

HARDSHIP APPLICATION – CSBG APPLICATION
LEADS Community Action Agency – 160 Wilson Street, Newark, Ohio 43055
 Email – info@leadscaa.org Fax – 740-349-8087

This application must be fully completed.

Name of Primary Applicant:

Date:

First:		Last:		Middle Initial:	
Address:				County:	
City:		State:		Zip Code:	

Social Security #

Are you a U.S. Citizen? YES NO

Have you received any type of Public Assistance (such as JFS)? YES NO

If yes, Who

Why

Have you applied for the 2020 HEAP (Home Energy Assistance Program)? YES NO

Have you applied for Home Weatherization Program? YES NO

Have you applied for Hardship Assistance in the last 12 months? YES NO; If yes, Who

FINANCIAL INFORMATION:

Are you currently employed? YES NO If self-employed, Name of Employer:

Have you been Laid Off or Furloughed due to COVID-19? YES NO

If yes, Date of Layoff or Furlough

Are you currently receiving unemployment? YES NO

Please check the reason you are requesting assistance:

- | | |
|---|--|
| <input type="checkbox"/> Job Loss | <input type="checkbox"/> Increase food and household goods |
| <input type="checkbox"/> Reduction in Working Hours | <input type="checkbox"/> Inability to pay rent |
| <input type="checkbox"/> Only income – Social Security/SSI with Children in home | <input type="checkbox"/> Inability to pay for Car Repair |
| <input type="checkbox"/> Only income – Social Security/SSI with Grandchildren in home | <input type="checkbox"/> Other |

Please describe your financial hardship:

WHAT ARE YOU SEEKING ASSISTANCE FOR?

<u>REQUEST OF ASSISTANCE</u>	<u>REQUEST AMOUNT</u>	<u>REASON</u>

This table shows yearly gross income limits for family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive assistance. This certification form is being completed in connection with the distribution of assistance from state funded programs and/or federal assistance through the Community Service Block Grant (CSBG).

<u>200% FEDERAL POVERTY LEVEL</u>		
<u>HOUSEHOLD SIZE</u>	<u>MONTHLY INCOME</u>	<u>YEARLY INCOME</u>
1	\$ 2,127	\$ 25,520
2	\$ 2,873	\$ 34,480
3	\$ 3,620	\$ 43,440
4	\$ 4,367	\$ 52,400
5	\$ 5,113	\$ 61,360
6	\$ 5,860	\$ 70,320
7	\$ 6,607	\$ 79,280
8	\$ 7,353	\$ 88,240

HOUSEHOLD RESIDENTS AND INCOME:

Please list all persons who currently reside in the household and income for the past 30 days. Attach proof of income.

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>TYPE OF INCOME</u>	<u>30 DAYS CALCULATION</u>
		TOTAL:	

Customer Signature: _____

Date: _____