



Shoregate Towers Emergency Security Deposit Program

Applicant Name

Date

Document Checklist:

- Proof of Income –30 days CURRENT paystubs for ALL members of Household or SSI determination letter, Unemployment Benefits Statement, Statement from Employer, etc.
- 30 days of Checking and Savings account statements
- Copy of Unsigned Lease for new housing
- Photo I.D. for anyone over the age of 18

Eligibility Guidelines:

- Must be a low to moderate-income household (80% AMI or below)
- Must be a resident of Shoregate Towers Apartments relocating to a new unit (cannot move residents to an alternative unit at Shoregate Towers Apartments)
- We cannot aid those who have already relocated

Cleveland-Elyria, OH MSA

30% LIMITS	19000	21700	24400	27100	29300	31450	33650	35800
VERY LOW INCOME	31650	36200	40700	45200	48850	52450	56050	59700
60% LIMITS	37980	43440	48840	54240	58620	62940	67260	71640
LOW INCOME	50650	57850	65100	72300	78100	83900	89700	95450

October 2, 2023



Shoregate Towers Emergency Security Deposit Program



Fair Housing Resource Center, Inc.
 1100 Mentor Avenue • Painesville, Ohio 44077
 Phone: 440-392-0147 • Fax: 440.392.0148

APPLICANT PERSONAL DATA

First Name:		Last Name:		Date of Application:	
Date of birth:	SSN:		Marital Status:		Phone:
Current address:					# of Bedrooms
City:			State:		ZIP Code:
Email Address:			Race:		Ethnicity:
Current Monthly rental payment: \$		What Utilities Do You Currently Pay:		How long have you lived at your current address?	
Are you a current Shoregate Towers resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Section 8 tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received security deposit assistance in the last 5 years from Lifeline, Inc.?	

ALL HOUSEHOLD MEMBERS: (ALL OTHER PERSONS LIVING IN YOUR HOME, INCLUDING THOSE NOT RELATED TO YOU.)

First and Last Name	Household Relationship	Age

APPLICANT EMPLOYMENT INFORMATION		
Please check the box for your source of income: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income		
Current Employer Name:	Employer address:	How long?
City:	State:	ZIP Code:
Position:	Type of Employment: Part-time _____ Full-time _____	Hourly Rate:
Social Security:	Monthly Amount:	
Unemployment:	Monthly Amount:	
Retirement:	Monthly Amount:	

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18		
First Name:		Last Name:
Date of birth:	SSN:	Phone:
Please check the box for your source of income: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income		
Current Employer Name:	Employer address:	How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Type of Employment: Part-time _____ Full-time _____	Hourly Rate:

Please write any additional household members over the age of 18 information on the back of this application.

Emergency Contact Information

Due to the nature of this program, FHRC may need to reach a family member or friend if a client does not respond to phone calls, home visits or appointments. Please complete with an individual we may contact on your behalf in case of an emergency.

Name:

Phone Number:	Relationship:
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Name:

Phone Number:	Relationship:
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Disclosure Statement

FHRC provides the following types of counseling: foreclosure prevention, pre- and post-purchase, rental, and financial management. FHRC also provides fair housing complaint and investigation services. FHRC receives funding from federal, state, and local governments to conduct this work. You are not obligated to receive any other services from us or our partners to receive housing counseling. FHRC avoids conflicts of interest; you are free to choose from any housing provider, housing service, or other service relevant to your situation. Furthermore, FHRC allows HUD staff to review all client information for accuracy and compliance. You may receive a written copy of this notice if you so choose.

Signature of applicant:	Date:
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Signature of Co-applicant:	Date:
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CERTIFICATION BY APPLICANT(S)

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE AGENCY TO HELP YOU. BOTH APPLICANTS MUST SIGN IN INK BELOW.

I certify that all the information in the application for the Financial Assistance Program is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certify that he/she/they are the renter(s) of the property identified in this application and that all funds provided to the Applicant(s) will be used only for the sole purpose of assistance with security deposit payment.

I authorize Lake County, through its representatives (Fair Housing Resource Center), and designees of the Office of Housing and Community Partnerships (OHCP) and the US Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for the evaluation of my application for emergency assistance. This information, however, will remain confidential and will not be disclosed to the news media or other third parties, except for the Office of Housing and Community Partnerships (OHCP) and the US Department of Housing and Urban Development (HUD). I further understand that my name, address and total amount of emergency assistance will be subject to public disclosure since public funds are being utilized.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner number responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8).

Signature of applicant Date

Signature of co-applicant for joint account Date

Program Guidelines

The following program is funded through the State of Ohio Office of Housing and Community Partnerships and The Board of Lake County, Ohio; Commissioners' Federal Grants Program. You must read and agree to the following terms, conditions, and policies. Please read and review it carefully and then sign if you agree to the terms.

Section I

1. Activity Description

The purpose of the Financial Assistance Program is to assist income eligible households with their ability to pay housing related costs arising from an unexpected crisis, and those who are at imminent risk of homelessness. Through this program, FHRC may provide limited financial assistance to cover delinquent rental payments, future rental payments, first month's rent, short term subsidy, long term subsidy or utility payments in conjunction with rental assistance. The Financial Assistance Program is comprised of four (4) different financial assistance programs that have their own eligibility and assistance requirements. Please refer to Section II of the guidelines for the overview and breakdown of the eligibility requirements.

Location

This program is available to residents within all the communities located in Lake County, Ohio with the exception of the City of Mentor.

2. Purpose

The purpose of this activity is to prevent residents from experiencing a crisis and/or becoming homeless in the event they are unable to make their rental payments and those unable to secure funds relating to relocation expenses. Many residents live paycheck to paycheck. This is especially in the case of low to moderate income residents. These residents, due to their income, are unable to save for a crisis situation such as losing a job or becoming ill. Landlords usually will not permit residents to live in rental units without paying rent for very long.

Target Population

Only households with annual incomes at or below 80% of the area median income as defined in 24 CFR part 813, are eligible to participate.

3. Specific Design Criteria

Payments will be made directly to the housing providers and local companies to aid residents in a crisis situation.

The Board of Lake County Commissioners has contracted with Fair Housing Resource Center to perform the overall administration and implementation services required for these programs. This includes client reports, client counseling, review of contract documentation, review of payment requests, final documentation and all duties relating to the draw downs and payments to the housing providers.

Applications will be submitted to the FHRC. FHRC will perform income and employment verifications. The FHRC Program Administrator will review all applications for compliance with the program's income, and eligibility requirements.

Section II - Client Selection Criteria

1. General Guidelines

- a. Procedures will be comprehensive and fair. Applicants will not be unduly discriminated against or favored on the basis of race, religion, national origin, color, age, sex, handicap, familial status; and/or military status.
- b. All applicants will be judged by the same set of standards;
- c. Financial assistance will be targeted to clients who benefit the most, i.e. applicants earning at or below 80% of the area median income;
- d. Financial assistance will be targeted to clients who benefit the most, i.e. applicants with a debt-to-income ratio less than 80%;
- e. This activity is on a first-come, first-served basis;
- f. Please allow up to 4 weeks for the processing of each application.

2. General Eligibility is based on several factors for each activity. The following pertain to all activities:

- a. Assets of the applicant will also be reviewed in accordance with Section II, Income Eligibility;
- b. The Financial Assistance Program activity is geared toward aiding residents in a crisis situation where imminent homelessness would result without this assistance.
- c. All properties for all activities must be located within the jurisdiction of Lake County except the City of Mentor and the applicant has to have lived at the property for at least six (6) months, however, the decision on the six (6) month rule is discretionary.
- d. The Financial Assistance Program is a first-come, first-served activity;

- e. Assistance will be provided only to those applicants who can demonstrate an unexpected and temporary crisis that has taken place within the last six (6) months. The applicants must provide documentation that the crisis has abated and they are capable of being self-sufficient after receipt of these emergency funds. Determination of self-sufficiency and crisis worthy of receiving funding will be made on a case-by- case basis at the discretion of the Program Administrator.

3. Notice of Approval or Denial

After submission of application a counselor will contact the individual after 1 week to inform the individual that the application was approved or denied. In some circumstances applications may be denied. The applicant will receive a letter that explains the overall appeal process. Ineligible applicants may be directed to seek other resources.

4. Screening of Applicants

a. Application Submission

All applicants residing in the County limits are eligible for this program with the exception of residents residing within the City of Mentor. The Program Administrator reviews all full applications for income conformance, temporary or unexpected crisis and homeless status.

b. Thresholds

All applicants with earning at or below 80% of area median income are eligible for activities within this program.

The Program Administrator will work with housing providers and local companies to determine the amount of funding available for each applicant. Please review the chart below for more information regarding the income limits for the program. If your gross income exceeds the last row, then your income exceeds the program guidelines. Applicants will be limited to the minimum or maximum assistance of the program they are qualified for.

Section III -Supplemental Terms and Conditions of Program

- Submission of an application for assistance **does not** guarantee approval.
- All requested documentation must be submitted before the application review process begins.
- You are responsible for rental payments due **after** the submission date of the application.
- It can take up to four (4) weeks to process your application, so please consider pursuing other alternatives as well.
- This program is for crisis intervention only and not to be used as an income subsidy;
- This programs is for a one (1) time basis and if you receive funding under the program, you **will not be** able to receive funding under the program in the future;
- You must have a stable source of income that is sufficient to make future rental payments as one of the many qualifications needed for program approval;
- You will be notified on whether you have been approved or denied.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner number responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8).

By signing this document, you agree that you have read, understand, and accept the terms and conditions as written.

Applicant Signature

Date

Co-applicant Signature

Date