



# 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](mailto:STAYPUT@ketteringoh.org)

Or by FAX to 937-296-3240

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

For questions and status  
updates by phone, please  
contact Madison at  
937-296-2441 ext. 1428



### 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 - for every adult in household)
- Tenant & Landlord Statement (Top Half )
- Self-Certification of Income Form (every adult needs to sign one)
- COVID Impact Statement Checklist
- Household Income Form - break out income for all persons and by type
- Certifications and Attestations Form (every adult must sign)
- Duplication of Benefits Form (every adult must sign)
- Copies of any 3 Day Notice or Eviction Filing

#### FOR STAFF USE ONLY: PRIORITY STATUS -

Eviction Date Hearing Scheduled \_\_\_\_\_ (date)

Unemployed 3 months or more \_\_\_\_\_ (approximate date)

Below 50% of AMI \_\_\_\_\_ (%)

3 Day Notice \_\_\_\_\_ (date)



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 1 months rent Due Date

Number of Months Future Total Amount owed Late Fee

Do you receive rental assistance from Section 8 / MVHO / Private? Yes No

Are you related to your landlord? (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: \_\_\_\_\_

What is your race/ethnicity?

- White
- Black or African-American
- Hispanic, Latino, or Spanish
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other
- I prefer not to answer

What is your gender?

- Male
- Female
- Transgender
- Do not identify as male, female, or transgender
- Prefer not to answer

Please provide the Social Security Number and Date of Birth for the primary applicant.

---

Are you:

- A veteran
- disabled
- None of the above

How many adults live in the household?

---

How many total people live in the household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Please provide household members information:

(names of additional persons living in the home, gender, DOB, relationship to primary applicant, earning status & monthly income):

---

---

---

Tell us what has caused you to need rental assistance?

- I contracted COVID-19 which impacted my ability to work
- COVID -19 impacted my place of employment (I lost my job or my hours/salary)
- I currently have health issues that prevent me from working
- I have applied for or received unemployment assistance in the last 12 months
- Childcare options have been impacted due to COVID-19
- Other: please describe

Please indicate all sources of income for the household, even unrelated individuals.

- Employment
- Unemployment
- self-employment
- social security
- SSI/SSD
- Pension
- disability
- child support
- none
- other

Please provide your household income including any gross salary, business net income, rental real estate income, social security, overtime, tips, bonuses, interest & dividends, pensions, unemployment, worker's comp, alimony, child support, welfare payments, TANF, other income (in the last 30 days):

---

---

---

Please provide your employer name, address, and phone number:

---

---

---

Have you applied for assistance from any of the following agencies in the past 12 months? (Application does not mean automatic disqualification).

- Catholic Social Services
- Goodwill Easter Services
- Salvation Army
- Homefull
- Greater Dayton Apartment Association
- State of Ohio
- Community Action Partnership (CAP) of Greater Dayton)
- Other

Have you received PRC (Prevention/Retention/Contention) since July 1, 2020?

- Yes
- No
- Awarded, not received

Has a 3-day notice or eviction been filed against you?

- Yes, a 3-day notice
- Yes, an Eviction filing
- No, but I'm behind in my rent
- No, but I can't pay my rent this month

Have you filed eviction declarations?

- Yes
- No

Have you ever received rental assistance of any kind?

- Yes
- No

Have you applied to any other agency for funding for the rent and/or utilities for the last 12 months or the future 3 months?

- Yes
- No
- Im not sure

Any important information you want staff to know about? (Such as plans to move out, recent job loss, utilities shut off, etc?)

---

---

Have you been unemployed for 3 months or more?

- YES
- NO



**U.S. TREASURY RENTAL ASSISTANCE Program  
Self-Certification of Annual Income**

**APPLICANT CERTIFICATION**

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement regarding federal funding. I agree to provide any additional documentation required by the program administer to document my/our household income.

- I certify that my current income is \_\_\_\_\_ month - for \_\_\_\_\_.
- I certify that my current income is \_\_\_\_\_ month - for \_\_\_\_\_.
- I certify that my current income is \_\_\_\_\_ month - for \_\_\_\_\_.
- I certify that my current income is \_\_\_\_\_ month - for \_\_\_\_\_.
- I certify that our current income is \_\_\_\_\_ month -for all adults in the combined household.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date



**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 Household Expenses due to Pandemic or Emergency Preparedness
- Unemployment Insurance Unavailable, Insufficient, or Delayed. Length of time unemployed: \_\_\_\_\_
- Emergency Assistance Unavailable, Insufficient, or Delayed
- Short-term unemployment situation covid related      Long-term unemployment situation covid related

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: \_\_\_\_\_



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 checked="" 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.

**Average Gross INCOME Per Month**

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

**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				\$
<b>Total Deductions:</b>	\$	\$	\$	\$

Total HH Income = \$ \_\_\_\_\_  
Total Countable Income - Total Deductions

**TOTAL ANNUAL HH INCOME =** \$ \_\_\_\_\_

**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:

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

Notes: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_

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

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




**STAY PUT**  
**EMERGENCY RENTAL ASSISTANCE**  
 Administered by the City of Kettering



**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



Administered by the City of Kettering



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 (✗)	4 Documentation of Expenditure (✓) or (✗)	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				
<b>Total</b>				

\*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





Administered by the City of Kettering

***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, 10<sup>th</sup> 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.