Lake County Department of Job and Family Services
177 Main St. Painesville, OH 44077

LAKE COUNTY PREVENTION, RETENTION, AND CONTINGENCY (PRC) APPLICATION (JAN 26)

This program is designed to assist households by diverting them from ongoing cash assistance by providing short term non-assistance, assisting an employed member of the family to maintain employment, and to provide emergency needs which, if not met, may threaten the safety, health or well-being of one of more family members. Each applicant must have in their home - a minor child of their own, or be caring for a child in place of the parent(s) (parents not in the home) and meet the definition of specified relative, or have a child in their custody, or have guardianship of a child, or must be a pregnant woman with no other children.

Applicant's Name: _____
Applicant's Address: _____
Applicant's phone number: _____
Applicants SSN: _____ **Would you like to register to vote?** ☐ Yes ☐ No

Household Composition:
Complete the chart below indicating every person that lives in your home, including yourself (the applicant). You must list everyone in your household even if they are not related to you or applying for assistance. List your name first (applicant). Use back if necessary.

Name	Relationship to the applicant	Is this person a US citizen?	Date of birth	Age in years at the time of application	SSN#	Is this person pregnant?
	Applicant					

Income:
Report all income sources and amounts for every member of your household received for the past 30 days. The reported amount should be the gross amount, this is the amount of income before any deductions such as taxes, child support, health insurance, etc. In addition to employment (taxed or untaxed), you must also report all unearned income sources, such as: social security payments, SSI payments, child support payments, unemployment, workers compensation, pensions, etc. **If your household does not have any income, you still must complete this section listing $0. Leaving it blank will be an incomplete application.**

Name	Source of income or Employer Name	Gross Amount for the Past 30 Days

Resources:
Report here the total amount of resources your household has at the time of this application. This is the total available money in things like cash, checking and savings accounts, stocks and bonds or investment accounts that you can access within the next 30 days. **You must enter an amount here even if it is $0 or your application will be incomplete.**

Name	Resource Type:	Amount Available:

Misc:
The following additional information is needed to determine your household's eligibility for PRC.

Has anyone on strike, quit or refused employment in the last 60 days? ☐ Yes ☐ No If yes, who? _____

Does anyone receive monthly notices regarding a SNAP or Cash overpayment? ☐ Yes ☐ No If yes, who? _____

If yes, has a payment been made on the account in the last 30 days? ☐ Yes ☐ No If no payment has been made in the last 30 days, you will be required to make a payment and possibly sign a new repayment agreement before your application can be approved.

Is anyone currently serving a sanction under the SNAP or cash assistance programs. ☐ Yes ☐ No If yes, who? _____

Is anyone paying court ordered child support payments for a child outside of the home? ☐ Yes ☐ No If yes, who? _____

Is anyone in the household currently a fleeing felon or in violation of parole? ☐ Yes ☐ No If yes, who? _____

Have you contacted any other agencies for assistance with the need you are applying for today? ☐ Yes ☐ No
Name of Agency: _____ How have they assisted? _____

Check the services requested. Eligibility can only be explored for those services indicated.

☐ **Delinquent rental payment/Delinquent Lot Rent Payments**
Within 10 days of your application date you must provide verification of your household's gross income for the past 30 days, self-attest your resources on this application, provide a copy of your current lease agreement and have your landlord complete the attached PRC Landlord Verification Form to verify your rental delinquency.

☐ **First month rent/security deposit**
Within 10 days of your application date you must provide verification of your household's gross income for the past 30 days, self-attest your resources on this application, and provide the attached PRC Landlord Verification Form completed by your potential new landlord. In addition, you must provide documentation that you meet one of the following requirements within 10 days of filing this application: You are residing in a homeless shelter, you are residing in a domestic violence shelter, you are facing eviction/foreclosure within 30 days of this application and your current landlord or mortgage lender will not accept a PRC payment to stop the eviction/foreclosure proceedings, you do not have your own residence and must vacate where you are currently staying, or you are within 60 days of the end of your current lease.

☐ **Emergency Shelter - Hotel Stay**
Within 10 days of your application date you must provide verification of your household's income for the past 30 days and self-attest your resources on this application. This service is only available under the following conditions.

- There is no room to stay at the local homeless shelter and you have face foreclosure or eviction from your residence in the last thirty days from the date of this application.
- There is no room to stay at the local (Lake/Geauga County) Domestic Violence shelter and your household contains a victim of domestic violence.
- You are referred by PCSA or have an active PCSA case.
- Your current residence is uninhabitable or unsafe as verified by the fire department, health department, PCSA, or a physician.

Please indicate which one applies to your application: _____

Utilities:

☐ **Gas**	Is your service disconnected?	☐ Yes ☐ No
☐ **Electric**	Is your service disconnected?	☐ Yes ☐ No
☐ **Water/Sewer**	Is your service disconnected?	☐ Yes ☐ No
☐ **Fuel Oil/Propane**	Is your tank empty?	☐ Yes ☐ No

Within 10 days of your application date you must provide verification of your household's gross income for the past 30 days, self-attest your resources on this application, and provide your **current** utility bill for which service(s) you are applying for, verifying the delinquent amount. The bill must be in a household member's name. If you are applying for fuel oil or propane, you must provide one estimate for the amount needed to fill your tank. We cannot assist with gas, electric or fuel/propane bills during winter HEAP season (11/1-3/31).

☐ **Vehicle Repairs/Towing**

Within 10 days of your application date you must provide verification of your household's gross income for the past 30 days, self-attest your resources on this application, provide a copy of the vehicle registration (it must be valid and registered to a PRC Assistance Group member), provide proof that the vehicle is insurance at the time of application, and provide the primary applicant's driver's license. If the vehicle is registered to someone other than the primary applicant, that's person's driver's license is also needed. Provide one estimate for the necessary repairs within 10 days of the application date.

☐ **Kitchen table and chairs** ☐ **Bed/Frame/Mattress**

This service is only available if this item has been destroyed in a fire, flood, or tornado, or within the last 30 days you were residing in a homeless shelter or domestic violence shelter, or your home has recently been treated for a bed bug infestation (verification must be provided). Within 10 days of your application date you must provide verification of your household income for the past 30 days, self-attest your resources on this application, and provide verification of the emergent need that you meet.

☐ **Crib/Crib Mattress** ☐ **Car Seat** **Child's Name: _____ Age: _____**

This service is only available for a pregnant woman or a child under 2 years of age in the household. Within 10 days of your application date you must provide verification of your household income for the past 30 days, self-attest your resources on this application, and provide verification of age of the child or proof of pregnancy.

☐ **Home Extermination/Pest Control**

Within 10 days of your application date you must provide verification of your household income for the past 30 days, self-attest your resources on this application, and one estimate for the necessary extermination services.

☐ **PRC Kinship Services (separate application is required for each child).**

Child's name: _____ What date did this child move into your home: _____

☐ **Crib & Mattress** ☐ **Bed Linens** ☐ **Car Seat** ☐ **High Chair** ☐ **Twin Bed Frame/Mattress**

Within 10 days of your application date you must provide verification of your household income for the past 30 days, and self-attest your resources on this application.

<u>Short Term Job or Education Related Expenses</u>

☐ **Item(s) Requested: _____**

☐ **Reason For Need: _____**

Within 10 days of your application date you must provide verification of your household income for the past 30 days, self-attest your resources on this application, provide proof from your school or work that the requested items are necessary for employment or your education.

ELIGIBILITY WILL BE DETERMINED AS SOON AS POSSIBLE, BUT NO LATER THAN 30 DAYS FROM THE DATE OF THIS APPLICATION. TO HELP US EXPEDITE YOUR ELIGIBILITY DETERMINATION – PLEASE SUBMIT VERIFICATION OF YOUR EMERGENT NEED AND YOUR HOUSEHOLD INCOME FOR THE PAST 30 DAYS WITH THIS APPLICATION. WE MAY TRY TO REACH YOU BY TELEPHONE IF WE HAVE QUESTIONS ABOUT YOUR APPLICATION. WE CAN NOT APPROVE SERVICES UNTIL ALL ELIGIBILITY REQUIREMENTS ARE MET. IF YOU NEED ASSISTANCE WITH OBTAINING VERIFICATIONS OR YOU HAVE QUESTIONS ABOUT THIS APPLICATION PROCESS, PLEASE CALL US AT 1-844-640-6446 (OHIO) Mon-Fri 8am-4pm.

Application Signature: I attest the information provided on this application is accurate to the best of my knowledge and I understand that I will be held responsible for repaying payments made on my behalf under the Lake County PRC plan if it is discovered that I withheld or did not give truthful information on this application and was not eligible for services. **By signing and dating this application, I am giving permission to Lake County Department of Job and Family Services to make contact with any utility company, landlord, property manager, employer, financial institution, or other vendor in order to obtain or share information necessary to determine eligibility for the Lake County PRC program.**

_____ _____

Signature **Date**

Lake County Department of Job and Family Services

177 Main St. Painesville, OH 44077

PRC LANDLORD VERIFICATION FORM

If the applicant is applying for assistance with delinquent rental payments, lot rent payments or first month rent and/or a security deposit, this form must be completed by the landlord/leasing agent. If you have questions about how to complete this form or about the PRC process, please call 1-844-640-6446 (OHIO) This form may be returned by mail to the above address, faxed to us at 440-350-4485, or emailed to us at LakeJFS_Documents@jfs.ohio.gov

Applicant's Name: _____
SSN or Case Number: _____
Property Address: _____

Who resides or will reside at this address (use back of this paper if additional space is needed)?

_____ _____ _____
_____ _____ _____
_____ _____ _____

FOR POTENTIAL NEW TENANTS, PLEASE COMPLETE THIS SECTION:

Date of expected occupancy: _____
Amount needed to move in:
$_____ Security Deposit Will you waive the Security Deposit? ☐ Yes ☐ No
$_____ First Month's Rent
$_____ Additional amounts (specify reason: _____)
$_____ Total
Please indicate what utilities the tenant is responsible for separate from the monthly rent amount:
☐ Gas ☐ Electric ☐ Trash ☐ Water ☐ Sewer ☐ Other _____
If responsible for gas and/or electric, are either used to heat or air condition the home? ☐ Yes ☐ No

FOR EXISTING TENANTS, PLEASE COMPLETE THIS SECTION:

Is this tenant currently facing eviction status? ☐ Yes ☐ No
If yes, have you filed an eviction with the courts? ☐ Yes ☐ No

Please indicate the past due amounts specifying the past due monthly rental amount and any late charges and other fees associated with each month. (Please use the back side of this paper if additional space is needed)

Month	**Past Amount Due**	**Late Fee**	**Other (such as utilities in the landlord's name)**	
_____	$_____	$_____	$_____	
_____	$_____	$_____	$_____	
_____	$_____	$_____	$_____	
_____	$_____	$_____	$_____	**TOTAL $ _____**

LANDLORD/LEASING AGENT SIGNATURE:

This form is to gather information necessary to determine eligibility for a potential **one-time payment** only; the agency does not pay ongoing rental expenses. By completing this form you are attesting that you are the owner or leasing agent of the property you have listed above. Providing false information to this government agency in order to receive PRC payments may lead to prosecution. **THIS FORM IS NOT A RENT VOUCHER** and does not promise payment of any kind. We will contact you if this applicant is approved for services. If the person is found eligible for PRC Services, are you willing to accept payment in the form of a voucher? ☐ Yes ☐ No The voucher process takes approx. 4-6 weeks for payment from the time of approval once all required vendor paperwork is on file (tax identification).

Your Name: (Print) _____ Signature: _____
Payment Address: _____ Phone: _____
_____
_____ Email: _____

Date Completed: _____

Your Civil Rights:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

The U.S Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email:program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:
http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.