

Lake County Department of Job and Family Services

177 Main St. Painesville, OH 44077

LAKE COUNTY PREVENTION, RETENTION, AND CONTINGENCY (PRC) APPLICATION (Oct 23)

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	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 have an overpayment of SNAP or Cash benefits that is over 30 days delinquent? Yes No
Who? _____

If you have a delinquent overpayment claim, you must make a payment on the claim and may need to sign a new repayment agreement within 10 days of filing this application. If you are not sure please call 440-350-4285.

Is anyone currently serving a sanction under the SNAP or cash assistance programs. Yes No
Who? _____

Is anyone paying court ordered child support payments for a child outside of the home? Yes No
Who? _____

Is anyone in the household currently a fleeing felon or in violation of parole? Yes No
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 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.

Delinquent mortgage payments

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 a copy of your current mortgage statement verifying the current past due amount and your mortgage company’s contact information.

First month rent/security deposit

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 the attached PRC Landlord Verification Form completed by your potential new landlord. In addition, you must verify 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 and your current landlord will not accept a PRC payment to stop the eviction 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 their current lease.

Emergency Shelter - Hotel Stay

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. This service is only available under the following conditions.

- There is no room to stay at the local homeless shelter and you are facing foreclosure or eviction from your current residence in the immediate 10 days following the application date/verification required.
- 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: _____

Gas

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 your current gas bill verifying the delinquent amount. Only the past due amount on the current bill may be paid. The bill must be in a household member's name. We cannot assist with gas bills during winter HEAP season.

Is your service disconnected? Yes No

Electric

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 your current electric bill verifying the delinquent amount. Only the past due amount on the current bill may be paid. The bill must be in a household member's name. We cannot assist with electric bills during winter HEAP season.

Is your service disconnected? Yes No

Water/Sewer

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 your current water/sewer bill verifying the delinquent amount. Only the past due amount on the current bill may be paid. The bill must be in a household member's name.

Is your service disconnected? Yes No

Fuel Oil/Propane

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 an estimate to fill your tank.

Is your tank currently empty? Yes No

Vehicle Repairs

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 a copy of the vehicle registration (it must be registered to a PRC household member), provide a copy of your valid driver's license, provide proof of insurance on the vehicle at the time of application, and two estimates from two different repair shops. If the vehicle is inoperable, or under \$100, only one estimate is needed. That estimate must indicate the vehicle is inoperable.

Delinquent Vehicle payments

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 a copy of the vehicle registration (it must be registered to a PRC household member), provide a copy of your valid driver's license, provide proof of insurance on the vehicle at the time of application, and provide a copy of your most recent statement for your car loan verifying the amount delinquent and the financial institution's contact information.

Towing cost

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 a copy of the vehicle registration (it must be registered to a PRC household member), provide a copy of your valid driver's license, provide proof of insurance on the vehicle at the time of application, and proof that the vehicle is inoperable or unsafe to drive.

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 Repair/Replacement – Type: _____

Home repairs/replacements are limited to applicants that own their own home and repairs are not covered under their homeowner's insurance policy. Replacement is allowed only if repair is not cost effective. The repair or replacement of items under the PRC program is limited to those affecting the basic structures of the home, including, but not limited to: roof/hot water tanks/furnace/plumbing/electric. 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 two estimates for the necessary repairs. If replacement is needed, both estimates must indicate replacement is recommended.

Home Extermination/Pest Control for Bed Bugs, Termites, Rodents

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 two estimates 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: _____

Clothing **Crib & Mattress** **Bed Linens** **Car Seat**

High Chair **Twin Bed Frame/Mattress** **Child Care**

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. If you are applying for childcare, you also must apply for publicly funded childcare by filing an application at the agency or online at benefits.ohio.gov within 10 days of your application date. Your childcare application must be denied for exceeding the income limits in order to approve childcare payments under the Kinship PRC plan.

Short Term Job or Education Related Expenses

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: _____

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.