

HARDSHIP APPLICATION- CSBG APPLICATION  
 LEADS Community Action Agency- 160 Wilson Street, Newark Ohio 43055  
 Email- [info@leadscaa.org](mailto: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
Main Phone:	Second Phone	Email:

Are up a U.S Citizen: \_\_\_ yes \_\_\_ no

Have you received any type of Public assistance \_\_\_ yes \_\_\_ no, If yes who \_\_\_\_\_ why \_\_\_\_\_

Have you applied for 20 HEAP (Home Energy Assistance Program)? \_\_\_ Yes \_\_\_ No

Have you applied for Home Weatherization Assistance Program? \_\_\_ Yes \_\_\_ No

Have you applied for a Hardship assistance in the last 12 months? \_\_\_ Yes \_\_\_ no, If yes \_\_\_\_\_

**Financial Information:**

Are you currently employed: \_\_\_ yes \_\_\_ no \_\_\_ self-employed, if yes (Name Employer) \_\_\_\_\_

Have you been layoff, due to the covid-19 \_\_\_ yes \_\_\_ no, if yes (Date of Layoff) \_\_\_/\_\_\_/\_\_\_

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

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**WHAT ARE YOU SEEKING ASSISTANCE FOR?**

Request of Assistance	Request Amount	Reason

This Table shows yearly gross income for family size. If you're 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 program and /or federal assistance through the Community Service Block Grant.

125 % Federal Poverty Level

Household Size		Monthly Income	Yearly Income
1		1,329	15,590
2		1,796	21,550
3		2,263	27,150
4		2,729	32,750
5		3,196	38,350
6		3,663	43,950
7		3,303	49,550
8		4,050	55,150
9		4,423	60,350

HOUSEHOLD RESIDENTS AND INCOME:

List all persons who currently reside in the household and income of each for the past 30 days of Income Attach Proof of income.

Frist Name:	Last Name:	Type of Income	30 day's Calculation
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\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

\_\_\_\_\_ \$

TOTAL: \$ \_\_\_\_\_

This Section is for Agency Use Only: CSGB- COVID19 Authorization/ Denial Form:

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Applicant: \_\_\_\_\_ Case Number: \_\_\_\_\_

Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hardship Services issued in the last 12 months? \_\_\_\_ Yes \_\_\_\_ no, If yes \_\_\_\_\_

Receipt of benefit attached: \_\_\_\_ Yes \_\_\_\_ No

If yes, Category and amount \_\_\_\_\_

Pledge / or Intent Completed \_\_\_\_\_

Date: \_\_\_\_\_

Vendor Name:		Address	
Account Number:		Name On Account	
Voucher Date:	Voucher Amount	W-9 Attached:	
Reason for Denial			

Customer Service Rep Signature	Date:	Supervisor Signature	Date:
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