

**CSBG-INTAKE FORM**

Please circle the need (s) of client:      Rent                      Mortgage                      Utilities                      Property Tax

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**List all persons living in household**

Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_

Ethnicity: Hispanic, Latino or Spanish origins \_\_\_\_\_ OR Non-Hispanic, Latino or Spanish origins \_\_\_\_\_

Race: American Indian/Alaskan, Asian, Black/African-American, White, Native Hawaiian, other \_\_\_\_\_

House Type: Single Par, Female    Single Par. Male    Single Person.    Two Parent,    Couple    Multi-Generational

Are you a Veteran \_\_\_\_\_ Do you receive food stamps? \_\_\_\_\_ Highest level of Education \_\_\_\_\_

Do you have medical insurance \_\_\_\_\_ Who is your provider? \_\_\_\_\_

Do you pay medical/dental/vision benefits \_\_\_\_\_ Do you pay child support? \_\_\_\_\_

Do you rent or own your home \_\_\_\_\_ Do you live in subsidized housing? \_\_\_\_\_

Please list and attach all sources of income in your household for the past 30 days for all members over 18 (i.e. wages, child support, utility allowance, etc.): We must have a hard copy (Paper document) \_\_\_\_\_

Have you received other utility/housing services/payments from Community Action Akron Summit? (Landlord or Tenant)

No  Yes  If yes, what program \_\_\_\_\_ Date Received \_\_\_\_\_

Have you received other utility/housing services/payments from another agency? (Landlord or Tenant)

No  Yes  If yes, what program \_\_\_\_\_ Date Received \_\_\_\_\_

**If you rent, please provide your landlord information below:**

Name/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Gas acc# \_\_\_\_\_ Electric acc# \_\_\_\_\_ Water acc# \_\_\_\_\_

**Client Signature**

**Date**

**Intake Initial**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing above, I declare under penalty of perjury that the information submitted on this worksheet is true and correct.

I/we attest that I/we have experienced a material reduction in income and/or a material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displaced me/us as a homeowner(s), that this financial hardship occurred after January 21, 2020, and that the nature of the financial hardship is because of [check all that apply]:

- Loss of work/decrease in available hours at work
- Forced work closure
- Inability to access or get to work
- Loss of wages or other compensation ordinarily received
- Increase in childcare costs
- Forced to take off work due to school closure or childcare changes
- Self-quarantined at home under government or medical recommendation
- Stay at home or shelter in place order by any level of government authority
- Forced to take off work to care for a family member
- Personal or family experiencing illness, disability, or mental health issues
- Lack of access or delayed access to healthcare
- Experience of food insecurity, shortages, or delayed benefits
- Increase in family expenses due to pandemic or emergency preparedness
- Unemployment insurance unavailable, insufficient, or delayed
- Loss of social, financial, or health safety net
- Fear and concern of future economic and health insecurity and instability
- If I pay utility payment(s), property taxes, and/or homeowner fees for my primary residence now, I will not be able to meet my or my family's basic needs and may default on my home mortgage
- Other

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I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Name (please print)	Applicant Signature	Date
Co-Applicant Name (please print)	Co-Applicant Signature	Date

I understand that:

- I can only apply for the Utility Assistance Plus (UAP) program once.
- I understand the assistance is only for **Property Tax** and the maximum assistance available is up to \$10,000.
- **I have 10 business days to submit required documents or application will be closed.**
- If the **Property Tax** assistance amount is not enough to bring account current, the homeowner must enter into a payment plan for the remaining delinquency.
- To better assist in entering a payment plan, if needed, I may be contacted by a partner agency.
- **If application is approved, payments may take up to 10 weeks to post to accounts.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Third Party Release of Information Authorization Form

By signing this form, I \_\_\_\_\_, hereby consent to  
Community Action Akron Summit disclosing information provided to any party that  
may be able to assist me during this financial hardship.

X

\_\_\_\_\_  
Print Name

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Applying for tax assistance?

Are you in an active foreclosure, or have you received a letter about foreclosure?

(Please Circle) Yes or No

If yes, we will need to further inquire into the reason for foreclosure.

I understand that this may place a hold on the application while we are waiting on this information.

I also understand by signing this paper I am giving you permission to reach to whomever is able to assist you with this information.

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Signature

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Print Name

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Date

## **Utility Plus Program / Save the Dream Foreclosure Prevention Program**

The Utilities Assistance Plus (UAP) program is designed to prevent homeowners experiencing financial hardship from losing utilities or home energy services, and to prevent defaults, foreclosures, and displacements of homeowners when that default, foreclosure or displacement is due to the inability to pay stemming from a COVID Hardship.

- **The following utilities are eligible for payment through the UAP program:**
  - Natural gas, electricity, bulk fuel, water, sewer, trash removal, broadband internet service and disconnection and reconnection fees.
- **Property taxes can be paid when the following applies:**
  - The property taxes are paid directly to the taxing authority rather than through an escrow arrangement with a mortgage company.
- **The following homeowner fees are eligible for payment through UAP program:**
  - Homeowners insurance, flood insurance, mortgage insurance, homeowner's association fees or lien, condominium association fees, common charges, other – the cost must be a requirement for residency, and the applicant must provide an explanation and document the cost.
- **Applicants that need mortgage assistance and property taxes that are held in escrow should:**
  - Refer to OHFA's website, [savethedream.ohiohome.org](http://savethedream.ohiohome.org), where the homeowner can apply for assistance with their mortgage and property taxes if they are in escrow.
- **Please note:**
  - Assistance is only provided for place of residence
  - Bills have to be in an adult household member's name
  - If another person listed on property/trailer taxes besides yourself, and they are not in the household, we will need a statement from that person stating that they no longer live there.

### **Income Guidelines for Eligible Households, Person/Person's per Household:**

1 - \$103,350   2 - \$118,200   3 - \$132,900   4 - \$147,600   5 - \$159,450   6 - \$171,300   7 - \$183,150   8 - \$194,850

### **For a complete application, we need the following:**

- Completed online Application through Summit County Cares
  - Financial Hardship Attestation (attached)
  - Past 30 days of income for everyone in the home over the age of 18 (**W-2's for 2020/ 2021, IRS Form 1040, Pay-Stub, Award Letters for Social Security, SSI, SSDI and VA benefits**)
  - Copies of utility bills and tax bills showing past due amounts (that you are requesting assistance with), and any other documentation requested.
  - If you receive assistance from any other state or federal program whose income guidelines are equal to or less than the UAP, you will only need to provide proof of your participation in the past 30 days as your proof of income.
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- **Is your property under foreclosure? (This may impact our ability to assist)**