



OHIO HOME RELIEF APPLICATION

SS#: ___ / ___ / ___ LAST NAME: _____ FIRST NAME: _____

DOB: ___ / ___ / ___ ADDRESS: _____

CITY: _____ ZIP: _____ TELEPHONE: _____

GENDER		DISABLED		ETHNICITY			
FEMALE		YES		BLACK AFRICAN AMER		HISPANIC	
MALE		NO		ASIAN		NATIVE	
				WHITE			
				AMER OTHER			
LAST NAME							
FIRST NAME							
RELATION							
DATE OF BIRTH							
GENDER							
DISABLED							
ETHNICITY							
EDUCATION							
HEALTH INS							
VETERAN							
INCOME PERIOD	<input type="checkbox"/>						
AMOUNT							
SOURCE							

<p style="text-align: center;">EDUCATION</p> <p>0 - 8 12+</p> <p>9 - 12</p> <p>UNKNOWN</p> <p>HS GRAD/GED</p> <p>COLLEGE GRAD</p>	<p style="text-align: center;">FOOD STAMP</p> <p>YES NO</p>	<p style="text-align: center;">HEALTH INSURANCE</p> <p>MEDICAID</p> <p>SELF-INS</p> <p>MEDICARE</p> <p>NONE</p> <p>PRIVATE UNKNOWN</p>	<p style="text-align: center;">FARMER</p> <p>FARMER</p> <p>MIGRANT</p> <p>SEASONAL</p>
---	--	---	---

<p style="text-align: center;">VETERAN</p> <p>YES</p> <p>NO</p>	<p style="text-align: center;"># IN HS HL</p>	<p style="text-align: center;">FAMILY TYPE</p> <p>SINGLE PAR/FEMALE</p> <p>SINGLE</p> <p>SINGLE PAR/MALE</p> <p>COUPLE</p> <p>TWO PARENT</p> <p>OTHER</p>	<p style="text-align: center;">HOUSING</p> <p>OWN</p> <p>RENT</p> <p>HOMELESS</p> <p>H-W H-WO</p> <p>SUBSIDIZED</p>	<p style="text-align: center;">CUSTOMER INCOME/PERIOD</p> <p>WEEKLY</p> <p>ANNUAL</p> <p>BI-WEEKLY 13 WEEKS</p> <p>MONTHLY <input type="checkbox"/></p> <p>AMOUNT</p>
--	--	--	--	--

SOURCE OF INCOME			
EMPLOYMENT	AFDC/TANF	PENSIONS	WORKER
COMP. INTEREST			
EMPLOYMENT	DA	DISABILITY	CHILD
SUPPORT OTHER			SITE
SOCIAL SECURITY	SSI/SSD	SELF EMP.	VA
HOUSEHOLD MEMBERS			

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

Customer Signature _____

Date _____

Staff Signature _____

Signature: _____

Date: _____

CAA STAFF: _____

Date: _____



OHIO HOME RELIEF Release of Information Authorization

Agency Information

Name of Agency	Name of Agency Contact	Date
Street Address	City	State Zip Code
Phone	Fax Number	Email Address

Customer Information

Name
Street Address City State Zip Code
Phone Email Address

I understand that the Community Action Agency needs to receive information concerning myself and/or my family and is asking for my cooperation in this process. I do give my consent to the agency/program listed above to release the following information for the purpose indicated below.

Data requested from:				
Landlord/Property	Manager	Name	(Please	print):

Phone:	_____			
Email:	_____			
Mortgage	Financial	Institution:		

Account Number:	_____			

GCWW account number: _____

I understand this consent for release of information shall remain in effect for one year, unless I cancel my consent prior to this agreement.

Client: _____ Date

CAA Staff _____ Date