

Prevention, Retention and Contingency Program (PRC) Application

Name of Applicant	Present Address	FOR AGENCY USE ONLY	
SSN:		Case Number	
Phone # Where you can be reached!		Date Sent	Date Rec'd.
		Perry	Caseworker

If you are not registered to vote where you live now, would you like to apply to register to vote?

Yes, I want register to vote. No, I don't want to register to vote.

If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

1. Have you ever received any type of public assistance from a Job and Family Services Department? Yes No
If yes, give the County JFS, the type of assistance received and the date received. _____

2. Explain what you need and estimate the amount you are requesting. _____

3. Give the name of other agencies you have contacted for help. _____

4. Have any other agencies helped you with this need? Yes No
If yes, give the name and tell how you were helped. If no, tell why you were not helped. _____

5. Is anyone in your household presently under a sanction or disqualification from any Job and Family Services Program? Yes No
If yes, give the name and the date the sanction or disqualification began. _____

6. Has anyone in your household quit or refused a job in the last 90 days? Yes No
If yes, give the name, the date of the quit or refusal, and the reason for the quit or refusal. _____

7. Is anyone in your household eligible for, but not receiving court ordered child support? Yes No
If yes, list the name(s) of individuals not receiving court-ordered child support _____

8. Are you currently paying court ordered child support? Yes No

9. Does anyone in your household own a car or have access to a car? Yes No
If yes, list the name(s) of individuals and the means of transportation. _____

7. Complete the chart below for anyone living in your home, including yourself.

You are required to verify income for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$

If you are eligible, the agency will limit assistance under this program to actual documented amount of need.

Signature of Applicant

Date

Perry County Housing Stabilization Program

HAPCAP is collaborating with Perry County Department of Family Services to help eligible families with rent or mortgage assistance. This onetime payment will be paid directly to the Landlord or to the Mortgage Company. It can be used for the current month and past due amounts but can be for no more than 4 months.

There is a limited amount of money available and will be available on a first come first serve basis. Applications will be accepted through September 25, 2020.

Eligibility

- **Temporary Assistance for Needy Families Eligible-** At or below 200% of the Federal Poverty Guidelines
 - and have a child under the age of 19 in the household. See guidelines on application. Proof of current income must be provided.
- **Experienced Loss of Income Due to COVID-19-** Loss of income must be documented application.
- **Past due on rent or mortgage payment-** Proof of past payment must be documented.

The applications will be done by phone. However, applications will not be considered complete until all documents are received. Applications will be processed on a first come first serve basis based on when all required documents are completed.

For more information, questions and or to apply, please call 1.800.273.1513 or 740.342.4113.

We may be able to help with other needs as well. If you need help with your electric and or water bill or are interested in learning about other resources that might be available, please call the number listed above.

Landlord Acknowledgment

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.

Sincerely,

Landlord

Witness Acknowledgment

I, as witness to the aforementioned claims made by _____ and acknowledge their residency status.

Witness #1 Signature _____ Date _____

Print Name _____

COVID-19 Related Documentation

Applicant's Name

I have been adversely affected by the emergency condition? Yes No

Please check the reason you are requesting assistance:

Job Loss, Reduction in Pay, Reduction in hours- COVID-19 related: Please provide proof of COVID-19 related income. This can include a letter from employer, unemployment documentation or other.

Other- COVID-19 Related- Please provide proof of other COVID-19 related income loss. Please provide details here:

I agree with the above statement (it is correct/true for me).

I disagree with the above statement (it is not correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____