

LEADS Community Action Agency
CDBG-CV HOME RELIEF GRANT (OCD: CDBG-CV)
April 1, 2020 thru December 31, 2021

OVERVIEW: LEADS Community Action Agency (CAA) will be operating the CDBG-CV Home Relief Program (CDBG-CV) between April 1, 2020 and December 31, 2021 through the Ohio Development Services Agency (Development), Office of Community Development. Individuals and families who have been impacted by COVID-19 and are at or below 80% of Area Median income may be eligible for **SHORT TERM RENTAL ASSISTANCE, MORTGAGE ASSISTANCE, WATER, SEWER, ELECTRIC, GAS and ALTERNATIVE ENERGY SOURCE if not eligible for PIPP or HEAP.** A basic summary of the operational requirements and related information is as follows:

- All individuals applying for assistance must complete a 3-page application and **demonstrate need is related to job loss or decreased income due to coronavirus.** The application and basic information are available at the CAA website @ www.leadscaa.org.
- All applicants must also complete a CAA Intake Summary, provide proof of 30 days income and be at or below 80% of Area Median income for resident county.

Family Size	ANNUAL INCOME	30 DAY INCOME	Family Size	ANNUAL INCOME	30 DAY INCOME
1	\$ 46,950	\$3,912.50	5	\$ 72,450	\$6,037.50
2	\$ 53,650	\$4,470.83	6	\$ 77,800	\$6,483.33
3	\$ 60,350	\$5,029.17	7	\$ 83,150	\$6,929.17
4	\$ 67,050	\$5,587.50	8	\$ 88,550	\$7,379.17

- **All customer contact will be remote, by either phone, email, or a combination thereof.**
- Rental, Mortgage, Water, Sewer, Electric, Gas and Alternative Energy Source bills if not eligible for PPP or HEAP arrearages can be paid from April 1 through the present; security deposits related to rental agreements are also eligible for payment. No payments will be to clients or for expenses previously paid;
- Up to **THREE CONSECUTIVE MONTHS** of assistance can be requested. There are **NO CAP LEVELS** on the total assistance per household. All assistance types must be for the same three consecutive months.
- For rent, a past due notice or eviction notice from the landlord is required along with the total amount owed. The landlord must sign a Landlord Agreement and agree to its stipulations; for mortgage assistance, additional information will be required from the lender.
- Individuals applying can access an application for services on the CAA website at the icon on the home page, send an email to the COVID@LEADSCAA.ORG or leave a voicemail @ 740-349-8606.
- After completing and signing the application it can be scanned and emailed to **COVID@LEADSCAA.ORG** or dropped off at the agency drop box at 160 Wilson Street, Newark, OH 43055;
- An Intake Specialist/Case Manager will contact the applicant as soon as possible and arrange for receipt of all required documentation/information.

LEADS Community Action agency
 159 Wilson Street
 Newark, Ohio 43055
 COVID@LEADSACC.ORG
 740-349-8606

LEADS CDBG-CV HOME RELIEF GRANT (OCD: CDBG-CV)

Applicant Information

First Name	Last Name
Street Address	City, State and Zip
Social Security Number	Date of Birth
Telephone Number Land Line and/or Cell Phone	Sex Male Female
E-Mail Address	What is the best way and time to reach you?
Have you ever applied for the Home Energy Assistance Program in the past year?	If yes, indicate when and provide your client ID if you have it:
Have you received rent, mortgage, water, or sewer assistance from any other agency since April 1, 2020?	If yes, who did you receive it from? Please explain further in an email or when contacted by your case manager.

To be considered for LEADS CDBG-CV HOME RELIEF GRANT (OCD: CDBG-CV) assistance an applicant must be at least 18 years of age or older; be a resident of Licking County and **have been negatively affected by the COVID-19 pandemic** (Loss of employment or decreased income due to coronavirus)

Explain how you have been negatively affected by the COVID-19 pandemic.

PLEASE CHECK WHICH SERVICES YOU ARE APPLYING FOR Allowable expenses cannot be for any period prior to April 1, 2020. MUST BE THREE CONSECUTIVE MONTHS FOR EACH SERVICE REQUESTED:

- Rent Assistance:** List months applying for _____
Total Estimated Arrearage (April 1 to present) _____
- Security Deposit and First Month's Rent** _____
Total Amount Due for Each _____
- Mortgage Assistance:** List months applying for _____
Total Estimated Arrearage (April 1 to present) _____
- Utility Assistance:** List months applying for _____
Total Estimated Arrearage (April 1 to present) _____

REQUIRED DOCUMENTATION FOR ALL ASSISTANCE CATEGORIES IN ORDER TO PROCESS YOUR REQUEST:

- Client Intake Form – Completed and signed
- Picture ID
- Copies of Social Security cards or verification for each household member
- Proof of income for all household member 18 years or older for a minimum of the past 30 days
- Documentation of hardship and completed Client Assistance Request Related to COVID-19 Pandemic
- CDBG-CV Individual Applicant Duplication of Benefits Statement, Certification and Subrogation Agreement
- Duplication of Benefits Calculation Worksheet for Individual Assistance
- Completed and signed application

Rental Assistance Additional Required Documentation (in addition to above)

- Eviction or past due rent notice. Notice should include total amount due (including fees)
- Landlord verification/proof of ownership and agreement to receive funds.
- Lease agreement

Mortgage Assistance Additional Required Documentation (in addition to above)

- Notice of late mortgage payment (including taxes and insurance)
- W9 from mortgage company

Utility Assistance Additional Required Documentation (in addition to above)

- Copy of utility bill demonstrating the account has been shut off, is in disconnect status or is past due.

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4	\$ 67,050	\$5,587.50		8	\$ 88,550	\$7,379.17

By my signature below, I declare and state under penalty of perjury the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. In addition, by my signature, I acknowledge that final approval of my CDBG-CV Home Relief Grant request is based on the established guidelines and availability of funding. I authorize the exchange of information between CAA and all providers related to my assistance. I understand that all information contained in this application is confidential.

Signature of Applicant

Date

CSBG INTAKE FORM

E-Mail Address: _____

SS# _____ **LAST NAME** _____ **FIRST NAME** _____
DATE OF BIRTH: _____ **ADDRESS** _____
CITY _____ **ZIP CODE** _____ **TELEPHONE ()** _____

GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO		ETHNICITY <input type="checkbox"/> B. BLACK/AFRICAN AMER. <input type="checkbox"/> H. HISPANIC <input type="checkbox"/> A. ASIAN <input type="checkbox"/> W. WHITE <input type="checkbox"/> N. NATIVE AMER. <input type="checkbox"/> O. OTHER					
EDUCATION <input type="checkbox"/> A. 0 - 8 <input type="checkbox"/> D. 12 + <input type="checkbox"/> B. 9-12 (NON-GRAD) <input type="checkbox"/> E. UNKNOWN <input type="checkbox"/> C. HS GRAD/GED <input type="checkbox"/> F. COLLEGE GRAD			FOOD STAMPS <input type="checkbox"/> YES <input type="checkbox"/> NO		HEALTH INSURANCE <input type="checkbox"/> A. MEDICAID <input type="checkbox"/> D. SELF-INS <input type="checkbox"/> B. MEDICARE <input type="checkbox"/> E. NONE <input type="checkbox"/> C. PRIVATE <input type="checkbox"/> F. UNKNOWN				
VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		# IN HSHLD		FAMILY TYPE <input type="checkbox"/> F. SINGLE PAR/FEMALE <input type="checkbox"/> S. SINGLE <input type="checkbox"/> M. SINGLE PAR/MALE <input type="checkbox"/> C. COUPLE <input type="checkbox"/> T. TWO PARENT <input type="checkbox"/> O. OTHER		HOUSING <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOMELESS		CLIENT INCOME <input type="checkbox"/> A. WEEKLY <input type="checkbox"/> D. ANNUAL <input type="checkbox"/> B. BI-WEEKLY <input type="checkbox"/> E. 13 WEEKS <input type="checkbox"/> C. MONTHLY <input type="checkbox"/> AMOUNT: _____	

SOURCES OF INCOME
 A. EMPLOYMENT C. SOCIAL SECURITY E. DA G. PENSIONS I. OTHER: _____
 B. UNEMPLOYMENT D. AFDC/TANF F. SSI/SSD H. DISABILITY

SITE: _____

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

ID#								
UNITS								
DATE								

	NAME	DATE
INTAKE		
DATA ENTRY		

EQUAL OPPORTUNITY- It is the policy of the agency to offer equal opportunity to all-persons without regard to race, religion, national origin, sex age, political affiliation or handicap.

COMPLAINT PROCEDURES- If you have a complaint related to the completion of services that you have received from LEADS, you have the right to file an appeal. This appeal must be made with-in 30 days from the date of services. Please make your appeal in writing to: Terry Boehm, Community Service Director, 160 Wilson Street, Newark, Ohio 43055

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

SIGNATURE OF CLIENT	DATE
COMMENTS	

CDBG-CV 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: _____

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 Signature: _____

Date: _____

**CDBG-CV Individual Applicant Request for Assistance and
Duplication of Benefits
Statement, Certification, and Subrogation Agreement**

In accordance with the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116–136) (CARES Act), the U.S. Department of Housing and Urban Development (HUD) allocated Community Development Block Grant coronavirus response (CDBG-CV) funds to the State of Ohio to prevent, prepare for, and respond to coronavirus. Recipients of CDBG-CV funds must implement procedures to prevent any Duplication of Benefits (DOB) as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 42 U.S.C. 5121 et seq.). With this form, an applicant for CDBG-CV assistance 1) outlines the costs associated with a proposed coronavirus-related activity; 2) identifies other assistance received or anticipated for the activity; 3) states the CDBG-CV funding request; 4) certifies the accuracy of the information; and 5) **agrees to repay any awarded CDBG-CV assistance that is duplicated.**

Applicant Name	
Applicant Address	
Proposed Activity ¹	<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Utilities Assistance ○ Have you applied for HEAP/PIPP? <input type="checkbox"/> Yes <input type="checkbox"/> No ○ If yes, are you eligible and/or currently receiving assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Need ²	\$
Total Assistance Received or Anticipated for Proposed Activity ³	
Total of Non-Duplicative Assistance ⁴	
Total Duplication of Benefits (DOB) ⁵	
CDBG-CV funding request ⁶	\$

¹ Eligible activities are: Rental, Mortgage, and/or Utility Assistance. Activity must be associated with an action to prevent, prepare for, or respond to coronavirus.

² “Total Need” is the total activity cost. All costs included in total need must be reasonable and necessary. Applicant must provide applicable supporting documentation.

³ Not including CDBG-CV. “Assistance” includes resources such as cash awards, insurance proceeds, grants, and loans received or anticipated by the CDBG–CV applicant, including awards under local, state or federal programs, and from private or nonprofit charity organizations. “Anticipated” assistance means assistance likely to be received by acting reasonably to evaluate need and the resources available to meet that need. Applicant must provide applicable supporting documentation for any source of funding cited in the total assistance calculation. For reference, HUD’s guidance document [“CARES Act Programs through SBA, FEMA, IRS, Treasury, USDA, and HHS for CDBG Grantees’ Awareness for Duplication of Benefits”](#) provides a summary of federal CARES Act programs.

⁴ Assistance is non-duplicative if it is 1) provided for a different purpose; or 2) Provided for the same purpose (eligible activity), but for a different, allowable use (cost).

⁵ Total DOB equals “Total Assistance Received or Anticipated for Proposed Activity” minus “Total of Non-Duplicative Assistance.”

⁶ The CDBG-CV funding request may not exceed the “Total Activity Cost” minus the “Total Duplication of Benefits (DOB).”

Proposed Itemized Activity Budget⁷

MORTGAGE OR RENT ASSISTANCE REQUEST

Funding Source	Month 1:	Month 2:	Month 3:
CDBG-CV Request:	\$	\$	\$
(Source)			
(Source)			
(Source)			
(Source)			
Total \$	\$	\$	\$

UTILITY ASSISTANCE REQUEST

Funding Source	Month 1:	Month 2:	Month 3:
CDBG-CV Request:	\$	\$	\$
(Source)			
(Source)			
(Source)			
(Source)			
Total \$	\$	\$	\$

Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. **Additionally, if I/we receive future funding for the same purpose of the any CDBG-CV funds received, I/we will agree to repay the assistance that was duplicated.** Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.

 Applicant Name

 Signature

 Date

⁷ Add or delete columns or rows, as needed.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2	Business name/disregarded entity name, if different from above	
3	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6	City, state, and ZIP code	
7	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
		-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.