

**Rental Assistance Application – FY 2017**

**NOTE:** If someone is filling out this application on behalf of the applicant, and/or if the applicant would like to authorize someone to serve as the contact person for this application, please complete the authorization at the end of this application.

**Name of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Current Residence** \_\_\_\_\_

Name of Facility – if applicable

\_\_\_ Developmental Center \_\_\_ County Operated ICF/IID \_\_\_ Private ICF/IID \_\_\_ Other \_\_\_\_\_

**Address** \_\_\_\_\_

Street

City

Zip Code

**Phone Number** \_\_\_\_\_

**Current Income (earned and unearned)**

**Source**

**Monthly Amount**

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**Medical Expenses (include any insurance premiums)**

**Item**

**Monthly Expense**

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

Are you currently or in the process of being enrolled on a Home and Community Based Services (HCBS) Waiver?

\_\_\_ Yes \_\_\_ No Waiver Type \_\_\_\_\_

Do you have a new home or apartment selected? \_\_\_ No \_\_\_ Yes If yes, please provide the following:

Address

City

County

Zip Code

Number of Bedrooms \_\_\_ Efficiency \_\_\_ 1 BR \_\_\_ 2 BR \_\_\_ 3 BR \_\_\_ 4BR Your Monthly rent \$ \_\_\_\_\_

Effective Date of Rent \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Number of people living in this home \_\_\_\_\_

Do you/will you pay your own utilities? \_\_\_\_ No \_\_\_\_ Yes

Heat: \_\_\_\_ Gas \_\_\_\_ Electric

(If yes, check all that apply)

Water Heater: \_\_\_\_ Gas \_\_\_\_ Electric

Stove/cooking: \_\_\_\_ Gas \_\_\_\_ Electric

Other electric \_\_\_\_

Water/Sewer \_\_\_\_ Trash pick-up \_\_\_\_

Have you applied for rental assistance from your local Metropolitan Housing Authority? \_\_\_\_ No \_\_\_\_ Yes

What was the result of your application? \_\_\_\_\_

Are you accessing HOME CHOICE Funding? \_\_\_\_ No \_\_\_\_ Yes

I certify that, to the best of my knowledge, the information I have provided is accurate.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

I authorize \_\_\_\_\_ to complete this application on my behalf and to provide any information necessary in order to provide a complete application and to represent me as needed in order to assist me in obtaining rental assistance.

\_\_\_\_\_ Name of Authorized Representative

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Address of Authorized Representative (Where copies of notifications can be sent)

\_\_\_\_\_ Phone Number of Authorized Representative

\_\_\_\_\_ Date

County Board SSA: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Return completed application to:

DODD Capital Housing Office  
West Broad Street  
43222 or email to [ernie.fischer@dodd.ohio.gov](mailto:ernie.fischer@dodd.ohio.gov)  
752-3013

1601  
Columbus, OH  
(614)

DODD USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ TIME \_\_\_\_\_

REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

If denied, basis for denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of DODD Representative \_\_\_\_\_

Placed on Waiting List \_\_\_\_\_ Yes \_\_\_\_\_ No

Date \_\_\_\_\_