



1100 Mentor Avenue • Painesville, Ohio 44077
P: 440.392.0147 • F: 440.392.0148 • T: 866.411.3472 • www.fhrc.org

Financial Assistance Program Checklist

Client Name

Date

In order to complete your application for assistance, we need the following items as checked below:

- ☐ Proof of Income –30 days **CURRENT** paystubs for **ALL** members of household or SSI determination letter, Unemployment Benefits Statement, Statement from Employer, etc.
- ☐ Copy of **CURRENT** eviction notice showing past due rental amount.
- ☐ Copy of **CURRENT** lease agreement.
- ☐ Race / Ethnicity of you and the members within the residence – **PINK PAGES PROVIDED WITH APPLICATION.**
- ☐ Proof of disability or veteran status, if claiming on the application.
- ☐ Photo I.D. for anyone over the age of 18
- ☐ One (1) utility bill
- ☐ Proof of hardship
- ☐ Other _____

We appreciate your assistance in the above. The quicker we receive the above documentation, the quicker we can process your application. If you have any questions, please do not hesitate to contact the office.



FINANCIAL ASSISTANCE PROGRAM APPLICATION



Fair Housing Resource Center, Inc.
1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148
Toll-free: 866.411.FHRC(3472)

HMIS Client #

Date:

APPLICANT PERSONAL DATA

Name:

Date of Application:

Date of birth:

SSN:

Marital Status:

Phone:

Current address:

of Bedrooms

City:

State:

ZIP Code:

Previous address:

City/State:

Zip Code:

Monthly rental payment:

What Utilities Do You Pay:

How long have you lived here?

Current Landlord Name:

Phone:

Have you ever received an eviction notice? If so, when?

Amount of Delinquency:

What months are you currently behind?

Landlord Address and City:

State:

ZIP Code:

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

Name

Household Relationship

Age



FINANCIAL ASSISTANCE PROGRAM APPLICATION



APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly: \$_____ Salary:
\$_____

Annual income:

Part-time_____ Full-
time_____

Previous employer *:

Reason for leaving:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly: \$_____ Salary:
\$_____

Annual income:

Part-time_____ Full-
time_____

Name of a relative not residing with you:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:



FINANCIAL ASSISTANCE PROGRAM APPLICATION



**ANYONE OVER THE AGE OF 18 AND
LIVING IN HOUSEHOLD IS A CO-APPLICANT**

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Previous address *:

City:

State:

ZIP Code:

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly: \$ _____

Salary: \$ _____

Part-time _____

Full-time _____

**(Please list amount
of hours)**

Annual income:

Previous employer *:

Reason for leaving:

Address:

Phone:

E-mail:

Fax:



FINANCIAL ASSISTANCE PROGRAM APPLICATION



Gross Income

List below the **GROSS** income of **ALL PERSONS** living in your home. Please attach proof of income for past month and current month.

Primary Earner:	Employer:
Secondary Earner:	Employer:

Primary	Secondary	Source of Income	Wages Earned	
			Amount	How Often
<input type="checkbox"/>	<input type="checkbox"/>	Wages	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Wages	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security	\$	
<input type="checkbox"/>	<input type="checkbox"/>	SSI	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pensions (Including Veterans Benefits)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Annuities	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Rental Income	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Interest Income	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Workers Comp	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Child Support	\$	

Total Monthly Income: \$		Number of Occupants:	
Non-Cash Benefit Amount: \$	Type of Benefit (i.e.- Food stamps, etc)	Total Overall Income: \$	

MEDICAL EXPENSES			Amount
Have you paid medical expenses, including prescriptions, since last June 1 st ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Have you paid any medical insurance premiums since last June 1 st ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
Do you receive reimbursement for any of these expenses from insurance or from the Veteran's Administration?	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$

UTILITIES – (WHAT YOU PAY EACH MONTH)	
Gas:	Electric:
Water/Sewer:	Oil:



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

**Funded through the State of Ohio
Office of Housing and Community Partnerships and
The Board of Lake County, Ohio, Commissioners'
Federal Grants Program**

Financial Assistance Program Guidelines

You must read and agree to the following terms, conditions, and policies. Please read and review it carefully. You shall receive a copy of this agreement for your records.

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, who are at imminent risk of homelessness. Through this program, FHRC may provide limited financial assistance to cover delinquent rental payments, future rental payments, security deposits and first month's rent. 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.

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. When these situations arise the family is put into turmoil immediately and they are very quickly thrown into a possible homeless situation. Landlords usually will not permit residents to live in rental units without paying rent for very long.



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

Target Population

Only households with annual incomes at or below 30-80% 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. Housing counseling services are requirements for this activity.

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 grant status reports, review of contract documentation, review of payment requests, final documentation and all duties relating to the draw downs and payments to the housing providers. FHRC staff will review all grant status reports for conformance with the financial aspects of the grants.

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.

The Program Administrator will work closely with The Board of Lake County Commissioners' Federal Grants Office Staff to complete this activity.

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 30-80% 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 80-90%;
- e. This activity is first-come, first-served;



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

- f. All applicants will be provided with a timely written notice regarding the status of their 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 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. Program Specific Eligibility Requirements

Program Name	Eligible Assistance	Eligibility Requirements
HOME	Security deposit / 1 st Month Rent (both)	<ul style="list-style-type: none">• Must show sustainability to afford new housing option;• Household expenses (rental payment and utilities) cannot exceed 80% of gross monthly income;• Gross monthly income must be at or below 80% of the area median income
Tenant Based Rental Subsidy (TBRA)	Short term rental assistance	<ul style="list-style-type: none">• Client must demonstrate an unexpected or temporary crisis that has taken place in the last six (6) months;• Client must show sustainability to afford the rental payments;• Household expenses (rental payment and utilities) cannot exceed 80% of the



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

		gross monthly income; <ul style="list-style-type: none">• Gross monthly income must be at or below 80% of the area median income
--	--	--

4. Notice of Eligibility or Ineligibility

Applicants will be notified as soon as possible as to their status and eligibility in the program. Ineligible applicants may be directed to seek other resources.

5. Solicitation of applicants/Marketing the program/waiting lists

Clients shall be chosen by comprehensive and fair standards that do not unduly discriminate against or favor any households on the basis of race, religion, national origin, color, age, sex, handicap, military status or familial status. Each applicant will be judged by the same set of standards.

6. Screening of Applicants

a. Application Submission

All applicants residing in the County limits are eligible for this program (however, Mentor and Waite Hill residents are not eligible for assistance under the HOME / CDBG programs – but are eligible for the HPRP and HSP programs). The Program Administrator reviews all full applications for income conformance and homeless status.

b. Thresholds

All applicants living within the County limits and earning at or below 30-80% 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. Applicants will be limited to the minimum or maximum assistance of the program they are qualified for.

Section III – Limits of Assistance

Program Name	Maximum Limit	Minimum Assistance	Maximum Assistance
HOME	N/A	\$750.00	\$1,500.00



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

TBRA	Three Months Aid	\$750.00	\$2,500.00
------	------------------	----------	------------

Section IV – Finance Mechanism

The Financial Assistance Program is geared toward aiding eligible, low-income applicants through a crisis situation. These households are in dire needs. This assistance is geared toward aiding the residents with the least resources in which to help themselves to prevention possible homelessness.

Section V -Supplemental Terms and Conditions of Program

- Submission of an application for assistance **does not** guarantee approval;
- All requested documentation must be submitted before 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



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

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 number 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



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

DISCLOSURE FORM

FAIR HOUSING RESOURCE CENTER, INC., agrees to avoid conflict of interest by disclosing to all clients the following information:

FHRC provides the following types of services to its clients:

Foreclosure Prevention Counseling Program:

FHRC's Foreclosure Prevention Counseling program offers loss mitigation counseling on a one-on-one basis. FHRC assists clients with mortgage workouts, loan modifications, forbearance plans, repayment plans and intake and triage for the Restoring Stability Program (Save the Dream). We educate homeowners with refinance options, including many programs, which they may be eligible. In the instances where a client is unable to retain their home, we educate the client on their options that are available to them.

Emergency Mortgage Assistance Program (MORT):

FHRC provides eligible homeowners with emergency cash assistance for mortgage payments to help prevent foreclosure. Qualified homeowners can receive up to \$3,500 towards mortgage delinquency. The funds are from a grant through the Lake County Commissioners HOME Investment Partnership Program.

Housing Counseling:

FHRC is a Housing Counseling agency which is a certified by the U.S. Department of Housing and Urban Development since 2003. Our agency is capable of providing assistance to clients seeking help with various housing issues such as landlord-tenant disputes, foreclosure prevention, fair housing, pre-purchase counseling, mortgage fraud and other housing issues.

Tenant Based Rental Subsidy (TBRA):

FHRC provides eligible renters and potential renters with emergency cash assistance payment to help prevent homelessness. Qualified renters can receive up to \$2,250 towards their rental delinquency. FHRC pays up to 70% of the rental payment for the 1st month, 60% for the 2nd month and 50% for the 3rd month.

Security Deposit and 1st Month Rental Assistance Program:

FHRC provides eligible renters and potential renters with emergency cash assistance payment to assist them in securing housing and to prevent homelessness. Qualified renters can receive up to \$1,500 towards their security deposit and/or 1st month rental payment. The funds are from a grant through the Lake County Commissioners HOME Investment Partnership Program.



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

Reasonable Accommodation/Modification Requests:

FHRC assists individuals with disabilities with their requests to their housing providers to make reasonable accommodations to policies or modifications to their units. FHRC provides this service because doing so can often avoid a future housing discrimination violation.

Discrimination Complaint Service:

FHRC's trained fair housing staff receives complaints, conducts appropriate investigations, and conducts audits involving fair housing violations. FHRC assists clients in asserting their legal rights involving discrimination in housing and guides clients through the administrative complaint process and/or federal or state court.

Systemic/Complaint-based Testing Program:

Under some programs, FHRC conducts random audits of area housing providers. These audits have included rental testing, sales testing, accessibility/new construction evaluations, lending testing and home owner's insurance testing.

Fair Housing Impediment Analysis:

FHRC provides assistance with maintaining and updating the analysis of local community fair housing needs and assistance in the development of a consolidated plan to address fair housing responsibilities under both the Lake County and the City of Mentor Community Development Block Grant Program.

Consulting Services:

FHRC provides consultation services to County municipalities and other organizations to ensure that their programs and activities are affirmatively furthering Fair Housing under the Federal and State Fair Housing laws.

Seminars and Training:

FHRC develops seminars, training and workshops based on locally determined goals and objectives which cover numerous topics. The seminars and trainings are conducted for all professionals, governmental bodies, and residents of Lake County and its surrounding communities. Seminar topics include: fair housing laws; landlord tenant rights; first time homebuyer program certification; budgeting counseling certification; foreclosure prevention; and among other topics.

Education & Outreach:

FHRC has prepared several publications to educate the public on their various housing rights. The staff also provides articles to publications, operates an agency website, responds to inquiries by the media, and addresses community groups. These public education efforts empower individuals by informing them of their legal rights and on how to enforce legal remedies.



FINANCIAL ASSISTANCE PROGRAM

Fair Housing Resource Center, Inc. • 1100 Mentor Avenue • Painesville, Ohio 44077
Phone: 440-392-0147 • Fax: 440.392.0148 • Toll-free: 866.411.FHRC (3472)

FHRC has no financial relationships with other industry partners and all of our services are free of charge to the community. As a non-profit 501 © (3) organization, FHRC provides these services through grants from various sources including: the State of Ohio, the U.S. Department of Housing and Urban Development, and local county resources.

Any client who consults FHRC for assistance is not obligated to receive any other services offered by the organization or its exclusive partners. Clients are free to contact the U.S. Department of Housing and Urban Development or Lake County Federal Grants office for alternative services, programs, programs, and products.

Furthermore, regardless of FHRC housing counselors' recommendations, clients are free to choose any lender, lending product, realtor, real estate agency, housing provider, home or apartment.

Signature

Date

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 any and all funds provided to the Applicant(s) will be used only for the sole purpose of assistance with rental payments.

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 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 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).

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

Authorization by Applicant I hereby authorize Fair Housing Resource Center, to obtain verification of employment and financial information, if necessary.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date

**Please fill out one (1) form for each household member regardless of age.

INTAKE FORM: Household Information (page 1)



Agency:		Shelter/Program/Location <input type="checkbox"/> Emergency <input type="checkbox"/> Transitional <input type="checkbox"/> Permanent		Date of Entry:	
Last Name		First Name		Middle Name	
Alias or Maiden Name (other name)					
Mothers Maiden Name			Birth Date		Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
Social Security Number		Quality of SSN Information <input type="checkbox"/> Full SSN recorded <input type="checkbox"/> Partial SSN recorded <input type="checkbox"/> Doesn't know/doesn't have <input type="checkbox"/> Refused			
Housing Status at Entry <input type="checkbox"/> Don't Know <input type="checkbox"/> Literally Homeless <input type="checkbox"/> Imminent Risk of Literally Homeless <input type="checkbox"/> Housed and At Risk of Losing Housing <input type="checkbox"/> Stably Housed <input type="checkbox"/> Refused		Prior Living or Housing Situation (Over 30 days) <input type="checkbox"/> Place not for habitation (street, park, car, bus station, etc.) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional housing for homeless person <input type="checkbox"/> Permanent housing for former homeless <input type="checkbox"/> Psychiatric facility or hospital <input type="checkbox"/> Substance abuse treatment facility <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail/Prison/Juvenile detention <input type="checkbox"/> Domestic violence situation <input type="checkbox"/> Living with relatives/family <input type="checkbox"/> Living with friends <input type="checkbox"/> Room, apartment, or house (rented) <input type="checkbox"/> Hotel or motel (not paid by voucher) <input type="checkbox"/> Apartment or house (owned by client) <input type="checkbox"/> Foster care family or group home <input type="checkbox"/> Refused <input type="checkbox"/> Other:			
Duration of Prior Living Situation <input type="checkbox"/> One week or less <input type="checkbox"/> More than one week but less than a month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, but less than a year <input type="checkbox"/> One year or longer					
Zip Code of Last Permanent Address: _____ Quality of Zip Code Information <input type="checkbox"/> Full zip code recorded <input type="checkbox"/> Partial zip code recorded <input type="checkbox"/> Estimated for city of last residence <input type="checkbox"/> Refused					
Last Known Address/Phone					

Marital Status (check one) <input type="checkbox"/> Single/never married <input type="checkbox"/> Married <input type="checkbox"/> Separated/partner left <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living together <input type="checkbox"/> Other: _____		Parental Status <input type="checkbox"/> Single custodial parent of dependent child/ren <input type="checkbox"/> Parent of non-dependent child/ren <input type="checkbox"/> Parent in two-parent family with dependent child/ren <input type="checkbox"/> Not parent / No children <input type="checkbox"/> Non-custodial parent of dependent child/ren <input type="checkbox"/> Other _____	
Employment Status <input type="checkbox"/> Employed (not looking for new work) <input type="checkbox"/> Self employed (non-job seeker) <input type="checkbox"/> Full time (over 35 hrs per week – non-job seeker) <input type="checkbox"/> Part time (under 35 hrs per week – non-job seeker) <input type="checkbox"/> Unemployed (no job-looking for employment) <input type="checkbox"/> Not in labor force (not employed, not looking for work)		<input type="checkbox"/> Still in school – too young to work <input type="checkbox"/> Retired <input type="checkbox"/> Other _____	
Chronically Homeless: <input type="checkbox"/> 4 or more in 3 years <input type="checkbox"/> Cont 1 year or more <input type="checkbox"/> NOT Chronic			
Specify Racial Group [1 or More] <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Arabic/Middle Eastern <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Am Indian or Alaskan Native </div> <div> <input type="checkbox"/> Black or African American </div> <div> <input type="checkbox"/> Asian </div> </div>			
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Resources (Household income at program entry) Gross annual individual income: _____ Gross annual household income: _____		At what age did you first become homeless? _____ Was this with a parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you ever have to sleep at a friends or relatives house because you did not have a place to stay? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> If yes, how old? _____	
Additional Notes:			



1100 Mentor Avenue • Painesville, Ohio 44077
P: 440.392.0147 • F: 440.392.0148 • T: 866.411.3472 • www.FHRC.org

Release of Information
Fair Housing Resource Center, Inc.

I, _____, hereby authorize the **Fair Housing Resource Center, Inc** and their representatives to release any and all information regarding my rental assistance application to my current housing provider and all other parties involved.

Property Address: _____

Signed: _____

Date: _____

Signed: _____

Date: _____