



Lora Rawson, Executive Director

Phone (740) 367-7341
(740) 992-6629
Fax (740) 367-7510
(740-367-7343)

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 --- / --- / ---		Date of Birth -- / -- / ---		Gender <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male	
Household Information					
Household Size		Family Type		Building Type	
Housing Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Homeless <input type="checkbox"/> Other		<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other		<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)	
Customer Address					
Current Service Address			Apartment/Lot/Unit Floor		
Current Mailing Address (if different from above)			Apartment/Lot/Unit Floor		
City		State	Zip Code		County
Phone Number			Email Address		
Preferred method of contact					
Primary Applicant Demographic Information					
Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins		Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White		Education <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or other post-secondary school	
Is Client Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military		Is Client a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Status <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school		Health Insurance Type <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults		Non-Cash Benefits <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC	

Additional Household Members		
First Name	M.I.	Last Name
Social Security Number ---/---/----	Date of Birth --/--/----	Gender <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	Education <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grad or other post-secondary school
Is Client Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	Is Client a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Status <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	Health Insurance Type <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Non-Cash Benefits <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC
First Name	M.I.	Last Name
Social Security Number ---/---/----	Date of Birth --/--/----	Gender <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Male
Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins	Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported <input type="checkbox"/> White	Education <input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Grad or other post-secondary school
Client Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Veteran <input type="checkbox"/> Active Military	Is Client a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Work Status <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (short-term, 6 months or less) <input type="checkbox"/> Unemployed (long-term, more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Youth ages 14-24 who are neither working nor in school	Health Insurance Type <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Self-Insured/Direct Pay <input type="checkbox"/> None <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> State Health Insurance for Adults	Non-Cash Benefits <input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC

Countable Income Information			
Client Name		Total Amount Received	Period Received (30, 90 or 365 days)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Income Category		Frequency	Total Amount
Fixed Countable Income	Supplemental Security Income (SSI) (See E-2.3) Social Security Disability Insurance (SSDI) (See E-2.3) Social Security Retirement (SS) (See E-2.3) Pension (examples are government, military and private) Widow/Widower's benefit Alimony Black Lung pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Earned Countable Income	Wages (salary, tips, commission, bonuses, etc.) Active Military Pay	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Other Earned Countable Income	Seasonal Employment Self-employment	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Supplemental Countable Income	Unemployment Utility Assistance Workers' Compensation Ohio Works First Temporary Assistance for Needy Families (TANF) Employment Disability Payouts Strike Benefit	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Other Countable Income	Cash withdraws from: Individual Retirement Accounts, Annuities, Other investments Lump sum payout from: Estate & Trust settlements, Divorce settlements, insurance payout, lottery winnings Interest Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	
None			\$
Total			\$
Deductions			
Deductible Income		Frequency	Total
Health Insurance Premiums Short and Long-Term Disability Premiums Prescription Plans Health Care Spending Accounts Medicaid Spend Down (deductibles) Medicare Premiums Child Support paid-out Attorney fees for estate or trust settlements Self-employment IRS allowable business expenses Reimbursement for work expenses		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
Total Household Income (Countable Income – Deductions)			\$
Federal Poverty Level			%

Excluded Income		
Excluded Income	Frequency	Total Amount
Agency Orange Pension	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____
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		

Expenses	
Expense 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 Verification and Agreement for Program Participation

Tenant Customer Name: _____

Property Address: _____

Please complete the form below indicating **only the months 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 accept the amount provided by _____ (agency name) for the above tenant to cover **defaulted expenses** back to April 1, 2020. I further agree to not increase the rent costs prior to December 30, 2020 or to evict the tenant for nonpayment for the months covered through this assistance program.*

 Landlord Signature

 Date

 Landlord Name

 Phone Number

 Mailing Address

 Email Address