$ _____: Notes:				

By executing this Certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law of a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or

fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for no more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Applicant Signature Date

Co-Applicant Signature Date

If you are unable to print these pages, you agree by typing your name, you are signing this application electronically and you further agree that your electronic signature is the legal equivalent of your manual signature.

Instructions for Completing the Duplication of Benefits Certification Form

These funds are being used to assist eligible applicants and are subject to Federal Law which requires that the Program confirm that applicants have not already received financial assistance from other sources for the same activities for which the Program is providing assistance.

The purpose of this form is to verify the amounts paid by government entities and other funding sources to assure that assistance disbursed in this Program is not a Duplication of Benefits (DOB) the applicant received from other sources.

Column 1 List the Sources of Funding received by type (MVCAP, St. Vincent, etc.)

Column 2 Itemize all assistance funding specified for the event that has been received on the appropriate line in the second column. You may add as many additional lines as required.

Column 3 Indicate by checkmark (✓) that you have attached a copy of the corresponding documentation of the funds received (letter from funding source, copy of check, etc.) In the event you are unable to provide the documentation, it will not disqualify you but could slow your process down.

Column 4 Indicate by checkmark (✓) that you have attached documentation of how the received fund was used (receipts)

Column 5 List the amount expended from each source.

Total all funding received (Column 2). Subtract the total of all receipts for services or products directly related to those funds (Column 5). Any remaining funds will be considered Duplication of Benefits and will be subtracted from the program amount for which the applicant is eligible.

The applicant(s) must sign and date the form at the bottom of the page.



***STAYPUT Appeals Policy
For U.S. Treasury Emergency Rental Assistance Program***

Appeals Policy

Applicants to Montgomery County's Emergency Rental Assistance Program have the right to appeal decisions about their eligibility for assistance. The appeals process is as follows:

- Applicants must be given a written notice of the appeals process on request or if they are denied rental assistance funding through the Emergency Rental Assistance Program.
- Applicants may appeal the decision to deny them rental assistance within 15 calendar days of receiving the denial letter. The appeal must be in writing and sent to the following person:

Tawana Jones
Program Manager
Business Services-Community & Economic Development
451 W. Third Street, 10th Floor
P.O. Box 972
Dayton, OH 45422

- A final decision about the appeal must be made and provided to the applicant within 15 calendar days of the postmark on the applicant's written appeal.
- Copies of appeals and decisions should be in ServiceNow (as allowed) and a master file will be maintained at Montgomery County, with notes documenting the process.

Agencies must exercise judgment and examine all extenuating circumstances in determining applicant eligibility to ensure that as many applicants as possible can be assisted through this program. Montgomery County will review each appeal independently to ensure the applicant's right to be heard and will have an open and equitable process.

The Program Manager will review the applicant information and will determine if it is appropriate for applicant to be reconsidered. Program Manager will work with appropriate agency and client to gather information for eligibility and determine if financial assistance should be provided.