

Franklin County CARES ACT Safety Net Eligibility Certification Form

Full Name _____ Case Reference Code _____

Filing Date _____ Workers Name _____

Overall Minimum Requirements

In order to receive financial assistance through rent/mortgage or utility relief program, households must meet the following minimum requirements:

- The Tenant or Homeowner has a valid lease or mortgage statement in their name.
- The Tenant or Homeowner has valid utility bill with late or termination notice in their name.
- The Tenant or Homeowner has valid utility repair bill in their name at current address.
- The household has experienced a loss of income due to the Coronavirus pandemic (Head of Household must complete the self-certification of loss of income below). This loss includes being laid off, furlough or reduction in hours.
- The household has not utilized this program at any other time during the August to December 31, 2020 activity period.
- All members of the household are listed below and agree to the same terms listed in this agreement.

Household size (all adults/children) _____

List names of members in household _____

Total Household Annual Gross Income \$ _____

Please describe your loss of income due to the Coronavirus Pandemic including circumstance(s) resulting in loss of income. (Statement may be provided verbally and documented by staff completing form.)

I certify that the information I have provided in applying for FCCASN assistance is true, accurate, and complete. (Consent may be given verbally)

Print name of tenant/homeowner

Tenant Signature

Determination of eligibility completed by: _____ Date completed: _____

Print name of Staff Person

Staff Person signature