



SAVE THE DREAM OHIO

UTILITY ASSISTANCE PLUS

Proudly serving Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson & Tuscarawas Counties.

UTILITY ASSISTANCE PLUS APPLICATION

Please read carefully and be sure to answer each question.

Date: _____

Street Address: _____

Mailing Address (if different):

City/State/Zip: _____

City/State/Zip: _____

County: _____

Family Type:

Single	Two Parent	Single Parent	
Two Adults w/no Children		Non-Related Adults w/Children	
Multi-Generational		Other	

All adults named on the mortgage or deed are applicants or co-applicants.

<p>Applicant's Name: _____</p> <p>Social Security #: _____</p> <p>Phone Number: _____</p> <p>Email Address: _____</p> <p>Date of Birth: _____</p> <p>Gender: Male Female</p> <p>Optional: In your own words, what is your gender identity? _____</p> <p>US Citizen: Yes No</p> <p>Disabled: Yes No</p>	<p>Co-applicant's Name: _____</p> <p>Social Security #: _____</p> <p>Phone Number: _____</p> <p>Email Address: _____</p> <p>Date of Birth: _____</p> <p>Gender: Male Female</p> <p>Optional: In your own words, what is your gender identity? _____</p> <p>US Citizen: Yes No</p> <p>Disabled: Yes No</p>
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APPLICANT			CO-APPLICANT		
Veteran:	Yes	No	Veteran:	Yes	No
Ethnicity:	Hispanic, Latino or Spanish Origins No Hispanic, Latino or Spanish Origins		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 White Other Unknown		Race:	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Other Unknown	

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 the household income for anyone over the age of 18 for the past 30 days **and provide proof of that income**. You can include Paystubs, Award Letters for Social Security, SSI, SSDI and VA benefits. Also include most recent W-2's or filed IRS tax form with signatures.

If you receive assistance from any other state or federal program whose income guidelines are equal to or less than the UAP, you need only provide proof of your participation in the past 30 days as your proof of income. Please refer to the front of the application packet for further details regarding income.

First Name					
Amount \$					
How Often					
Source					
Pre-Qualifying 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
- Pre-qualifying benefits – SNAP, WIC, HWAP, HEAP, PIPP or other benefit with income eligibility below Save the Dream’s

Please check all you are applying for assistance with and be sure to provide copies of all bills for that assistance including past due amounts.

Electric	Water	Homeowner Insurance/Fees
Natural Gas	Sewer	Disconnect/Reconnect
Bulk Fuel/Alt. Heat Source	Trash	
Property/Trailer Taxes	Broadband Internet	

Are any applicants employees of AAA9, or related to an employee? Yes No

By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance they are not eligible for. In addition, by my signature, I acknowledge that final approval of my Utility Assistance Plus request is based on the established guidelines and availability of funding.

Applicant Signature

Date

Co-applicant Signature

Date

Self-Declaration of Income Support

Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If not all sections are complete there may be a delay in processing 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.:

Does your household receive any of the following?	Yes	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.			

Monetary Support section:

If you are receiving help paying your bills and/or expenses from a non-household member(s), include a separate sheet for each person providing assistance. This statement must show how much money is provided, how often, and if the money is given to you or paid directly to your creditors.

First Name	Last Name	Telephone Number (include area code)
Address		
How much is given: \$	Paid to me	
How often:	Paid to creditor directly	Name of creditor:
Signature of donor:		

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.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant 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 loss of utilities or home energy services, 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
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

Date

SAVE THE DREAM OHIO 
UTILITY ASSISTANCE PLUS

REQUIRED!

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

Applicant Name
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

Date

Third Party Release of Information Authorization Statement

By signing this section, I hereby consent to the Area Agency on Aging, Region 9 (AAA9) disclosing any information provided to any party that may be able to assist me during this financial hardship, including the Information and Referral department at AAA9.

Applicant Name
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

Date

Designation Statement

I designate the following person to be able to speak to Area Agency on Aging, Region 9 (AAA9) staff on my behalf, should it be necessary. I hereby give permission to the AAA9 through its staff to release to my designee the status of my application and participation in the Save the Dream Ohio- Utility Assistance Plus program.

I hereby give permission to the staff at AAA9 to discuss information needed to complete my application and subsequent documentation for utilities assistance with the designee listed below. My signature below indicates my release of any claim of confidentiality in connection with communications concerning my participation status.

Designee's Name: _____ Relationship: _____

Applicant Name
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

Date

I decline to designate another person to speak with Area Agency on Aging, Region 9 staff on my behalf.

Applicant Name
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

Date

Statement of Understanding

I understand that:

- I can only apply for the Utility Assistance Plus (UAP) program once.
- If I am still struggling, I can apply for up to 6 months of assistance per utility that I have applied for in my application, and that it is my responsibility to contact the intake worker doing my application every month with those new bills.
- Monthly payment is dependent on program funding available.
- My assistance ends 6 months after date of original application approval, or up to the allotted amount, whichever comes first.
- My income needs to be recertified after 3 months to verify that I still qualify. (If still looking for assistance)
- If my financial hardship is expected to last beyond the scope of this program, I must consider other community resources for long-term assistance.

Applicant Name
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

Date

Applying for tax assistance?

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

Yes

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 application I am giving you permission to reach out to whomever can assist yo with this information.

Applicant Name
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

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 (name of previous property owner) _____
on (date of death) _____
and their relationship to me is _____
- was awarded the property as part of a divorce/dissolution/separation/property settlement on (date) _____
- 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 Name
(please print)

Applicant Signature

Date

Co-Applicant Name
(please print)

Co-Applicant Signature

Date