TAB 4 – Financial Assistance

|  |  |  |
| --- | --- | --- |
| **Choose an item.** | **Date** **Completed** | **Initials of Staff Person Completing**  |
| Assistance Tracking Form- UPDATE MONTHLY |  |  |
| Budget Worksheet- UPDATE MONTHLY |  |  |
| Purchase Orders  |  |  |
| Check Requests |  |  |
| Rental Assistance Agreement (applies to CJH/ETH-PH/RRH/TAY RRH only) |  |  |
| W-9 |  |  |

**Direct Client Assistance Tracking Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Name:** |  | **Case Manager:** |  |
|  |
| **P.O. Request Date** | **Amount Leveraged** |  **Funding Source** (Ex: RRH, PSH, HP) | **Assistance Type**(ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) |
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|  |  |  |  **Total Amount Leveraged** $ \_\_\_\_\_\_\_\_\_ |
| **Check** **Request****Date** | **Amount Spent** | **Funding Source**(Ex: RRH, PSH, HP) | **Assistance Type**(ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) |
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|  **Total Amount Spent** $ \_\_\_\_\_\_\_\_\_ |

**Budget Worksheet**

**PARTICIPANT (HoH) NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**

 **Complete in:**

 **Tab 2 Tab 4**

|  |  |  |
| --- | --- | --- |
| **Monthly Expenses** | **Estimated Amt** | **Actual Amt** |
| Rent  |  |  |
| Utilities: Electric **PIPP: Y N**  |  |  |
|  Gas **PIPP: Y N**  |  |  |
|  Water |  |  |
|   |  |  |
| Cell phone  |  |  |
| Food expenses covered by SNAP benefit  | **(**  **)** | **(**  **)** |
| Food expenses (include if HH need exceeds SNAP benefit) ***\*Calculates @ $50/person weekly (ex: 2 person HH; 50x2=100wkly. 100 x4= 400 monthly)*** |  |  |
| Baby Formula and/or Diapers |  |  |
| Transportation: (car payment, gasoline or transportation fare) |  |  |
| Child Care |  |  |
| Medical ( prescriptions, co-pays, medicine needs) |  |  |
| Insurance ( Automobile, Renters) |  |  |
| Household Supplies |  |  |
| Personal Needs (clothing, haircut, shoes, etc) |  |  |
| Tobacco Use |  |  |
| School Expenses (fees, lunches, books, tuition, etc) |  |  |
| Installment loans or other Debt Payments (Fines, Court Costs, etc.) |  |  |
| Storage Unit (\**NOT counted when housed*) |  |  |
| Child Support Payments |  |  |
| Savings (please specify) |  |  |
| Other (please specify) |  |  |
|  |  |  |
|  |  |  |
| **A: *TOTAL MONTHLY COSTS*** Exclude Food expenses covered by SNAP benefit |  |  |
| **B: *TOTAL NET MONTLY INCOME***Include: Wages, child support, SSI, OWF (any eligible income): ***Do NOT include SNAP benefit.*** |  |  |
| **C: ADJUSTED MONTHLY INCOME**(Total NET Monthly Income – Total Monthly Costs) |  |  |
| **Monthly Rent Contribution?** 🞏 30% (less than 30% AMI) 🞏 50% (greater than 30% AMI) 🞏 NO\*  |
| \*If no, please use the space below to explain extenuating circumstances (emergency/large expenses) that prevents the household from contributing to their housing burden (30% for those with income below 30% AMI or 50% for those with incomes greater than 30% AMI): |

**Participant (HoH) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**PURCHASE ORDER REQUEST**

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

|  |  |
| --- | --- |
| **Vendor**    | **Program Information** |
| Name: Enter Landlord info as listed on W-9 | Purchaser:  |
| Address: Enter Landlord info as listed on W-9 |  Employee’s Name DateApproved By: |
| City/State/Zip: Enter Landlord info as listed on W-9 |  Supervisor’s Name DateProgram: HCRP RRH  |
| VID: Date:  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUANTITY** | **DESCRIPTION** | **PRICE EACH** | **ELEMENT** | **TR #** |
|  | Enter Client Name & unit address with type of financial assistance being leveraged. |  | Verify #’s are correct |  |
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**Additional Explanation for Purchases if needed:**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Executive or Deputy Director Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fiscal Officer Date

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

**1400 U.S. Rt. 22 NW**

**WASHINGTON COURT HOUSE, OHIO 43160**

**CHECK REQUEST**

Date: Amount: Total amount being requested from P.O.

To: Enter Landlord Name from P.O./ W-9 here

Purpose: Enter client name, address & breakdown of leveraged amounts from P.O. if more than one financial item requested. (ex: Rent ($500) and Application Fee ($35))

Requested By:

Charge to Grant: **Choose an item.**

Element # / Transaction #: Confirm Correct Numbers are provided

Approved for Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Executive Director or Deputy Director Signature)

**Rental Assistance Agreement**

|  |
| --- |
| **Participant Name** **& Address:** |
| **Landlord Name:** |
| **Mail Payments to:** |
| **Security Deposit:** | **Monthly Rent:** | **Rent Due Date:** | **Grace Period:** |
| **Month 1** | **RRH Share:** | **Participant Share:** | **Month 7** | **RRH Share:** | **Participant Share:** |
| **Month 2** |  |  | **Month 8** |  |  |
| **Month 3** |  |  | **Month 9** |  |  |
| **Month 4** |  |  | **Month 10** |  |  |
| **Month 5** |  |  | **Month 11** |  |  |
| **Month 6** |  |  | **Month 12** |  |  |

**This client is participating in the Choose an item. Program, of which, assistance is being provided on their behalf. By accepting RRH assistance, and participating in the program, all parties agree to the following:**

1. **Choose an item. is conditional on program participant complying with Choose an item. Requirements. If Choose an item. participant is non-compliant with program, terminated from program for any reason, or exited from program this rental assistance agreement becomes invalid. Choose an item. staff will inform landlord within 24 hours of client termination.**
2. **Choose an item. requires that the unit of Choose an item. participant MUST pass inspection PRIOR to Choose an item. participant signing lease, or moving into unit. The Choose an item. participant (Tenant) and Landlord/Property Manager agree to an inspection of rental unit by Choose an item. staff, and that the initial payment will result in the Choose an item. participant’s (Tenant’s) continued residence at approved unit for, at least, the next 30 days. (If Choose an item. participant signs lease, or moves into unit, PRIOR to unit inspection and completion of Rental Assistance Agreement, the Choose an item. participant will *no longer qualify* for Choose an item. Program assistance.)**
3. **Choose an item. staff *must* have a copy of the signed lease between the Choose an item. participant and landlord, and a completed W9 from Landlord/Property Manager, *prior* to agency issuing payment.**
4. **Choose an item. staff will issue rental payments on behalf of Choose an item. participant (Tenant), consistent with the due dates outlined in the lease and this rental agreement, contingent on RRH participant compliance with program. The first payment may take up to 30 days. By signing this form, it is agreed that the Choose an item. Program Purchase Order (voucher) will act as receipt of payment until check is received.**
5. **Choose an item. Program may pay rent (up to 3 months), based on Choose an item. participants monthly ISP/Subsidy Calculation. Beginning month 4, eligibility for continued financial assistance will be based on HH income (must be less than 50% AMI). RRH staff will provide a copy of the updated rental assistance agreement to landlord/property manager upon completion.**

**Rental Assistance Agreement**

1. **Landlord/Property Manager will provide Choose an item. staff with a copy of any notice issued to Choose an item. participant (Tenant) to vacate the unit, or any complaint issued under state or local law to initiate an eviction action against the Choose an item. participant.**

1. **At completion of lease agreement, any remaining security deposit funds will be returned to the issuing agency.**
2. **Fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under federal laws to include, but not limited to; 18 U.S.C. 1001 and 18 U.S.C. 641. It is understood by all participating parties that if any of the provided information is found to be false, all parties are subject to criminal, civil and administrative penalties and sanctions.**

**Lease Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lease End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_** \_\_\_\_ \_\_\_\_

**Participant (Tenant) Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_** \_\_\_\_ \_\_\_\_

**Landlord Signature Date**

\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_ \_\_\_ \_ \_\_\_\_

**Staff Signature Date**

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