



FCDJFS Financial Assistance Application

Applicants must this application to be considered for all financial assistance programs currently being offered by FCDJFS at the time of application which includes PRC, PRC Plus and ERA. Staff will determine which program(s) you are eligible for and the amount of allowable assistance.

Applicant Information: Complete the following box for the person applying for assistance

First Name:		Middle Initial:	Last Name:		Date of Birth:
OB Case #:	Last 4 #'s of SSN:	Email:			Phone #:
Address:		City:	State:	Zip Code:	County:
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien			Race: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary			<input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian		
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		

Household and Income Information: Complete the table for everyone in the household. Report **Earned & Unearned** Income for the last 30 days.

Name	Relationship to Applicant	Age	Source of Income	Monthly Gross Amount (gross=before taxes)	Do You Expect this Income to Change in the Next 30 Days?
	SELF				<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Does the Applicant currently receive any of the following? <input type="checkbox"/> SNAP <input type="checkbox"/> OWF <input type="checkbox"/> Medicaid	Is there a minor child in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Applicant in Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, is someone in the home medically verified to be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No

Request for Assistance: Answer ALL questions. Complete the table by inserting a dollar amount in the categories of assistance for which you want to apply.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is one or more of your utilities currently shot off or do you have a disconnection for one or more utilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an eviction filed against you at your current residence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you five (5) or more days behind on your rent or mortgage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need assistance due to a government declared disaster or other personal disaster (fire, flood)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you received Emergency Rental Assistance (ERA) funds from any other agency (i.e.: IMPACT)? If yes, what agency/program _____, for what months? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or someone in your household qualified for unemployment, experienced a reduction in income, incurred significant costs or had other financial hardships during, or due directly or indirectly to COVID 19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your household at risk of homelessness or housing instability? (i.e., eviction, past due utilities, unhealthy/unsafe living conditions, or specify other: _____)

Assistance Category	Amt Requested	Assistance Category	Amt Requested	Assistance Category	Amt Requested
Rent		Gas		Bus Passes	
Mortgage		Electric		Home Repairs	
Security Deposit		Water		Property Taxes	
1 st Month Rent		Bulk Fuel		Driver's License	
Temporary Housing		Auto Repairs		Reinstatement	

Applicant Attestation and Signature

I attest that:

- I have read and understand the scope of assistance provided by PRC and the requirements necessary for consideration.
- All the information provided is correct and complete to the best of my knowledge.
- The request(s) for assistance in this application have not been or are not projected to be paid by any other federal, state, or local program providing the same or similar services for the same requests contained in this application.
- The payments made under this program will be used only for the intended purpose(s) of the program.
- I grant permission for FCDJFS to gather, report information needed to determine eligibility and process this application.
- I acknowledge that the submission of an application is not a guarantee of approval.

Signature of Applicant:	Date:
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PRC Allowable Categories of Services and Benefits and Requirement for Each Category

Requirements for all Categories of Assistance

- ❖ Verification of the last 30 days of Income
- ❖ W9 for the Vendor
- ❖ No more than 4 months of costs can be approved for PRC 1x and Plus

<p>Rent Mortgage Security Deposit 1st Month Rent</p>	<p>For PRC 1x Assistance and PRC Plus, rent and mortgage payments must be at least 5 days late. ERA will pay 3 months of prospective rent.</p> <p>For PRC 1x and PRC Plus, the applicant must meet the sustainability requirement. Applicant must submit the following:</p> <ul style="list-style-type: none"> • A current signed and dated lease or rental agreement • An itemized statement signed by the landlord of rental fees owed • A payment agreement if the amount owed is more than what FCDJFS can pay • A subsidized housing agreement if applicable • A property management agreement if the landlord uses a property management company • ERA Customer or Landlord Attestation if required <p>For Deposits:</p> <ul style="list-style-type: none"> • The Customer and Landlord must sign and submit the Deposit Repayment Agreement (deposits are to be repaid to FCDJFS upon termination of the lease) • Landlord must submit a signed and dated W-9 • Not Allowed/Covered late fees, legal expenses, penalties, or court costs (ERA may cover some reasonable late fees) • Any type of pet fee • Closing costs, down payments, second mortgages or home equity lines of credit • Utility costs will not be paid to the landlord unless stated in the rental agreement/lease • Payment will not be made to a landlord if the applicant lives with the landlord.
<p>Temporary Housing</p>	<p>Applicant must meet one of the following conditions and be able to verify/document if:</p> <ul style="list-style-type: none"> • Homeless • Living in a domestic violence shelter • Housing has been declared uninhabitable by a government agency within the last 3 months • Housing is deemed unsafe due to current criminal activity within the last 3 months • Payment will be made for not more than 2 months • Vendor must agree to invoice FCDJFS
<p>Utility Assistance</p>	<ul style="list-style-type: none"> • Payments can be paid for a utility/or utilities that are shut off or have a notice of disconnection • Applicant must provide documentation of the amount due and for what months <p>Not Allowed:</p> <ul style="list-style-type: none"> • During HEAP/Winter Heating Season – FCDJFS will NOT pay the heating utility unless it is a PIPP payment or the customer shows documentation that they have been denied HEAP assistance. • Deposits can be paid with proper documentation of amount needed (charges from prior residences will not be paid even if required for the new residence)
<p>PIPP</p>	<ul style="list-style-type: none"> • PRC may be used to assist an applicant regain PIPP eligibility by assisting with PIPP reinstatement costs. • PIPP reinstatement costs are not the same as the total balance owed.

Bulk Fuel	<p>May include the purchase of bulk fuels such as:</p> <ul style="list-style-type: none"> • Propane • Heating oil • Coal or wood • Applicant must provide documentation of amount owed or needed for the deposit <p>For Deposits:</p> <ul style="list-style-type: none"> • Limited to the amount necessary for service connection at the new residence <p>For Other Payments:</p> <ul style="list-style-type: none"> • Must have less than a 20-day supply <p>Deposits can be paid with proper documentation of amount needed (charges from prior residences will not be paid even if required for the new residence)</p>
Home Repairs	<ul style="list-style-type: none"> • Applicant must be the homeowner • Repairs must be necessary to maintain the structure of the home (roof, walls, plumbing) • Applicant must get two estimates from vendors who are registered with the Secretary of State and licensed to do the work
Property Taxes	<p>Payment can be made for either the 1st or 2nd half of the collection of current year real estate taxes, <u>NOT</u> both. FCDJFS Staff will verify payment request with the Franklin County Auditor.</p>
Auto Repairs	<ul style="list-style-type: none"> • Repair costs cannot exceed the retail value of the car • Must provide proof of ownership/lease of the vehicle and proof of liability insurance • The title/lease must be in the applicant's name for a minimum of 90 days • Must provide two estimates from a business registered with the Ohio Secretary of State • Repairs must be done in Franklin County • Applicant must be employed or have a job offer for at least 20 hours a week • Applicant must have a valid driver's license
Driver's License Reinstatement	<ul style="list-style-type: none"> • Applicant's license must have been suspended for one of the circumstances identified in the PRC Plan • The applicant must otherwise be eligible for reinstatement but lack funds to pay the reinstatement fee • Must have proof of employment or a job offer • Must provide documentation of the type of suspension and proof of eligibility for reinstatement
Bus Passes	<p>Must be needed for:</p> <ul style="list-style-type: none"> • Work • Training or education program • Job search or interviews • Proof of participation is required

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? Yes No
 2. Will you be at least 18 years of age on or before the next general election? Yes No
 If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)			Apt. or Lot #	5. City or Post Office	6. ZIP Code
7. Additional Mailing Address (if necessary)				8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp. Ward Precinct School Dist. Cong. Dist. Senate Dist. House Dist.
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)		
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street					
Previous City or Post Office		Previous County	Previous State		
13. CHANGE OF NAME ONLY Former Legal Name			Former Signature		

14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature



Date

(MM/DD/YYYY)

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit VoteOhio.gov/Boards

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: VoteOhio.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: VoteOhio.gov or call (877) 767-6446.

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