

# STAR PROGRAM

FHRC's Star Program consists of 2 different programs to target specific needs of the residents within our community. Listed below are 2 boxes with the eligibility and program guidelines for each individual program.

**Please check which box applies specifically applies to your household:**

## **Senior/Disabled Short term Subsidy**

- Low to moderate income households
- Must be 62 years or disabled individual
- Currently have some form of income into the household
- Demonstrate a need for assistance

This program provides a short term rental subsidy where FHRC can pay up to 70% of your rent and a utility allowance for up to 6 months. Eligibility is determined on a case by case basis.

## **1<sup>st</sup> Months' Rent & Utility Deposit**

- Low to moderate income households
- Anyone can apply
- Currently have income into the household

This program is to assist low to moderate income households with 1<sup>st</sup> months' rent and utility deposit assistance to move into a new home. Eligibility is determined on a case by case basis.

**FHRC cannot assist individuals who are currently receiving subsidy from another organization. (Section 8 Voucher, Extended Housing, Public Housing)**

**All applications are processed on a case by case basis. Full subsidies are not guaranteed. Each application is processed with the first come and first served basis and is dependent on the Organization's availability of funds. Lastly, all programs are considered a one-time use unless prior approval was granted.**



# STAR Financial Assistance *Applicant* Checklist

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

- 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 **Lease Agreement – Senior/Disabled Subsidy Program**
- Copy of Unsigned Lease – **for 1<sup>st</sup> Months’ rent program only**
- Proof of disability or veteran status, if claiming on the application.
- Photo I.D. for anyone over the age of 18
- Other \_\_\_\_\_  
\_\_\_\_\_



# STAR FINANCIAL ASSISTANCE 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) info@fhrc.org

## APPLICANT PERSONAL DATA

<b>First Name:</b>		<b>Last Name:</b>		<b>Date of Application:</b>
<b>Date of birth:</b>	<b>SSN:</b>	<b>Marital Status:</b>		<b>Phone:</b>
<b>Current address:</b>				<b># of Bedrooms</b>
<b>City:</b>		<b>State:</b>	<b>ZIP Code:</b>	
<b>Email Address:</b>		<b>Race:</b>	<b>Ethnicity:</b>	
<b>Current Monthly rental payment:</b> \$	<b>What Utilities Do You currently Pay:</b>	<b>How long have you lived at your current address?</b>		
<b>Current Landlord Name:</b>	<b>Phone:</b>	<b>Have you ever received an eviction notice? If so, when?</b>		
<b>Are you behind on your rent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, Amount behind:</b>	<b>Current Landlord`s Phone Number:</b>		
<b>Landlord Address and City:</b>		<b>State:</b>	<b>ZIP Code:</b>	

## 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		
<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If not, please check the box for your source of income:</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income	
<b>Current Employer Name:</b>	<b>Employer address:</b>	<b>How long?</b>
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Position:</b>	<b>Type of Employment:</b> Part-time _____ Full-time _____	<b>Hourly Rate:</b>
<b>Previous Employer Name:</b>	<b>Employer address:</b>	<b>How long?</b>
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Position:</b>	<b>Type of Employment:</b> Part-time _____ Full-time _____	<b>Hourly Rate:</b>

ALL HOUSEHOLD MEMBER OVER THE AGE OF 18		
<b>First Name:</b>	<b>Last Name:</b>	
<b>Date of birth:</b>	<b>SSN:</b>	<b>Phone:</b>
<b>Are you currently employed?</b> Yes                  No	<b>If not, please check the box for your source of income:</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Social Security Income <input type="checkbox"/> No income	
<b>Current Employer Name:</b>	<b>Employer address:</b>	<b>How long?</b>
<b>Phone:</b>	<b>E-mail:</b>	<b>Fax:</b>
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Position:</b>	<b>Type of Employment:</b> Part-time _____ Full-time _____	<b>Hourly Rate:</b>

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

**Household Expenses**

**All Star applicants are required to receive Budget Counseling. Please complete this form to the best of your ability with the most accurate information.**

<b>Expense</b>	<b>Amount</b>
Rent	\$
Gas	\$
Electric	\$
Water/Sewer	\$
Trash	\$
Phone	\$
Internet	\$
Cable	\$
Medical Expenses	\$
Car Expenses	\$
Public Transportation	\$
Groceries/Food	\$
Household Supplies	\$
Clothing	\$
Credit Card Debt	\$
Childcare	\$
Installment Loans	\$
Other:	\$
Other:	\$
Other:	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

Previous Assistance		
Have you received rental subsidy, security deposit or 1 <sup>st</sup> months rent in the past year from any agency?	·YES	·NO
Have you received rental assistance from Fair Housing Resource Center, Inc. in the past 5 years?	·YES	·NO
<b>If yes, please list all the agencies you received assistance from, and the amounts:</b>		
<b>Agency</b>	<b>Amount</b>	<b>Date Received</b>
	\$	
	\$	
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.		
<b>Name:</b>		
<b>Phone Number:</b>	<b>Relationship:</b>	
<b>Name:</b>		
<b>Phone Number:</b>	<b>Relationship:</b>	
Disclosure Statement		
<p>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.</p>		
<b>Signature of applicant:</b>	<b>Date:</b>	
<b>Signature of Co-applicant:</b>	<b>Date:</b>	



## 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).

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Signature of applicant Date

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Signature of co-applicant, if for joint account Date



## FINANCIAL ASSISTANCE PROGRAM

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### Star 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.





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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;



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- 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	Maximum Limit	Maximum Assistance
Senior/ Disability Subsidy Program	Short Term Subsidy	<ul style="list-style-type: none"> <li>• Gross monthly income must be at or below 80% of the area median income;</li> <li>• Must be 62 years of age or Disabled ;</li> <li>• Demonstrate an overall need for assistance; and</li> </ul> Can receive up to 6 months of assistance on a case by case basis	6 Months Aid	\$6,000.00
1 <sup>st</sup> Months' Rent & Utility Deposit	1 <sup>st</sup> Months' Rent & Utility Deposit	<ul style="list-style-type: none"> <li>• Household expenses (rental payment and utilities) cannot exceed 80% of the gross monthly income;</li> <li>• Gross monthly income must be at or below 80% of the area median income;</li> <li>• Cannot be substituted for Security Deposit; and</li> <li>• Can receive 1<sup>st</sup> Months` rent and utility deposit assistance on a case by case basis</li> <li>• *Must be able to demonstrate sustainability.</li> </ul>	1 <sup>st</sup> Months' Rent & Utility Deposit	\$1,500.00



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### 4. 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.

### 5. 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.

<b>2017 Annual Income Limits</b>								
<b>Household Member's</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>30% Limits</b>	\$14,000	\$16,000	\$18,000	\$20,000	\$21,600	\$23,200	\$24,800	\$26,400
<b>Very Low Income</b>	\$23,350	\$26,650	\$30,000	\$33,300	\$36,000	\$38,650	\$41,300	\$44,000
<b>60% Limits</b>	\$28,020	\$31,980	\$36,000	\$39,960	\$43,200	\$46,380	\$49,560	\$52,800
<b>Low Income</b>	\$37,350	\$42,650	\$48,000	\$53,300	\$57,600	\$61,850	\$66,100	\$70,400



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### 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 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.

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Applicant Signature

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Date

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Co-applicant Signature

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Date