

COVID- 19 Response Application

Eligible applicants are those families who have a minor child(ren) living in the home and who have decreased income since the state of emergency declared by the Governor of Ohio on March 9th, 2020 due to the COVID-19 Virus Outbreak. Eligible members can receive up to \$2,000 per household for assistance during this emergency for rent, mortgage, and/or utilities. An eviction or disconnection notice is not required to apply for this program. A new application must be completed each month during this emergency. Benefits cannot be provided for more than four (4) months. This program is limited to available TANF funds. An applicant must be a resident of Ashland County.

Please check services applying for:

- Rent
- Mortgage
- Utilities such as Gas, Electric, Water/Sewer, Trash

The following verifications will be needed to process this application; lease, landlord statement, mortgage statement, copy of utility bills.

The adult household member must complete entire application.

ADULT INFORMATION

First Name	MI	Last Name	AGE	Social Security Number
First Name	MI	Last Name	AGE	Social Security Number

ADDRESS:

_____ OH

Street _____ City _____ State _____ Zip _____

MAILING ADDRESS (If different from above):

_____ OH

Street _____ City _____ State _____ Zip _____

NAMES, AGES AND SOCIAL SECURITY NUMBER OF CHILDREN 18 AND UNDER:

First Name	MI	Last Name	AGE	Social Security Number
First Name	MI	Last Name	AGE	Social Security Number
First Name	MI	Last Name	AGE	Social Security Number

MONTHLY INCOME (Please accurately check mark the most appropriate line below for the entire household monthly income)

HOUSEHOLD SIZED FOR 200% FPL

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| 1 \$0 - \$2,127 _____ | 4 \$3,621 - \$4,367 _____ | 7 \$5,861 - \$6,607 _____ |
| 2 \$2,128 - \$2,874 _____ | 5 \$4,368 - \$5,114 _____ | 8 \$6,608 - \$7,354 _____ |
| 3 \$2,875 - \$3,620 _____ | 6 \$5,115 - \$5,860 _____ | 9 \$7,355 - Over _____ |

Are you receiving unemployment? Yes _____ NO _____ If yes, Weekly Gross Amount \$ _____ (Provide verification)

Do you currently have zero income? Yes _____ NO _____

Is anyone still working in the household? Yes _____ NO _____ If yes, ACDJFS will need 30 days of pay stubs for that person.

Were you working Prior to March 9th? Yes _____ NO _____ If yes: I was working at _____ my last day was _____ due the COVID-19 Virus.

Applicants ineligible for PRC: single people, childless families, households containing an individual who is: a fugitive felon or probation/parole violator; Anyone who is still being paid full time wages (vacation, sick pay, paid leave) by employer during this time.

By your Signature below you are acknowledging that you or another member of your family are not ineligible based on the above. I attest I have completed this form with true and accurate information.

Signature of Adult Household Member _____ Date _____ Phone Number _____