

Rental Assistance Program Application

July 1, 2018 - June 30, 2019



Department of
Developmental Disabilities

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

Applicant Information

Select one <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Revision		Reason for revision, if applicable	Date
Name of applicant		Address	
Name of facility, if applicable		<input type="checkbox"/> Developmental center <input type="checkbox"/> Private ICF <input type="checkbox"/> County operated ICF <input type="checkbox"/> Other	
Are you currently or in the process of being enrolled on a Home and Community Based Services (HCBS) waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, waiver type <input type="checkbox"/> IO <input type="checkbox"/> Level One <input type="checkbox"/> SELF	

Income and Expenses

Name of income source, earned and unearned	Monthly Amount	Name of medical or liability expense	Monthly amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Check if currently there is **no income**

_____ Date of SSI/SSDI application

Home or Apartment

Do you have a new home or apartment selected? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, will you live in...? <input type="checkbox"/> Condo <input type="checkbox"/> Mobile home <input type="checkbox"/> Home <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse	Is the home licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address	County	City	Locality	Zip Code
Number of bedrooms	Monthly rent amount	Security deposit amount	Effective date of rent (first of the month only)	
How many will live at this residence?		Are you applying for RAP Deposit assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Utility Allowance

Will you pay your own utilities? Yes No

If yes, check all that apply:

Heat: Gas Oil Electric Bottle Gas

Water Heater Gas Oil Electric Bottle Gas

Cooking Gas Oil Electric Bottle Gas

Water/Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for Rental Assistance from your local Metropolitan Housing Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No
Trash Pickup <input type="checkbox"/> Yes <input type="checkbox"/> No	What was the result of your application?

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

Applicant Signature	Date
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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		Auth Rep Phone Number	
Name of County Board SSA	SSA Phone Number	SSA Email	

All sections must be complete or your application may not be processed.

Scan and email to this application to: doddrap@dodd.ohio.gov