

SAVE THE *Dream* OHIO'S FORECLOSURE PREVENTION EFFORT



Mortgage, Property Taxes, and Utility Assistance!

Please be sure to complete and sign the whole application, and along with the required documentation return it to Marcy at 4200 State Rd. You can drop it off, mail it in, e-mail it (uap@accaa.org), or even fax it (440-990-1706). Please see the next page for that information.

If you qualify for the HEAP, PIPP, LIHWAP, and/or SCP/WCP programs you will need to apply for that before we can assist you with the Save the Dream/ UAP program. For more information on those programs call 440-990-2211 or dial 2-1-1.

Please keep in mind that this is **NOT** an **EMERGENCY** program, and that it may take up to **30 days** for an application to be completed. Once your application is completed we will mail a letter informing you what assistance we were able to provide!

Assistance provided is based on fund availability!!

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Utility Plus Program / Save the Dream Foreclosure Prevention Program

The Utilities Assistance Plus (UAP) program is designed to prevent homeowners experiencing **financial hardship** from losing utilities or home energy services, and to prevent defaults, foreclosures, and displacements of homeowners when that default, foreclosure or displacement is due to the inability to pay stemming from a COVID Hardship.

- **The following utilities are eligible for payment through the UAP program:**
 - Natural gas, electricity, bulk fuel, water, sewer, trash removal, and disconnection and reconnection fees.
- **Property taxes can be paid when the following applies:**
 - The property taxes are paid directly to the taxing authority rather than through an escrow arrangement with a mortgage company.
- **The following homeowner fees are eligible for payment through UAP program:**
 - Homeowner's association fees or lien, condominium association fees, common charges, other – the cost must be a requirement for residency, and the applicant must provide an explanation and document the cost.
- **Applicants that need mortgage assistance and property taxes that are held in escrow should:**
 - Refer to OHFA's website, savethedream.ohiohome.org, where the homeowner can apply for assistance with their mortgage and property taxes if they are in escrow.
- **Please note:**
 - Assistance is only provided for place of residence
 - Copies of Social Security Cards are needed for all household members
 - Bills have to be in an adult household member's name
 - If another person listed on property/trailer taxes besides yourself, and they are not in the household, we will need a statement from that person stating that they no longer live there.

Income Guidelines for Eligible Households, Person/Person's per Household:

1 - \$103,350 2 - \$118,200 3 - \$132,900 4 - \$147,600 5 - \$159,450 6 - \$171,300 7 - \$183,150 8 - \$194,850

On the following pages please complete and sign where requested. This application can be returned in person (4200 State Rd.), by mail, e-mail or fax through the information provided below.

Please provide copies of the Social Security Cards for everyone in the household, the past 30 days of income for everyone in the home over the age of 18, copies of current utility bills and tax bills (that you are requesting assistance with), and any other documentation requested. Be sure to complete the Financial Hardship Attestation attached to the application, and write a statement as to your covid-19 financial impact.

Mail: Ashtabula Community Action Agency, Attn: Save the Dream/UAP, 4200 State Rd. Ashtabula, Ohio 44004

Email: uap@accaa.org

Phone: (440) 990-1712

Fax: (440) 990-1706

UTILITY ASSISTANCE PLUS APPLICATION

Please read carefully and be sure to answer each question.

Name: _____ Date: _____

Address: _____ SS # _____

City / State / Zip: _____ Date of Birth: ____/____/____

Phone Number: _____ Mailing Address (If different): _____

Email Address: _____

Gender: Male _____ Female _____ Other _____

Disabled: Yes _____ No _____

Veteran: Yes _____ No _____

US Citizen: Yes _____ No _____

Ethnicity: Hispanic, Latino or Spanish Origins _____ No Hispanic, Latino or Spanish Origins _____

Race: American Indian/Alaskan Native _____ Asian _____ Black/African American _____
 Native Hawaiian/Other Pacific Islander _____ Other _____ Unknown _____ White _____

Family Type: Single Parent _____ Two Parent _____ Single _____ Two Adults w/no Children _____
 Non-Related Adults w/Children _____ Multi-Generational _____ Other _____

Please complete the table below for other household members. If you need more room please use a separate sheet of paper.

First Name						
Last Name						
SS #						
Date of Birth						
Gender						
Race						
Ethnicity						
Disabled?						
US Citizen?						
Veteran?						



Income Section

Please list all of the household income for anyone over the age of 18 for the past 30 days and provide proof of that income. You can include W-2's for 2020, IRS Form 1040, Pay-Stubs, Award Letters for Social Security, SSI, SSDI and VA benefits. Please refer to the front of the application packet for further details regarding income.

First Name						
Amount \$						
How Often						
Source						
Non-Cash Benefits						

Terms for Reference

- How often – Weekly, Bi-Weekly, Monthly, One Time Payment, Yearly
- Source – Social Security, SSI/SSDI, Employment, Unemployment, VA, Pension, TANF, Other
- Categorical Eligibility – SNAP, WIC, HWAP, HEAP, PIPP or other benefit that would be pre-qualifying

Please check all you are applying for assistance with, and be sure to provide all bills for that assistance.

<input type="checkbox"/> Electric	<input type="checkbox"/> Water	<input type="checkbox"/> Property/Trailer Taxes
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Sewer	<input type="checkbox"/> Disconnect / Reconnect Fee
<input type="checkbox"/> Bulk Fuel/Alt. Heat Source	<input type="checkbox"/> Trash	

I certify these statements are true and correct to the best of my knowledge, and authorize the release of any or all information necessary for verification purposes.

Client Signature _____ Date _____

For Office Use Only

Approved _____ Denied _____ Reason _____

Approval Signature _____ Date _____



Financial Hardship Attestation

I/we attest that I/we have experienced a material reduction in income and/or a material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displaced me/us as a homeowner(s), that this financial hardship occurred after January 21, 2020, and that the nature of the financial hardship is because of [check all that apply]:

- Loss of work/decrease in available hours at work
- Forced work closure
- Inability to access or get to work
- Loss of wages or other compensation ordinarily received
- Increase in childcare costs
- Forced to take off work due to school closure or childcare changes
- Self-quarantined at home under government or medical recommendation
- Stay at home or shelter in place order by any level of government authority
- Forced to take off work to care for a family member
- Personal or family experiencing illness, disability, or mental health issues
- Lack of access or delayed access to healthcare
- Experience of food insecurity, shortages, or delayed benefits
- Increase in family expenses due to pandemic or emergency preparedness
- Unemployment insurance unavailable, insufficient, or delayed
- Loss of social, financial, or health safety net
- Fear and concern of future economic and health insecurity and instability
- If I pay utility payment(s), property taxes, and/or homeowner fees for my primary residence now, I will not be able to meet my or my family's basic needs and may default on my home mortgage
- Other

I certify that this statement is true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Name <small>(please print)</small>	Applicant Signature	Date
Co-Applicant Name <small>(please print)</small>	Co-Applicant Signature	Date



Please write a brief description of your Financial covid-19 impact below:

Print Name: _____

Date: _____

Signature: _____

Please fill out for Zero Income:



Department of
Development

Self-Declaration of Income Support

Mike DeWine, Governor
Jon Husted, Lt. Governor

Lydia L. Mihalik, Director

Applicant Information:

First Name	Last Name	Telephone Number (include area code)
Address		

If you have no other way to document your income and/or household situation, please complete all sections below. An incomplete worksheet may delay the processing of your application.

Monthly Household Income Amount:	\$	Annual Household Income:	\$
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Describe how you have been able to pay your bills, including food, shelter, clothing etc.:

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member, please list their name(s), address, and phone number(s) below. If you have a note from the person providing assistance, please include the signed and dated note with your application. If additional space is required (you have more than one person assisting you) use the back of this form to list their information and have them provide a signed and dated notes, if available.

First Name	Last Name	Telephone Number (include area code)
Address		
How much is given: \$	How Often: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<input type="checkbox"/> Paid to me <input type="checkbox"/> Paid to bill directly

Does your household receive any of the following?	Yes or No	Amount per Month
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

Describe how your household was financially impacted by COVID-19:

By signing below, I declare under penalty of perjury that the information submitted on this worksheet is true and correct. I further certify that my household is experiencing homelessness or housing instability.

Signature: _____

Date: _____

Verified by: _____

Date: _____



**Third Party Release of Information
Authorization Form**

By signing this form, I _____, hereby consent to Ashtabula County Community Action Agency (ACCAA) disclosing any information provided to any party that may be able to assist me during this financial hardship.

X _____
Print Name

X _____
Signature

Date

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I understand that:

- I can only apply for the Utility Assistance Plus (UAP) program ONCE.
- I have to be the **homeowner**, has to be my **residential address**, and any bills being asked for assistance with, **have to** be in my name or a household members name.
- I understand that all bills that I am seeking assistance with do have to clearly state what company (Name and address/Letter head) along with my information (Name and address) on them.
- If I still require assistance I can apply for up to 6 months of assistance per utility, and that it is my responsibility to contact the intake worker doing my application every month with those new bills.
- My assistance ends 6 months after date of original application approval, or up to the allotted amount. Whichever comes first.
- If my bill due date is passed my 6 months then I will not qualify for assistance with that bill.
- If I qualify for HEAP, PIPP, LIHWAP, and/or SCP/WCP it is my responsibility to apply for that program prior to receiving assistance from UAP, and that if I have not applied it may hold up my application. Intake will advise.
- This is not an **EMERGENCY** program, and It may take up to **30 days** for approval of my application. The intake worker will notify me via phone number provided when my application is approved.
- Once approved I understand that it may take an additional 30 days until the check is received. (Deposited to your utility account)
- If I pay my bill on my own or if I am receiving assistance from another program I will not qualify for assistance for those months for that utility.
- My income needs to be recertified after 3 months to verify that I still qualify. (If still looking for assistance)
- **Assistance, and/or additional assistance is based on availability of funding.**

Print Name: _____

Date: _____

Signature: _____



Applying for tax assistance?

Are you in an active foreclosure, or have you received a letter about foreclosure?

(Please Circle) Yes or No

If Yes we will need to contact the Prosecutor's Office to inquire about court costs/fees incurred due to this, and/or stopping these court costs/fees.

I understand that this may place a hold on the application while we are waiting on this information.

I also understand by signing this paper/application I am giving you permission to reach out to whomever is able to assist you with this information.

Signature

Please print name

Date

Please complete this form and submit with supporting documentation if your name is not on the deed to the home you live in, but you have a legal interest in the property.

_____, hereby make the following statements of fact subject to the penalties of perjury as outlined in Ohio Revised Code Section 2921.11, that to the best of my knowledge, information, and belief:

I currently reside at _____, Ohio

I have resided at this address for _____ years and _____ months and have not moved or maintained a primary residence at any other address during this timeframe.

I have an ownership interest in the property because:

- I inherited the property from _____ on _____ and their relationship to me is _____
- I was awarded the property as part of a divorce/dissolution/separation/property settlement on _____
- I have some other ownership claim which I describe further here:

I intend to take all reasonable efforts to obtain a deed to the property within the next 3 years.

I have attached the appropriate supporting documentation from the list below:

- Death - Death Certificate and/or Will (with corresponding birth certificate to show relationship to decedent)
- Divorce, Dissolution, Legal Separation - Decree or Agreement
- Property Settlement - Settlement Agreement
- Transfer into an *inter vivos* trust - Trust Agreement
- Court Order - Court Order

I declare that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge, information and belief.

Applicant

Date