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 **CANNOT** 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
Senior Housing Clerk
Hocking Athens Perry Community Action

Jeremy Boggs
Housing Coordinator
Hocking Athens Perry Community Action
PERRY/HOCKING 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

Landlord/Mortgage Company _____________________________________________________

Landlord/Mortgage Company Address......................................................................

Landlord/Mortgage Company Phone Number ________________________________

Total number of people in your household: ___________

List their: Name  D.O.B.  S.S. #  Relationship  Email Address

1. 

2. 

3. 

4. 

5. 

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Monthly</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment ( Applicant)</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Employment ( Co-Applicant)</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Employment ( Other)</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Interest/Dividends</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Social Security/SSI/SSD</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>TANF/DA</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Pensions/Retirement</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Child Support</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Other Income</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

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%
Please list name and address of your present employer(s):

Applicant ______________________________________________________________________________________________

Co-Applicant _____________________________________________________________________________________________

Other Household Members __________________________________________________________________________________

Is your home a manufactured, sectional, mobile, or modular type unit?…………………………………………Yes ☐ No ☐

List Months Mortgage/Rent Payments Past Due_________________________________________________________________

Is this household CSBG 200% eligible? …………………………………………Yes ☐ No ☐

*****************************************************************************

ATTENTION: YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION
TO BE CONSIDERED FOR EMERGENCY HOUSING ASSISTANCE. The following checklist is to assist you in submitting proper documentation with your application.

☐ Verification of Income for ALL household members (2 months of recent paystubs, Updated Award letters for ADC, SSI, Social Security, etc. We DO NOT accept bank statements or Award letters that are outdated.)

☐ Verification that you have lost a source of income due to the Corona Virus/Covid 19

☐ Verification of past due rent or mortgage payment (Affidavit from Landlord, Mortgage Statement, etc.)

Read Before Signing:

The information furnished on the foregoing pages is believed to be true and complete. I realize that I may be held civilly and criminally liable under Federal and State Law for any knowingly false or fraudulent statement. I also understand that by signing this application, I authorize Hocking Athens Perry Community Action Agency representatives access to bank, employment, welfare, or other records needed to verify any statements made.

_____________________________________ ______________________________________ __________________
Applicant’s Signature Co-Applicant’s/Spouse’s Signature Date

<table>
<thead>
<tr>
<th>Annual Housing Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mortgage/Rent Payments $___________</td>
</tr>
<tr>
<td>2. Taxes &amp; Fire Insurance $___________</td>
</tr>
<tr>
<td>3. Water $___________</td>
</tr>
<tr>
<td>4. Electric $___________</td>
</tr>
<tr>
<td>5. Gas/Heating Oil $___________</td>
</tr>
<tr>
<td>6. Phone $___________</td>
</tr>
<tr>
<td>7. Trash Pickup Service $___________</td>
</tr>
</tbody>
</table>

Please give totals to the best of your knowledge.

Please Return To:
Hocking Athens Perry CAA
Housing Department
50 St. Charles Street
Nelsonville, Ohio 45764
### CSBG INTAKE

**Client ID #**: 

**Last Name**: 

**First Name**: 

**DOB**: 

**Address**: 

**City**: 

**Zip**: 

**County**: 

**Phone #**: 

**Message Phone #**: 

**Whose Phone**: 

**Gender**:  

- [ ] Female  
- [ ] Male  

**Disabled**:  

- [ ] Yes  
- [ ] No  

**Ethnicity**:  

- [ ] Black or African American  
- [ ] Asian  
- [ ] Native Hawaiian/Pacific Islander  
- [ ] Native American/Native Alaskan  
- [ ] Hispanic or Latin  
- [ ] White  
- [ ] Other  
- [ ] Multi-Race (any 2 or more above)  

**Education**:  

- [ ] A. 0-8  
- [ ] B. 9-12 (Non-Grad)  
- [ ] C. HS Grad/GED  
- [ ] D. 12+  
- [ ] E. 2-4 yr. Grad College  

**Food Stamps**:  

- [ ] Yes  
- [ ] No  

**Health Insurance**:  

- [ ] A. Medicaid  
- [ ] B. Medicare  
- [ ] C. Private  
- [ ] D. Self-Ins.  
- [ ] E. None  
- [ ] F. Unknown  

**Farmer**:  

- [ ] A. Farmer  
- [ ] B. Migrant  
- [ ] C. Seasonal  

**Veteran**:  

- [ ] Yes  
- [ ] No  

**Family Type**:  

- [ ] F. Single Par/Female  
- [ ] Single  
- [ ] M. Single Par/Male  
- [ ] Couple  
- [ ] Two Parent  
- [ ] Other  

**Housing**:  

- [ ] Own  
- [ ] Rent  
- [ ] Homeless  
- [ ] Other  

**Income Eligibility Period**:  

- [ ] A. Weekly  
- [ ] B. Bi-Weekly  
- [ ] C. Monthly  
- [ ] D. Annually  
- [ ] E. 13 Weeks  
- [ ] F. 3 Months  
- [ ] G. 6 Months  

**Source of Income**:  

- [ ] A. Employment  
- [ ] B. Unemployment  
- [ ] C. Social Security  
- [ ] D. TANF  
- [ ] E. GA  
- [ ] F. SSI/SSD  
- [ ] G. Pension  
- [ ] H. No Income  
- [ ] I. Other  
- [ ] J. Zero Income  
- [ ] K. Refused – Only used for programs that do NOT require income verification  

**Income Amount**:  

**Other Household Members**  

*Use codes from above ONLY for information listed below*  

**SS#**:  

**Last Name**:  

**First Name**:  

**Date of Birth**:  

**Male/Female**:  

- [ ] M, F  

**Disabled**:  

- [ ] Y, N  

**Ethnicity**:  

- [ ] B, A, NHPI, NA, HL, W, O, MR  

**Education**:  

- [ ] A, B, C, D, E  

**Veteran**:  

- [ ] Y, N  

**Health Insurance**:  

- [ ] A, B, C, D, E, F, G  

**Income Period**:  

- [ ] A, B, C, D, E, F, G  

**Source**:  

- [ ] A, B, C, D, E, F, G, H, I, J, K  

**Income Amount**:  

**Code#**:  

**# of Units**:  

**Date of Service**:  

**Intake**:  

**Initials**  

**Date**  

**Data Entry**  

**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**:  

**Comments**:  

04/08
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