

LEADS Community Action Agency  
**CAA-HRG HOME RELIEF GRANT (OCA: CAA-HRG)**  
**March 13, 2020 thru September 30, 2022**

**OVERVIEW:** LEADS Community Action Agency (CAA) will be operating the Consolidated Appropriations Act Home Relief Program (CAA-HRG) between March 13, 2020 and September 30, 2022 through the Ohio Development Services Agency (Development), Office of Community Assistance (OCA). To assist low-income households with **RENT, RENTAL ARREARS, UTILITY/HOME ENERGY COSTS AND UTILITY/HOME ENERGY COST ARREARS** who are at or below 80% of Area Median income may be eligible for assistance. 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 has experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly to COVID-19.
- One or more individuals has qualified for unemployment during 2020-2021.
- Qualified for unemployment benefits during 2020-2021.
- One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability which may include **PAST DUE UTILITY OR RENT**. Unsafe or unhealthy living conditions or any other evidence of such risk (as documented).
- All applicants must also complete a CAA Intake Summary, must provide three-month income documentation but use last 30 days income to determine eligibility or calendar year 2020 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 Assistance, Water, Sewer, and Arrears, Electric, Gas and Arrears, Bulk Fuel and Trash (No Court Costs) up to 12 months incurred from March 13, 2020 through September 30, 2022. No payments will be made for expenses previously paid. There are **No Cap Limits**.
- 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 Utility and Home Energy, a copy of the utility bill demonstrating the account has been shut off, is in disconnect status or is past due.
- 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](mailto: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](mailto: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@LEADSCAA.ORG  
 740-349-8606

**LEADS CONSOLIDATED APPROPRIATIONS ACT HOME RELIEF GRANT (OCA: CAA-HRG)**

**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 March 13, 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 CONSOLIDATED APPROPRIATIONS ACT HOME RELIEF GRANT (OCA: CAA-HRG) assistance an applicant must be at least 18 years of age or older; be a resident of Licking County and **qualified for unemployment during 2020-2021, qualified for unemployment benefits during 2020-2021, experienced a reduction in household income, incurred significant costs or experience other financial hardship due directly or indirectly to COVID-19, at risk of experiencing homelessness or housing instability, unsafe or unhealthy living conditions.**

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

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**PLEASE CHECK WHICH SERVICES YOU ARE APPLYING FOR Allowable expenses cannot be for any period prior to March 13, 2020.**

- Rent Assistance:** List months applying for \_\_\_\_\_  
 Total Estimated Arrearage (March 13, 2020 to present) \_\_\_\_\_
- Security Deposit and First Month's Rent** \_\_\_\_\_  
 Total Amount Due for Each \_\_\_\_\_
- Utility Assistance:** List months applying for \_\_\_\_\_  
 Total Estimated Arrearage (March 13,2020 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 the past 30 days or calendar year 2020
- Documentation of hardship
- 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)
- If moving to a new location justification for the move (currently homeless, living with another family, etc.)
- Landlord verification/proof of ownership and agreement to receive funds.
- Lease/rental agreement

**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.

<b>Family Size</b>	<b>ANNUAL INCOME</b>	<b>30 DAY INCOME</b>		<b>Family Size</b>	<b>ANNUAL INCOME</b>	<b>30 DAY INCOME</b>
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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 CAA-HRG 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.

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Signature of Applicant

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Date

**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: \_\_\_\_\_

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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: \_\_\_\_\_

### CSBG INTAKE FORM

**E-Mail Address:** \_\_\_\_\_  
**FIRST NAME** \_\_\_\_\_

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

<b>GENDER</b> <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		<b>DISABLED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>ETHNICITY</b> <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					
<b>EDUCATION</b> <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			<b>FOOD STAMPS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>HEALTH INSURANCE</b> <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				
<b>VETERAN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b># IN HSHLD</b>		<b>FAMILY TYPE</b> <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		<b>HOUSING</b> <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> HOMELESS		<b>CLIENT INCOME</b> <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"/> F. 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					
<b>SS #</b>					
<b>LAST NAME</b>					
<b>FIRST NAME</b>					
<b>DATE OF BIRTH</b>					
<b>GENDER</b>					
<b>DISABLED</b>					
<b>ETHNICITY</b>					
<b>EDUCATION</b>					
<b>HEALTH INS</b>					
<b>VETERAN</b>					
<b>INCOME: PERIOD</b>					
<b>AMOUNT</b>					
<b>SOURCE</b>					

<b>ID#</b>									
<b>UNITS</b>									
<b>DATE</b>									

	<b>NAME</b>	<b>DATE</b>

**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.

<b>SIGNATURE OF CLIENT</b> _____	<b>DATE</b> _____
<b>COMMENTS</b>	
_____	
_____	
_____	





