

Lora Rawson, Executive Director

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www.galliameigscaa.org

October 28, 2020

Gallia-Meigs CAA has received a Coronavirus Relief Fund Home Relief Grant. This grant is for anyone that has been affected with their Mortgage/rent and Water/Sewage bill only from April 1, 2020 up to present. Landlords will be responsible for completing a Landlord Verification and Agreement form and clients will need to fill out an application, which can be picked up in our Middleport office at 1369 Powell Street and our Gallia office at 1176 Jackson Pike. This program will run till the end of December, 2020. Copied documents needed for this program is as followed for all household members:

- 1- Social Security cards
- 2- Income for the last 30 days
- 3- Water bill and/or Mortgage/rent verification
- 4- W-9 will have to be completed by all landlords
- 5- Mortgage document from lending institution showing default

We have (3) drop box locations: 1-1369 Powell Street, Middleport 2-8010 SR 7, Cheshire

3-1176 Jackson Pike, Gallipolis

If you have any questions or to make an appointment, call 740-367-7341, Monday-Friday, 8:00am-4:30pm

Client Number	Agency					Application Date
Primary Applicant First	Name	M.I.			Last Name	

Social Security Number					Gender	
''		''			□ Female □ Male	□ Other
Household Infor	mation					
Household Size	Family			g Type		
		ngle Parent/Female		☐ Mobile Home		
Housing Status		le Parent/Male			e Family	(O -t) (O -t)
□ Own □ Rent		Two-Parent Household Single Person		☐ Multi-family low rise (3 stories or less)☐ Multi-family high rise (3 stories or more)		
☐ Other Permanent		Adults/No Children		- water	raininy mgm	nse (o stories of more)
Housing		Ion-related Adults with children				
☐ Homeless		igenerational House	ehold			
□ Other	□ Othe	el .				
Customer Addre	SS					
Current Service Address			Apartmen	t/Lot/Uni	t Floor	
Current Mailing Address	(if different	from abova)	A so a setura a se	L/I = L/I 1 == 1	4.51	
Current Maining Address	(ii dinerent	nom above)	Apartmen	vLovUni	t Floor	
City	State		Zip Code		Co	punty
			Zip code			, and
Phone Number		Email Address				
Preferred method of cont	A4.					
Ethnicity	nt Demogr	aphic Information				
☐ Hispanic, Latino or Spa	anish	Race	n/Alaskan N	lativo	Education ☐ Grade 0-	0
Origins	arnorr	☐ American Indian/Alaskan Native ☐ Asian		☐ Grades 9-12/Non-Graduate		
□ Not Hispanic, Latino or	r Spanish	☐ Black/African American		the second secon	nool Grad/GED	
Origins		☐ Native Hawaiian/Other Pacific			e Post-Secondary Education	
		Islander			ar College Graduate	
		☐ Other ☐ Unknown/Not-reported		school	e or other post-secondary	
		☐ White		SCHOOL		
ls Client Disabled?		Military Status		Is Client a US Citizen?		
□ Yes		□ Veteran		□ Yes		
□ No Work Status		☐ Active Military		□ No		
☐ Employed full-time		Health Insurance Type ☐ Medicaid		Non-Cash	Benerits le Care Act Subsidy	
☐ Employed part-time		☐ Medicare		☐ Childcare		
☐ Migrant Seasonal Farm Worker		☐ Private/Employment Based			Choice Voucher	
☐ Unemployed (short-term, 6		☐ Self-Insured/Direct Pay		☐ HUD-VA		
months or less)		□ None		☐ Other		
☐ Unemployed (long-term, more than 6 months)		☐ State Children's Health Insurance Program			ent Supportive Housing	
☐ Unemployed (not in labor force)		☐ State Health Insurance for Adults		☐ Public Ho☐ SNAP	busing	
☐ Retired		- State Floater Historiance for Adults		□ WIC		
☐ Unknown/not reported						
☐ Youth ages 14-24 who						
neither working nor in	SCHOOL					

Additional Household Members			
First Name	M.I.	Last Name	
Social Security Number	Date of Birth	Gender	
//	//	□ Female □ Other	
		□ Male	
Ethnicity	Race	Education	
☐ Hispanic, Latino or Spanish Origins	☐ American Indian/Alaskan Native	□ Grade 0-8	
☐ Not Hispanic, Latino or Spanish Origins	☐ Asian	☐ Grades 9-12/Non-Graduate	
Origins	☐ Black/African American ☐ Native Hawaiian/Other Pacific	☐ High School Grad/GED	
	Islander	☐ 12+ Some Post-Secondary Education	
	□ Other	☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school	
_	☐ Unknown/Not-reported	La Grad or other post-secondary school	
	☐ White		
ls Client Disabled?	Military Status	Is Client a US Citizen?	
☐ Yes	□ Veteran	□ Yes	
□ No	☐ Active Military	□ No	
Work Status	Health Insurance Type	Non-Cash Benefits	
☐ Employed full-time ☐ Employed part-time	☐ Medicaid	☐ Affordable Care Act Subsidy	
☐ Migrant Seasonal Farm Worker	☐ Medicare	☐ Childcare Voucher	
☐ Unemployed (short-term, 6 months	☐ Private/Employment Based ☐ Self-Insured/Direct Pay	☐ Housing Choice Voucher	
or less)	□ None	□ HUD-VÄSH □ Other	
☐ Unemployed (long-term, more than	☐ State Children's Health Insurance	☐ Permanent Supportive Housing	
6 months)	Program	☐ Public Housing	
☐ Unemployed (not in labor force)	☐ State Health Insurance for Adults	□ SNAP	
☐ Retired		□ WIC	
☐ Unknown/not reported			
☐ Youth ages 14-24 who are neither			
working nor in school First Name			
First Name	M.I.	Last Name	
Social Security News Law			
Social Security Number	Date of Birth	Gender	
Social Security Number	Date of Birth	□ Female □ Other	
//	//		
Ethnicity	// Race	□ Female □ Other	
Ethnicity ☐ Hispanic, Latino or Spanish Origins	Race American Indian/Alaskan Native	□ Female □ Other □ Male	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish	Race American Indian/Alaskan Native Asian	☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate	
Ethnicity ☐ Hispanic, Latino or Spanish Origins	Race American Indian/Alaskan Native Asian Black/African American	☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific	☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander	☐ Female ☐ Other☐ Male Education☐ Grade 0-8☐ Grades 9-12/Non-Graduate☐ High School Grad/GED☐ 12+ Some Post-Secondary Education☐ 2 or 4 Year College Graduate	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other	☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander	☐ Female ☐ Other☐ Male Education☐ Grade 0-8☐ Grades 9-12/Non-Graduate☐ High School Grad/GED☐ 12+ Some Post-Secondary Education☐ 2 or 4 Year College Graduate	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White	☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported	☐ Female ☐ Other☐ Male Education☐ Grade 0-8☐ Grades 9-12/Non-Graduate☐ High School Grad/GED☐ 12+ Some Post-Secondary Education☐ 2 or 4 Year College Graduate☐ Grad or other post-secondary school☐ School☐ College Graduate☐ Grad or other post-secondary school☐ College Grad Or other post-seco	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins Client Disabled?	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status	☐ Female ☐ Other ☐ Male Education ☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Grad or other post-secondary school	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins Client Disabled? ☐ Yes	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes	
Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Active Military	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes □ No Non-Cash Benefits	
Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Client Disabled? Yes No Work Status Employed full-time Employed part-time	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes □ No Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher	
Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled? Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes □ No Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher	
Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled? Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes □ No Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH	
Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Client Disabled? Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less)	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes □ No Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other	
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Ethnicity Hispanic, Latino or Spanish Origins Not Hispanic, Latino or Spanish Origins Origins Client Disabled? Yes No Work Status Employed full-time Employed part-time Migrant Seasonal Farm Worker Unemployed (short-term, 6 months or less) Unemployed (long-term, more than 6 months)	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance Program	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes □ No Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other □ Permanent Supportive Housing □ Public Housing	
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Ethnicity ☐ Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins ☐ Not Hispanic, Latino or Spanish Origins ☐ Client Disabled? ☐ Yes ☐ No Work Status ☐ Employed full-time ☐ Employed part-time ☐ Migrant Seasonal Farm Worker ☐ Unemployed (short-term, 6 months or less) ☐ Unemployed (long-term, more than 6 months) ☐ Unemployed (not in labor force) ☐ Retired ☐ Unknown/not reported	Race American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander Other Unknown/Not-reported White Military Status Veteran Active Military Health Insurance Type Medicaid Medicare Private/Employment Based Self-Insured/Direct Pay None State Children's Health Insurance Program	□ Female □ Other □ Male Education □ Grade 0-8 □ Grades 9-12/Non-Graduate □ High School Grad/GED □ 12+ Some Post-Secondary Education □ 2 or 4 Year College Graduate □ Grad or other post-secondary school Is Client a US Citizen? □ Yes □ No Non-Cash Benefits □ Affordable Care Act Subsidy □ Childcare Voucher □ Housing Choice Voucher □ HUD-VASH □ Other □ Permanent Supportive Housing □ Public Housing	
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Countable I	ncome Information				
Client Name Total Am		otal Amount Re		Period Received (30, 90 or 365 days)	
	\$				
	\$				
	\$				
	\$				
	3				
	\$				
Income Category	3		F	F	
moome category	Supplemental Sequestry Income (SOI) (See E.O.O.)		Frequency	Total Amount	
Fixed Countable Income	Supplemental Security Income (SSI) (See E-2.3) Social Security Disability Insurance (SSDI) (See E- Social Security Retirement (SS) (See E-2.3) Pension (examples are government, military and publication with the company and publication of the company incompany incomp		□ Weekly □ Bi-weekl □ Monthly □ Yearly	y \$	
Earned Countable Income	Wages (salary, tips, commission, bonuses, etc.) Active Military Pay			y \$	
Other Earned Countable Income	Seasonal Employment Self-employment		☐ Weekly ☐ Bi-weekl ☐ Monthly ☐ Yearly	y \$	
Supplemental Countable Income	Unemployment Utility Assistance Workers' Compensation Ohio Works First Temporary Assistance for Needy Families (TANF) Employment Disability Payouts Strike Benefit		☐ Weekly ☐ Bi-weekl ☐ Monthly ☐ Yearly	y \$	
Other Countable Income	Cash withdraws from: Individual Retirement According to the investments Lump sum payout from: Estate & Trust settlement settlements, insurance payout, lottery winnings Interest Income		☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	у	
None				\$	
Total				\$	
Deductions				Y	
	Deductible Income		Frequen	cv Total	
Health Insurance Pre	miums		Frequen	cy Total	
Prescription Plans Health Care Spending Accounts Medicaid Spend Down (deductibles) Medicare Premiums Child Support paid-out			☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Yearly	y \$	
Attorney fees for estate or trust settlements					
Self-employment IRS allowable business expenses Reimbursement for work expenses					
Total Household Income (Countable Income – Deductions)				•	
Federal Poverty Level			\$ %		
				170	

Veterans affairs, service related disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	Excluded Income	Frequency	Total Amount	
Expenses	Agency Orange Pension Veterans affairs, service related disability Handicapped income (i.e. work programs for the blind or disabled) Title V wages (i.e. senior employment programs) Volunteers in Service to America Stipend (VISTA) Work allowances (work requirement to receive OWF assistance) Income earned by dependent minors Tax refunds/rebates Education assistance (grants stipends for tuition/books) Stipends for foster care Military allowances for subsistence Ohio waiver program (Medicaid benefit for caregiver) Prevention retention and contingency (i.e. emergency services, rental asst.) transportation allowances (WIOA) Proceeds from reverse mortgage FEMA, cash payments Title III Disaster relief emergency assistance	□ Weekly □ Bi-weekly □ Monthly	\$	
	Expenses			
Expense Type Total Monthly Expense am	Expense Type To		otal Monthly Expense amount	

Expenses		
E:	xpense Type	Total Monthly Expense amount
Food		\$
Shelter		\$
Child Care		\$
Transportation		\$
Utilities		\$
Total		\$

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 Signature:	Date:		
Approved by:	Date:		

GALLIA-MEIGS COMMUNITY ACTION AGENCY P.O. BOX 272 CHESHIRE, OH 45620 740-367-7341

Landlord Verif	ication and Agreement for Pro	gram Participation
Tenant Customer Name:		
Please complete the form	below indicating only the month	ns and amounts past due:
Month	Rent Charge Type (i.e. late rent, late fees, court fees, etc.)	Amount Owed
Landlord Agreement:		
I, (Landlord/organization	name)	agree to
	ded by	
	ant to cover <u>defaulted expense</u>	
	ease the rent costs prior to De	
	ent for the months covered thro	ough this assistance
program.		
Landlord Signature		Date
Landlord Name		Phone Number
Mailing Address		Email Address