



STAR Program Document Checklist



Applicant Name

Date

Check the box for all the Programs you would like to apply to:

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 st Months Rent | <input type="checkbox"/> Security Deposit | <input type="checkbox"/> Senior/Disabled Subsidy |
| <input type="checkbox"/> Low-Income Subsidy | <input type="checkbox"/> Moving Assistance | |

For Subsidy:

- ☐ **Proof of Income** –30 days CURRENT pay stubs for ALL members of the Household or SSI determination letter, Unemployment Benefits letter, Statement from Employer, etc.
- ☐ **30 days of Checking and Savings account statements**- Must show all deposits and transactions through the 30 day period.
- ☐ **Copy of Lease Agreement**
- ☐ **Proof of disability or veteran status** if claiming it on the application.
- ☐ **Photo ID** for anyone over the age of 18
- ☐ **Current ledger or account statement from landlord**- this shows your rental payment history, and balance on your account.

For 1st Months Rent, Deposit Assistance or Moving Assistance:

- ☐ **Proof of Income** –30 days CURRENT pay stubs for ALL members of the Household or SSI determination letter, Unemployment Benefits letter, Statement from Employer, etc.
- ☐ **30 days of Checking and Savings account statements**- Must show all deposits and transactions through the 30 day period.
- ☐ **Copy of Unsigned Lease Agreement**- To apply, you must apply to the new rental and be approved for the unit. Once you are approved, ask the landlord for an unsigned lease agreement outlining the property address, rent amount and if any utilities are included.
- ☐ **Proof of disability or veteran status** if claiming it on the application.
- ☐ **Photo ID** for anyone over the age of 18



STAR 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) info@fhrc.org

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?	
Current Landlord Name:		Phone:		Have you ever received an eviction notice? If so, when?	
Are you behind on your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Amount behind:		Current Landlord`s Phone Number:	
Landlord Address and City:			State:	ZIP Code:	

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

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18		
First Name:		Last Name:
Date of birth:	SSN:	Phone:
Are you currently employed? Yes No	If not, please check the box for your source of income: <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.

Household Expenses

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

Expense	Amount
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	\$
TOTAL	\$

Signature of applicant

Date

Signature of Counselor

Date

Revised January 2026

Previous Assistance		
Have you received a rental subsidy, security deposit, or 1st month's rent in the past year from any agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you received rental assistance from Fair Housing Resource Center, Inc. in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list all the agencies you received assistance from and the amounts:		
Agency	Amount	Date Received
	\$	
	\$	
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 provide an individual we may contact on your behalf in case of an emergency.		
Name:		
Phone Number:		Relationship:
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 federal, state, and local government funding to conduct this work. You are not obligated to accept any other services from our partners or us 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 choose.</p>		
Signature of applicant:		Date:
Signature of Co-applicant:		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 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 to evaluate my application for rental 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

Date

Signature of counselor

Date



Rental Assistance 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. The Financial Assistance Program activity is geared toward aiding residents in a crisis situation where imminent homelessness would result without this assistance.
- b. 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.
- c. The Financial Assistance Program is a first-come, first-served activity;



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



HOME ARP Program	Short Term Subsidy/ Security Deposit Assistance/ moving assistance	-Low-income household (50% AMI or below) -Must have some form of household income -Must demonstrate a need for assistance. -Priorities are given to the following households: -Persons experiencing or at risk of homelessness -Victims of Domestic Violence -Low-income families	6 Months subsidy Security Deposits and/or moving assistance	Max Rent Assistance: \$6,000.00 Max Moving Assistance: \$1,500
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Notice & Screening

Applicants living within County limits (excluding the City of Mentor) may qualify if their income is at or below 80% or 50% of the area median and they face a temporary crisis or homelessness. The Program Administrator reviews applications and determines funding. Applicants will be notified within one week of approval or denial; denied applicants receive appeal instructions and may be referred to other resources.

Appendix A - HUD Income Limits – The **Cleveland-Elyria, OH MSA** contains the following areas in Ohio: Cuyahoga County; Geauga County; Lake County; Lorain County; and Medina County. Source: <https://www.huduser.gov/portal/datasets/il.html> Effective 04.01.24

Lake County, Ohio

Income Limit Area	Median Income	Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		<u>Extremely Low (30%) Income Limits</u>	\$20,450	\$23,350	\$26,250	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720
Lake County	\$97,200	<u>Very Low (50%) Income Limits</u>	\$34,050	\$38,900	\$43,750	\$48,600	\$52,500	\$56,400	\$60,300	\$64,200
		<u>Low (80%) Income Limits</u>	\$54,450	\$62,200	\$70,000	\$77,750	\$84,000	\$90,200	\$96,450	\$102,650

Section III -Supplemental Terms and Conditions of Program

- Submission of an application for assistance **does not** guarantee approval.



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- All requested documentation must be submitted before the application review process begins.
 - You are responsible for rental payments due **after** the application submission date.
 - 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 program is a one (1) time use. 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 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