OHIO HOME RELIEF Checklist & Cover Letter

Application submitted by: Agency Name Legal Aid Contact Name:

Application Summary	
Application Type	☐ Rental ☐ Homeless (1st Mnth/Dpsit) ☐ Mortgage ☐ Water/Sewage
Client's Full Name	
Hamilton County Auditor – Parcel ID #/ printout	
Mortgage Holder/ Financial Institution	
Past Mortgage Due Amount	
Rental (Landlord/Property Manager Name)	
Rental Amount	
GCWW Amount	
Total Amount of Request	0

Required Client File Documentation (required for all applications)	
☐	Client application
☐	ID for head of household
☐	Copies of social security cards or citizenship verification for each household member
☐	Proof of income for all household members 18 years or older for a minimum of the past 30 days
☐	Additional income forms if applicable including: Income Self-Declaration for Zero Income, Self-Employment Income and Expenses
☐	COVID Impact Statement
☐	Client Release of Information
☐	Case Notes (if applicable, CAA Staff)
☐	Voucher and supporting documentation for amount of assistance provided (CAA Staff only)

Rental Assistance Client File Documentation (in addition to required documents)	
☐	Eviction or past due rent notice
☐	Landlord statement signed with total amount due
☐	Lease agreement as documentation from landlord
☐	Verification of landlord ownership from auditor's website (parcel ID information)
☐	Landlord W9 & Debarment

Homeless Assistance Client File Documentation (in addition to required documents)	
☐	If moving to a new location, justification for the move (i.e. currently homeless, living with another family and not sufficient space, etc.)
☐	Document from Landlord with deposit and 1st month's rent amount
☐	Landlord W9 & Debarment

Mortgage Assistance Client File Documentation (in addition to required documents)	
☐	Notice of past due mortgage payment (can include taxes and insurance)

Utility Assistance Client File Documentation (in addition to the above)	
☐	Copy of utility bill demonstrating the account has been shut off, is in disconnect status, or is past due (amount required to prevent disconnect or maintain service)

Processor: _____ Date: _____

Application Reviewer: _____ Date: _____

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Client's Full Name:

Submitting Agency Comments:

CAA Staff Comments:

OHIO HOME RELIEF APPLICATION

SS#: ___ / ___ / ____ CLIENTNAME:

DOB: mm / dd / yyyy ADDRESS:

CITY: ZIP: TELEPHONE:

GENDER
☐ FEMALE ☐ MALE

DISABLED
☐ YES ☐ NO

ETHNICITY
☐ BLACK AFRICAN AMER ☐ HISPANIC ☐ ASIAN
☐ WHITE ☐ NATIVE AMER ☐ OTHER

EDUCATION
☐ 0 - 8 ☐ 12+
☐ 9 - 12 ☐ UNKNOWN
☐ HS GRAD/GED ☐ COLLEGE GRAD

FOOD STAMP
☐ YES ☐ NO

HEALTH INSURANCE
☐ MEDICAID ☐ SELF-INS
☐ MEDICARE ☐ NONE
☐ PRIVATE ☐ UNKNOWN

FARMER
☐ FARMER
☐ MIGRANT
☐ SEASONAL

VETERAN
☐ YES
☐ NO

 # IN HSHL
#

FAMILY TYPE
☐ SINGLE PAR/FEMALE ☐ SINGLE
☑ SINGLE PAR/MALE ☐ COUPLE
☐ TWO PARENT ☐ OTHER

HOUSING
☐ OWN
☐ RENT
☐ HOMELESS
☐ H-W ☐ H-WO
☐ SUBSIDIZED

CUSTOMER INCOME/PERIOD
☐ WEEKLY ☐ ANNUAL
☐ BI-WEEKLY ☐ 13 WEEKS
☐ MONTHLY
AMOUNT $00.00

SOURCE OF INCOME
☑ EMPLOYMENT ☐ AFDC/TANF ☐ PENSIONS ☐ WORKER COMP. ☐ INTEREST
☐ UNEMPLOYMENT ☐ DA ☐ DISABILITY ☐ CHILD SUPPORT ☐ OTHER SITE
☐ SOCIAL SECURITY ☐ SSI/SSD ☐ SELF EMP. ☐ VA

HOUSEHOLD MEMBERS

SS#						
LAST NAME						
FIRST NAME						
RELATION						
DATE OF BIRTH						
GENDER						
DISABLED						
ETHNICITY						
EDUCATION						
HEALTH INS						
VETERAN						
INCOME PERIOD						
AMOUNT						
SOURCE						

I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any of all information necessary for verification purposes

Customer Signature_____ Date_____

Staff Signature_____ Date_____

OHIO HOME RELIEF IMPACT STATEMENT

I have experienced a COVID related hardship as follows:

Type your statement here

I certify that all information on this form is true and correct to the best of my knowledge.

Name: _____

Address: _____

_____ Phone: _____

Signature: _____ Date: _____

CAA STAFF: _____ Date: _____

OHIO HOME RELIEF Release of Information Authorization

Agency Information

Legal Aid

Name of Agency *Name of Agency Contact* *Date*

215 E. 9th Street Ste 500 | Cincinnati | OH | 45202

Street Address *City* *State* *Zip Code*

Phone *Fax Number* *Email Address*

Customer Information

Name

OH

Street Address *City* *State* *Zip Code*

Phone *Email Address*

I _____ understand that the Community Action Agency needs to receive information concerning myself and/or my family and is asking for my cooperation in this process. I do give my consent to the agency/program listed above to release the following information for the purpose indicated below.

Data requested from:

Landlord/Property Manager Name (Please print): _____

Phone: _____

Email: _____

Mortgage Financial Institution: _____

Account Number.

GCWW account number: _____

I understand this consent for release of information shall remain in effect for one year, unless I cancel my consent prior to this agreement.

Client: _____ Date _____

CAA Staff _____ Date _____