

RENT & UTILITY ASSISTANCE



(740) 767 - 4500

Have you experienced financial hardship during or due, directly, or indirectly, to the COVID-19 Pandemic?

ELIGIBILITY

- Did anyone in your household qualify for unemployment benefits?
- Has anyone in your household experienced a reduction in income?
- Are you late paying your rent or utilities?
- Is the combined household income for ALL household members 18 and over less than the income limit guidelines listed below for your county?*

Athens County Income Limits

Household #	12 Month Income
1	\$41,950
2	\$47,950
3	\$53,950
4	\$59,900
5	\$64,700
6	\$69,500
7	\$74,300
8	\$79,100

Hocking & Perry County Income Limits

Household #	12 Month Income
1	\$41,550
2	\$47,500
3	\$53,450
4	\$59,350
5	\$64,100
6	\$68,850
7	\$73,600
8	\$78,350

If you answered “YES” to ANY of the questions listed above, you might be eligible to receive assistance from the American Rescue Plan Home Relief Grant (ARPHRG).

*Income eligibility will be determined during the application process and calculated using the most recent (30 day) income documentation.

TO REQUEST ASSISTANCE

Carefully read and thoroughly complete ALL DOCUMENTS in this packet and RETURN ALL REQUIRED DOCUMENTS to your local HAPCAP office:

3 Cardaras Dr. Glouster Ohio 45732

399 Lincoln Park Suite B New Lexington Ohio 45764

SEO Foodbank: 1005 CIC Dr Logan Ohio 43138

Hours: Monday – Friday 8:00am – 4:00pm

After hours drop off in drop box located outside of the building or by email to:

rentalassistance@hapcap.org

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American Rescue Plan Home Relief Grant (ARPHRG)

Application Checklist

The following paperwork must be completed and copies of the following documents must be turned in. Once all documents are complete and gathered, you may drop them off at your local HAPCAP office or email them to rentalassistance@hapcap.org.

- Copy of Social Security cards for all household members (*Non-citizenship documentation may be required if you do not have one*)
- Copy of Birth Certificates for all household members
- Proof of income for the past 30 days for all household members 18 years or older (*see attached income types*)
- Proof of address (*if not receiving utility assistance*)
- ARPHRG Application Page- signed and dated (pg. 4)
- Covid Hardship Form- signed & dated (pg. 5)
- Self-Declaration of Income worksheet (*if applicable*)- signed & dated (pg. 5)

For Rental Assistance:

- Copy of your lease or a letter from your landlord regarding month to month lease (*letter must include rent amount each month*)
- Landlord Verification Form (*completed & Signed by landlord*) (pg. 7)
- W9 Form (*completed by landlord if he/she has not worked with HAPCAP in the past*)
- Eviction/past due notice (*if applicable*)

For Utility Assistance:

- Copy of past due utility bill
- If internet assistance is needed, you must complete the Internet Service Attestation Form attesting to purpose of the internet (pg. 6)

Types of Income

Income documentation is required for everyone in the household over 18 years of age. Listed are types of income.

- 30 days of Paystubs (*name must be on paystub as well as the gross amount*)
- Child Support (*if received, name must be on the document*)
- SSI or SSDI Award letter (*if received, award letter must be from 2022 and name must be on the document or most recent bank statement with name*)
- If no income: Self-Declaration of Income Worksheet must be completed (*if someone has been assisting you, they must provide a written statement*)
- Copy of 2021 1040 (*if taxes were filed*)
- Proof of SNAP or TANF (*if received, name must be on the document, but no other income information will be necessary to turn in*)

Additional documents may be required during the application process with your Case Manager.



American Rescue Plan Home Relief Grant (ARPHRG) Application

YOU MUST LIST ALL HOUSEHOLD MEMBERS LIVING IN YOUR HOUSEHOLD AND RETURN THIS DOCUMENT WITH YOUR PACKET (PLEASE PRINT CLEARLY)

Applicant's Name: _____

Current Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Household Member's Name	Birthdate	Social Security Number	Does Household Member have income?	Type of Income
APPLICANT			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TANF <input type="checkbox"/> other <input type="checkbox"/> Child Support
HOUSEHOLD MEMBER			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TANF <input type="checkbox"/> other <input type="checkbox"/> Child Support
HOUSEHOLD MEMBER			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TANF <input type="checkbox"/> other <input type="checkbox"/> Child Support
HOUSEHOLD MEMBER			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TANF <input type="checkbox"/> other <input type="checkbox"/> Child Support
HOUSEHOLD MEMBER			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TANF <input type="checkbox"/> other <input type="checkbox"/> Child Support
HOUSEHOLD MEMBER			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Wages <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> TANF <input type="checkbox"/> other <input type="checkbox"/> Child Support

*For additional household members please use the back of the sheet

*******I, _____, verify that the household I am requesting assistance for, or any of the household members, have NOT received rent or utility assistance from another source for the time period that I am requesting to be paid for on my behalf. I further certify that the information 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's Signature: _____ Date: _____

Self-Declaration of Income Worksheet

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If all sections are not complete there may be a delay in processing your application.

Client Name: _____ Phone Number: _____

Monetary Support Section:

If you are receiving help paying your bills and / or expenses from a non-household member, please list their name(s) and phone number(s) below, **also include a signed statement from that person(s)**. The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If more than one person is paying expenses, have him/her submit a separate signed statement as well and provide their name(s), phone number(s) and address(es) below.

First Name	Last Name	Telephone Number (include area code) () -
Address		
First Name	Last Name	Telephone Number (include area code) () -
Address		

Explain how the following expenses are paid (Write N/A to any that do not apply)

Bill	Monthly Amount	Gift/Loan (if Other, please explain)		
Rent/Mortgage		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Food		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Gas		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Electric		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Phone/Cell		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Car Payment/Insurance		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Cable/Internet		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Personal Expenses		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Bulk Fuels (i.e. propane, fuel oil/coal)		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:
Other Expenses		<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Other:

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		
Utility Allowance (HUD)- Please note if this is paid directly to the utility companies.		

Income Comments Section (How have they been surviving for last 30 days)

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

Client Signature: _____ Date: _____



ARPA-HRG 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: _____

Supporting Documentation: _____

Case Notes: _____

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 Name: _____

Applicant Signature: _____

Date: _____



Internet Service Attestation Form

Applicant Name: _____

Internet Provider: _____

Account Number: _____

Total Amount Due: _____

Internet bill also required to be turned in with this form.

Reason for Assistance:

- Distance Learning / Home Schooling (Attach documentation)
- Telework (Attach documentation)
- Telemedicine (Attach documentation)
- Used to obtain government assistance (Attach documentation and explain below)

Notes:

I, _____, certify that I have not received any other financial assistance for the request I am seeking. I am applying for assistance to cover the cost of my internet services.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Confirmed need with: (list documentation type) _____

Date: _____ Initials: _____



**ARPA-HRG Rental Assistance Program
Landlord Verification and Agreement for Program Participation**

MUST BE COMPLETED BY LANDLORD

Tenant Customer Name: _____

Property Address: _____

Please complete the table below indicating the months and amounts past due:

Month+	Rent Charge Type+ (i e. late rent, late fees, court fees, etc.)	Amount Owed

+Must break down each charge/fee

Landlord Agreement:

I, (Landlord/organization name) _____ agree to accept the amount provided by HAPCAP for the above tenant to cover expenses listed above. I further agree to not increase the rent costs prior to receipt of ARPA-HRG Emergency Housing Assistance payment or to evict the tenant for nonpayment for the months covered through this assistance program.

Landlord/Representative Name & Title*

Date*

Landlord/Representative Signature*

Phone Number*

Mailing Address*

Email Address

*Required

For Office Use Only:

Date Confirmed: _____

Initials: _____