

**ATTENTION: You must submit the following items with your application in order to be considered for program assistance.**

The following checklist is to assist you in submitting proper documentation with your application. If any documentation is missing we **CAN NOT** process your application.

- \_\_\_\_\_ Completed Application (front and back)
- \_\_\_\_\_ Copy of documentation of job loss (letter from employer), laid off (letter from employer), or other hardship due to COVID-19
- \_\_\_\_\_ Verification of Income for **ALL** members of the household (last **2** months pay stubs, Recent Award Letters (**dated within the last 3 months**) for ADC, 2020 SSI, Social Security, Unemployment documentation, no income statement, etc.)  
**WE DO NOT ACCEPT BANK STATEMENTS.**
- \_\_\_\_\_ CSBG Intake Form
- \_\_\_\_\_ Copy of documentation of need – past-due rent (landlord affidavit) or mortgage payment (current mortgage statement or letter from mortgage company).

If you have any questions when completing these forms, feel free to contact our office at 740-753-3062 or 866-992-8858.

Thank you,

*Charla Fravel*

Charla Fravel  
Senior Housing Clerk  
Hocking Athens Perry Community Action

*Jeremy Boggs*

Jeremy Boggs  
Housing Coordinator  
Hocking Athens Perry Community Action

# ATHENS COUNTY APPLICATION FOR EMERGENCY HOUSING ASSISTANCE

This application will be used to evaluate your eligibility for EMERGENCY HOUSING ASSISTANCE. Hocking Athens Perry Community Action Agency is administering the program. The project is funded by a grant through the Ohio Development Services Agency. Completing this form does not commit or obligate you in any way, nor does it commit HAPCAP or Athens County to provide assistance to you. All information on this form is confidential.

Applicant				
	Last	First	M.I.	Social Security Number
Co-Applicant/ Spouse				
	Last	First	M.I.	Social Security Number

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

Address of Unit to receive assistance \_\_\_\_\_

Home Phone Number	Name and phone number where messages can be left
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Landlord/Mortgage Company \_\_\_\_\_

Landlord/Mortgage Company Address \_\_\_\_\_

Landlord/Mortgage Company Phone Number \_\_\_\_\_

Total number of people in your household: \_\_\_\_\_

List their:	<u>Name</u>	<u>D.O.B.</u>	<u>S.S. #</u>	<u>Relationship</u>	<u>Email Address</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

Income: What are the sources of monthly income for the entire household?

	<u>Monthly</u>	<u>Yearly</u>
Employment (Applicant)	\$ _____	\$ _____
Employment (Co-Applicant)	\$ _____	\$ _____
Employment (Other)	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Social Security/SSI/SSD	\$ _____	\$ _____
TANF/DA	\$ _____	\$ _____
Pensions/Retirement	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Other Income	\$ _____	\$ _____

**For Office Use Only**

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

Household Size: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Income Eligible: Yes No  
Own Rent

Displaced Worker Yes No

Approved  Denied

Processed By: \_\_\_\_\_

Under 50% Under 80% Over 80%





# LANDLORD ACKNOWLEDGMENT OF RESIDENCE/RENT

Landlord's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Date \_\_\_\_\_

To Whom This May Concern,

I, \_\_\_\_\_, the landlord of \_\_\_\_\_ formally acknowledge that he/she resides at the street address of \_\_\_\_\_, City of \_\_\_\_\_, State of Ohio since \_\_\_\_\_, 20\_\_\_\_ as my tenant.

I, \_\_\_\_\_, the landlord of \_\_\_\_\_ formally acknowledge that he/she is past due on rent in the amount of \$\_\_\_\_\_ for the month/months of \_\_\_\_\_, at the street address of \_\_\_\_\_, City of \_\_\_\_\_, State of Ohio.

Normal monthly Payment Amount \$\_\_\_\_\_

Sincerely,

\_\_\_\_\_

Landlord

## Witness Acknowledgment

I, as witness to the aforementioned claims made by \_\_\_\_\_ and acknowledge their residency

status.

Witness #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# STATEMENT OF NO INCOME

To Whom It May Concern:

I \_\_\_\_\_ have no income coming into the household.

Printed Name

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

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

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

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Client Signature

