

Hamilton County CARES Act Rent and Utility Assistance Application

Applicant Name:		SSN:
Phone #:	Alternate Phone:	
Email Address:		Application Date:

1. Have you or a member of your household suffered an adverse financial event as a result of COVID 19?

No; Yes – If yes, please describe.

2. Has that financial loss affected your ability to pay your rent or utility bills? No; Yes – If yes, please specify how, and specify amount of rent/utilities that is owed

My family's financial loss has affected my ability to pay rent or utility bills as described here:

The amount of rent/utilities owed is: (Must submit supporting documentation from landlord/utility provider)

Rent owed: \$ Utilities owed: \$

	Yes	No
3. Do you currently live in Hamilton County?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you experienced a decrease in income due to COVID-10 pandemic?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have past due rent and/or utilities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have the ability to pay your rent and utilities right now?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you received other rent/utility assistance since March?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has your landlord received other payment for the past due rent/utilities?	<input type="checkbox"/>	<input type="checkbox"/>

9. **Household Members** (include yourself) Household members include the applicant, their children, spouse, and/or co-parent of any child in the home.

Name	Relationship	Age	Date of Birth

Household Income for the Past 30 Days	Employment, Child Support, Unemployment Benefits, Social Security, TANF, Alimony, Etc.
AMOUNT(S)	SOURCE(S)

10. Please provide supporting documentation which may include:

- Unemployment letter
- Check stubs noting decrease of hours or wages
- Furlough letter
- Letter from employer showing reduction in hours/wages due to COVID-19
- Other documentation showing a reduction in income due to COVID-19

11. Have you attempted to access community resources to pay for rent/utilities? Please detail below.

Fund Source	Result	Reason
Community Action Agency		
Prevention Retention Contingency training funds		
Saint Vincent DePaul		
Other		

APPLICANT STATEMENT

My signature below indicates that:

- I hereby certify that the information on this form is complete and accurate.
- I understand that the information provided may be subject to further verification by Hamilton County.
- If necessary, I will provide the information required to verify this data.
- If any other the information is later found be incomplete or inaccurate, I understand that I may be liable to repay any funding paid to landlord or utility provider on my behalf.

Signature:	Date Signed:
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For Office Use Only

Determination of Approval - COVID Eligibility: <input type="checkbox"/> Yes; <input type="checkbox"/> No	Signature of Eligibility Determiner:	Date:
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Item/Service Approved	Approval Date	Amount Approved	Payee institution
		\$	
		\$	
		\$	
Total		\$	<i>Note: May not exceed \$5000</i>

Denial of CARES Act funding for tuition and tuition supplies and materials <input type="checkbox"/> Reason for Denial:	
Signature of Eligibility Determiner:	Date: