# Guernsey County CARES Act Rent & Mortgage Assistance Program 2020

#### I. Purpose

To assist residents of Guernsey County with mortgage or rent arrearages due to loss/reduction of employment efforts or other hardship due to COVID-19.

#### II. General Description

Residents of Guernsey County may complete an application for rent assistance. The landlord must agree to accept payment from the county on behalf of the tenant/homeowner and agree not to pursue eviction due to previous non-payment.

Payment will be up to \$2500 per family.

Applicants must be at or below 300% of the Federal Poverty Guideline and be able to demonstrate the hardship due to COVID-19. Income must be verified.

Applicants must also have under \$2000 in available liquid resources to qualify. This can be self-attested on the application.

Application for this assistance is no guarantee of payment as the applicant must meet all income and verification criteria.

A signed IRS-W9 and landlord acknowledgement form will be obtained from all landowners before payment can be initiated.

Program funds are available thru December 18, 2020 or until depleted.

#### III. Application Process

Application packets are available at the Guernsey County DJFS, 324 Highland Ave., Cambridge, OH 43725 or at <a href="https://www.guernseycountyjfs.org">www.guernseycountyjfs.org</a>.

Completed packets can be emailed to <a href="mailed-info@jfs.ohio.gov">guernsey\_info@jfs.ohio.gov</a>, mailed in, or dropped off.

Please be sure to use the checklist included in the application packet to expedite processing of your request.

# CARES RENT & MORTGAGE RELIEF PROGRAM INFORMATION APPLICATION CHECKLIST

This checklist is a helpful aid to ensure you don't forget key items when you submit your application packet to the Guernsey County Dept. of Job & Family Services. If you do not have the necessary documents to determine eligibility, it will delay your application processing and any possible assistance.

For your own benefit, please take your time and make sure your application packet is complete. Check off items as you complete them.

FIRST, I	DETERMINE IF YOU ARE ELIGIBLE:
	I am a resident of Guernsey County
	I reviewed income limits on the Rent/Mortgage Program and it is under 300% of the Federal Poverty Level (see chart included in the application packet or at <a href="www.guernseycountyjfs.org">www.guernseycountyjfs.org</a> )
	I am at least 30 days behind on my rent/mortgage
l can aı	nswer YES to at least 2 of the following requirements:
	I have become unemployed after March 1, 2020 due to the COVID-19 Pandemic. I can attest that I have less than \$2,000.00 in liquid assets I can attest to a COVID 19 related hardship impacted my ability to pay my rent/mortgage
<b>SECON</b>	D, IF YOU ARE ELIGIBLE, BE SURE TO SUBMIT A FULLY COMPLETE APPLICATION PACKET:
The fol	lowing documents are fully completed and signed:
_ _ _ _	Rental/Mortgage Assistance application Landlord Acknowledgement Form I double checked both applications and all questions were answered I have provided the requested documentation:  Proof of income Lease copy or rent receipt Proof of residency (ex. utility bill)

By using this checklist, you should have more confidence that your application packet is complete. That is important so your submission can be processed without delay. If you qualify, this will help to expedite your request for rent or mortgage assistance.

Proof of rent/mortgages arrearage (late notice, etc)

#### Please note the following:

Application for this assistance is no guarantee of payment as the applicant must meet all income and verification criteria.

A signed IRS-W9 and landlord acknowledgement form must be obtained from all landowners before payment can be initiated.

# CARES Act Rent and Mortgage Assistance 2020 Income Guidelines 300% of Federal Poverty Level

## Monthly Household income must be at/below the following standard:

Household/Family Size	Monthly Income Max
1	3,190
2	4,310
3	5,430
4	6,550
5	7,670
6	8,790
7	9,910
8	11,030
9	12,150
10	13,270

### Guernsey County

Application for Rer	nt Assistance/CARES Act	

FOR OFFICE USE ONLY					
Date					
Approved	Denied				

Applicant		SSN	
Co-Applicant/Spouse	_	SSN	
Address		City/State/Zip	
Contact Number:		Alternative Number:	
Landlord:			
Landlord address:			
Landlord contact details:		Phone Number / Fax Number	
Amount currently due:			
Please list all who reside in this ho Name	usehold: (use back of sheet if no	eeded)	Relationship
Hame		35/1	Rolationsinp
ncome detail: (please attach verif	cation)		
Name of person	Employer Name /	Address or Other Income Source	Amount
Resource detail:			
Name of person	Fir	nancial Institution	Balance
I would like to receiv	e legal assistance.	·	
Applicant signature		Date_	
Co-Applicant signature		Date	

#### LANDLORD ACKNOWLEDGEMENT OF RESIDENCE AND RENT

Applicant Name / Co-Applicant Name	Landlord Name
Residence Address of Applicant / Co-Applicant	City / State/ Zip
I, la	andlord of
formally acknowledge that he/she resides at	the street address of
in the city of	, State of Ohio, since
as my tenant.	
I,	, the landlord of,
formally acknowledge that he/she is past due	e on rent in the amount of \$
at the street address aforementioned, for mo	onths
and	<u> </u>
	, the landlord of,
	om Guernsey County as payment on behalf of my tenant.
	halted and not pursued as this will be considered to bring
• •	be a thirty-day process and am willing to accept the terms
for payment.	
Sincerely,	
Landlord Signature	
Landlord Address	
Landlord Contact Number	
Date	