

COVID-19 2020 Pre-Application Form

Your completed pre-application will be reviewed by a case manager. If you are eligible for assistance a case manager will call you and schedule an appointment detailing required information needed to process your application. If you are ineligible, a notice of denial will be sent to you. The following are the steps to take in applying for assistance with the community support program.

1. Fill out the pre-application completely and accurately, provide information about everyone in your household. The information provided will serve as a screener to determine eligibility
2. If you have income, please provide detailed income information for all household members. Income sources include earned income received from wages, salaries, commissions and unearned income. Unearned income includes unemployment and worker's compensation
3. If you have income please note your gross income. For the COVID-19 process, income may or may not be considered to determine amount. If income is considered, depending on hardship, you may be required to be either at or below the federal poverty guidelines set by the federal government equal to or below 200 %. No exception
4. client must have been affected by covid-19 since March 13th, 2020. See acceptable reasons below. Other reasons for hardship as a result of COVID-19 may be considered.
5. Client must be past due on their rent for an identifiable month after march 13, 2020.
6. Depending on hardship, client may be asked to agree to pay remaining balance before our contribution is submitted via check or money order to landlord. Payment must be and verified by case manager as well.
7. If you receive section 8 housing or live-in public housing and pay less than \$200.00 in rent, you will not be eligible to receive assistance.
8. Please do not negotiate payment arrangements with your landlord or utility company based on assistance you may qualify for with project real life. We will work with you and your landlord and/or or utility company.

Conditions For COVID-19 Housing Assistance Consideration

- Clients Affected By COVID-19 Include - Job Loss or Income Affected Due To COVID-19 (After March 13th, 2020)
- Health Affected By COVID-19 (Health of Client or Close Family Member - Parent, Grandparent, Children, Sibling, Spouse, Self - Or If You Are the Caretaker of Someone Who Is/Was Infected)
- Expense Incurred as A Result of Final Arrangements for Family Member Who Succumbed Due To COVID-19
- Other Situations Affecting Income as A Direct Result Of COVID-19

Clients Must Provide Documentation Denoting COVID-19 Hardship

- Termination/Layoff Letter with Start Date After March 13th, 2020
- Receipts of Activity Expensed (Paid) As A Result of Covid-19
- Statement Denoting COVID-19 Hardship from A Certifying Professional or Self-Declaration of Health Condition for Self or Qualifying Family Member or Person Nursed
- Notice from School System or Official Noting School Building Is Closed to Students and The Child Is Below the Age Of 12 And Is in Need of Supervision

Applicants name: _____ home or cell
number: _____ work number: _____

Address: _____ city:
_____ zip code: _____
street apt. #

County: _____

Please circle one: are you a u.s. citizen? Yes or no permanent resident? Yes
or no other: _____

Do you or any of your family members receive Medicaid? ____ yes or ____ no
do you receive section 8 or public housing? \$ _____

Total number in household: _____

Name of household members	Social security number	Birthdate	Age	Relationship to head of household	Race

please print clearly

Income: (please list income for all household members). If you are not
receiving income due to COVID-19 check here _____

Household member	Source of income	Gross monthly income

		(before taxes)

Case manager only

Case manager:

Denial reason:

_____ or
Appt. Date: _____ **apt.**
Time: _____

Receptionist only

Income information provided:

_____ yes or _____ no

Are you receiving any of the following benefits? (please list the amount received by all household members)

Benefit amount

Food stamps \$ _____

utility check \$ _____

Child support \$ _____

childcare support \$ _____

Public housing you pay \$ _____

section 8 housing you pay \$ _____

Other \$ _____

utility check \$ _____

What are you seeking assistance for today?

___ mortgage assistance ___ rental assistance

Rent:

How much is your base rent/mortgage? (not including utilities): \$ _____

How long have you lived at your current address? ____

Is your rent/mortgage behind? __yes __ no how far behind are you?

\$ _____

Total amount of rent/mortgage owed? \$ _____ when is the last time you made a payment? _____

If project real life commits to assist you and there is a remaining balance, you must be able to pay the remaining balance. For example, if your rent is \$1000 and project real life commits \$850, you must be able to pay the remaining \$150 at the time the \$850 is given to your landlord or we must have a verbal/written agreement from the landlord.

Explain in detail why you need assistance:

I certify that all information provided on the application is true and correct to the best of my knowledge. I am aware that this information is subject to review and verification and I may have to provide document to support. I am aware that I may be denied assistance if I am found ineligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I am aware that completing this application does not guarantee that I will receive financial assistance. I allow release of information contained herein for the purpose of verification of my situation. I acknowledge that I received a copy of the application instructions/guidelines.

Applicant's Signature: _____

Date: _____

Case Manager's Signature: _____

Date: _____

Required documents

- 1) Please provide a clear copy of all household members social security cards
- 2) Identification for head of household and all members 18 years of age or older.

NOTE: INCOME MUST BE PROVIDED FOR EVERYONE IN THE HOUSEHOLD WHO IS WORKING.

- 3) Copy of separation/lay-off/reduced hours notification from employer
- 4) Proof of unemployment compensation or pending unemployment compensation notification.
- 5) Copy of two most recent pay-stubs (current/consecutive). If newly employed and waiting on start date - *new employment offer letter with start date and hourly rate of pay or salary.*
- 6) *All income from last 30 day for all household members over 18 years of age.*

Examples of pay and stubs needed:

- Weekly pay= 4 pay-stubs
 - Bi-weekly= 2 pay-stubs
 - Semi-monthly= 2 pay-stubs
 - Monthly = 2 pay-stubs
 - Social security or disability = yearly awards letter
- 7) All correspondences from landlord-late/eviction letters/late mortgage notices all pages.
 - 8) Documentation of hardship (see acceptable COVID hardships above).
 - 9) All pages of lease or mortgage agreement

Note: Please, Provide All Required Documents to Ensure Adequate Processing of Your File in A Timely Manner.