



LAKewood Community Services Center

LAKewood COMMUNITY SERVICES CENTER

APPLICATION FOR RENTAL ASSISTANCE

DATE: _____

In order to apply for funds, some preliminary information is required. Please note that your application for assistance does not guarantee receiving funds. Thank you.

HEAD OF HOUSEHOLD (HOH) INFORMATION							
LAST NAME		FIRST NAME		M.I.	SUFFIX	SOCIAL SECURITY NUMBER	
DATE OF BIRTH		GENDER (Optional) <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other		MARITAL STATUS <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Legally Separated <input type="radio"/> Divorced <input type="radio"/> Widowed			
ADDRESS					LENGTH OF RESIDENCY		
MAIN PHONE NUMBER		OTHER PHONE NUMBER		EMAIL			
DO YOU NEED AN INTERPRETER? <input type="radio"/> YES <input type="radio"/> NO		WHAT IS YOUR PREFERRED SPOKEN LANGUAGE?			WHAT IS YOUR PREFERRED WRITTEN LANGUAGE?		
ARE YOU A VETERAN? <input type="radio"/> YES <input type="radio"/> NO		ARE YOU DISABLED? <input type="radio"/> YES <input type="radio"/> NO		IF YES, WHAT IS YOUR DISABILITY?			
RACE (Optional) <input type="radio"/> White/Caucasian <input type="radio"/> Native <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Asian <input type="radio"/> Black/African American Hawaiian/Other Pacific Islander <input type="radio"/> Other					ETHNICITY (Optional) Hispanic? <input type="radio"/> YES <input type="radio"/> NO		
WHO REFERRED YOU?					HIGHEST SCHOOL GRADE COMPLETED		
HOUSEHOLD TYPE (Skip if Single Adult) <input type="radio"/> Female Single Parent <input type="radio"/> Male Single Parent <input type="radio"/> Two Parent Family <input type="radio"/> Foster Parent(s) <input type="radio"/> Grandparent(s) & Child <input type="radio"/> Non-Custodial Caregiver <input type="radio"/> Couple with No Children <input type="radio"/> Couple (Parent & Friend) and Child <input type="radio"/> Other							
Has there been a recent reduction in household income?					<input type="radio"/> YES <input type="radio"/> NO		
If yes, indicate reason:							
Is household receiving other rent/utility assistance?					<input type="radio"/> YES <input type="radio"/> NO		
If yes, please indicate source:							
Is household receiving food stamps?					<input type="radio"/> YES <input type="radio"/> NO		
If yes, how much each month?							
Does household have health insurance?					<input type="radio"/> YES <input type="radio"/> NO		
If yes, please indicate which type:							
Are any household members a domestic violence victim/survivor?					<input type="radio"/> YES <input type="radio"/> NO		
If yes, indicate when (and if fleeing):							

ADDITIONAL HOUSEHOLD MEMBERS									
FIRST NAME	LAST NAME	GENDER	DOB	SSN	RELATIONSHIP TO HOH	VETERAN Y/N	RACE	ETHNICITY	DISABILITY Y/N

DESCRIBE THE CIRCUMSTANCES THAT LED YOU TO SEEK ASSISTANCE (Presenting Problem):

WHAT TYPE OF ASSISTANCE DO YOU NEED RIGHT NOW:

ASSISTANCE REQUEST:

Landlord Name:	Landlord Phone Number:
Amount of Rent Needed: \$	Court-Ordered Eviction: <input type="radio"/> Yes <input type="radio"/> No

MONTHLY EXPENSES:

Rent:	Gas:	Electric;	Phone:	Cable / Internet:
Water / Sewer:	Food:	Transportation:	Other:	Other:

CLEVELAND/CUYAHOGA COUNTY HMIS CONSENT AND RELEASE

When you request or receive services from the Cuyahoga County Continuum of Care (CoC), information is collected about you and your household. This information is then entered into the Cleveland/Cuyahoga Homeless Management Information System (CCHMIS), a.k.a. Clarity Human Services. The CCHMIS is used by over 40 local, social service agencies to coordinate service delivery.

What type of information is collected?

- Basic identifying information for you and each member of your household (may include name, SSN, date of birth, gender, race, ethnicity, household information, phone numbers, military veteran status, disability status)
- Income information (sources and amounts of household income, employment information, work skills)

What happens to the information collected?

- With your approval, information collected is shared with other service agencies participating in HMIS for the purpose of coordinating service delivery, identifying needs, and tracking outcomes.
- CCHMIS aggregate data (non-identifying) may be used for community reports and shared with Federal, State, and local agencies and other institutions for the purpose of research and analysis. Client information is only shared with authorized persons.

NOTE: CCHMIS uses many security protections to ensure confidentiality and only agencies that use CCHMIS can access this program. All partner agencies adhere to strict security policies to protect your privacy. HMIS software is highly secure.

Why should you agree to have your information shared with other agencies that use Cuyahoga County Clarity Humans Services? The benefits to sharing your information in HMIS are as follows:

- Reduce the number of visits to other agencies and forms completed;
- Identify other services or programs you may be eligible for;
- Better coordinate services for you and your household.

CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

You have the option to cancel access to personal information that you are providing about yourself and your minor children at any time. If you chose to cancel previous authorization, you must do so in writing. Please contact intake staff at the CoC Agency you're currently working with to formally rescind authorization. Please note that canceling authorization (rescinding authorization) will only impact future release of client information.

AUTHORIZATION OF CONSENT: *All information may be shared with authorized personnel in participating and partner agencies relative to the CoC. Your release of information authorization is valid for three (3) years.*

SIGNATURE of Client, Guardian, or Head of Household

PRINTED NAME

DATE

REFUSAL OF CONSENT: *I understand that services will not be withheld if I refuse consent.*

SIGNATURE of Client, Guardian, or Head of Household

PRINTED NAME

DATE

ADDITIONAL HOUSEHOLD MEMBERS:

PRINTED NAME OF CLIENT **Relationship to HOH**

PRINTED NAME OF CLIENT **Relationship to HOH**

PRINTED NAME OF CLIENT **Relationship to HOH**

PRINTED NAME OF CLIENT **Relationship to HOH**

PRINTED NAME OF CLIENT **Relationship to HOH**

PRINTED NAME OF CLIENT **Relationship to HOH**

COMPLAINT/GRIEVANCE/APPEAL PROCEDURES

A. GENERAL POLICY

It is the intent of agencies providing ESG assistance to respond quickly to complaints and appeals by the program participants. If the complaint is against Lakewood Community Services Center, please follow the following procedure.

- Submit written complaint to **Trish Rooney, Executive Director**
- She will investigate and recommend a solution

If the outcome of the agency's grievance process is not satisfactory to the client, a written complaint or appeal may be filed with the following agency:

Office of Homeless Services
310 West Lakeside Ave., Suite 595
Cleveland, Ohio 44113

B. PROCEDURES

Any complaint or appeal must be submitted in writing within 30 days of action or decision and include the following information:

- The nature of the complaint or reason for appeal
- The date of occurrence or termination
- The parties involved
- The desired outcome of the review/appeal
- A signed release of information (if we must speak with outside entities)

Appeal process and timeline:

- Appeal will be reviewed by the Executive Director at LCSC and a written decision will be provided within 3 working days.
- If, after going through the agency's complete internal grievance/complaint process, the participant is not satisfied with the agency or administering agency decision, they may appeal to the Office of Homeless Services (see above info).
- Upon receiving a request for an appeal, the Office of Homeless Services will convene a subcommittee of representatives to conduct and process the appeal within five working days.
- If after receiving the written response from the Office of Homeless Services, the complaint is dissatisfied, then a written appeal may be made to the HUD Columbus office.

Applicant/s Signature

Date



2020 CARES ACT INCOME VERIFICATION FORM

ALL INFORMATION IS KEPT CONFIDENTIAL

CLIENT NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

Each participant in this program is required by the Department of Housing and Urban Development to provide their annual income level to establish eligibility for this federally-funded program, and to verify race/ethnicity for data collection purposes only.

HOUSEHOLD MEMBERS AND INCOME

- List all household members (Working and not working, adults and children).
- Current Annual Income is the estimated income for the current year including any wages, benefits, alimony, child support and other forms of financial income or support.

Household Member	Name	Age	Current Annual Income
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
Total Household Income			\$

INCOME ELIGIBILITY

- Select Household Size.
- Select corresponding income range of the household in the same row to the right.

Step 1	Step 2		
Number or Persons in Household	Extremely Low Income (0 to 30% of MFI), \$	Very Low Income (31% to 50% of MFI), \$	Low Income (51% to 80% of MFI), \$
(Check One)	(Check One)		
1 <input type="radio"/>	\$16,000 or less <input type="radio"/>	\$16,000 - \$26,600 <input type="radio"/>	\$26,600 - \$42,600 <input type="radio"/>
2 <input type="radio"/>	\$18,500 or less <input type="radio"/>	\$18,500 - \$30,400 <input type="radio"/>	\$30,400 - \$48,650 <input type="radio"/>
3 <input type="radio"/>	\$21,720 or less <input type="radio"/>	\$21,720 - \$34,200 <input type="radio"/>	\$34,200 - \$54,750 <input type="radio"/>
4 <input type="radio"/>	\$26,200 or less <input type="radio"/>	\$26,200 - \$38,000 <input type="radio"/>	\$38,000 - \$60,800 <input type="radio"/>
5 <input type="radio"/>	\$30,680 or less <input type="radio"/>	\$30,680 - \$41,050 <input type="radio"/>	\$41,050 - \$65,700 <input type="radio"/>
6 <input type="radio"/>	\$35,160 or less <input type="radio"/>	\$35,160 - \$44,100 <input type="radio"/>	\$44,100 - \$70,550 <input type="radio"/>
7 <input type="radio"/>	\$39,640 or less <input type="radio"/>	\$39,640 - \$47,150 <input type="radio"/>	\$47,150 - \$75,400 <input type="radio"/>
8+ <input type="radio"/>	\$44,120 or less <input type="radio"/>	\$44,120 - \$50,200 <input type="radio"/>	\$50,200 - \$80,300 <input type="radio"/>

RACIAL CHARACTERISTICS (Circle One)

<input type="radio"/> White	<input type="radio"/> Black-African American	<input type="radio"/> Black-African American & White
<input type="radio"/> Asian	<input type="radio"/> Asian & White	<input type="radio"/> Native Hawaiian-Other Pacific Islander
<input type="radio"/> American Indian-Alaskan Native	<input type="radio"/> American Indian-Alaskan Native & Black	<input type="radio"/> American Indian-Alaskan Native & White
<input type="radio"/> Other Multi-Racial		

ETHNICITY	
Check only if Hispanic or Latino Origin	<input type="radio"/>

CORONAVIRUS IMPACT		
<input type="radio"/> Unemployed due to Coronavirus	<input type="radio"/> Furlough or Reduced Income due to Coronavirus	<input type="radio"/> At-Risk Person(s) Requiring quarantine or isolation
<input type="radio"/> Delinquent on Rent or undergoing Eviction	<input type="radio"/> Other impact from Coronavirus	
<input type="radio"/> Explain		

Other Assistance Needed		
<input type="radio"/> Food	<input type="radio"/> Emergency Utility Assistance	<input type="radio"/> Rental Assistance
<input type="radio"/> Senior Service	<input type="radio"/> Other	
<input type="radio"/> Explain		

CERTIFICATION

I/We certify that I/We have been adversely impacted by the Coronavirus and I/We are seeking this assistance to address or mitigate an unmet need.

I/We certify that this assistance is meeting an unmet need that is not duplicated assistance from multiple sources for the same coronavirus response purpose, and the total assistance received for that purpose is not more than the total need.

I/We certify that this information is complete and accurate. I/We agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

Participant's Signature

Date

Effective June 1, 2020

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

LCSC TERMINATION FORM

To be completed upon receipt of Rental/Utility assistance

RECIPIENT NAME: _____

TOTAL FUNDS RECEIVED: _____

Recipient Signature:	Date:
Staff Signature:	Date:
Supervisor Signature:	Date:

*"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"*