

Utility and Rental Assistance Packet

RENTAL/UTILITY ASSISTANCE ELIGIBLE DEBTS-

- Rent or Mortgage
- Electricity
- Water or Sewer
- Oil or Gas

We DO NOT have funding to give financial assistance for the following recurring debts: credit cards, mobile phone service, cable or any other entertainment services, internet, any type of insurance, car note, homeowners association dues, medical or dental services, or home repairs.

Prior to your application/request being reviewed, you must provide all documentation requested. If you are missing any documentation we will move to the next applicant, and you will have to restart the process.

_____ I understand that Community Reach Inc will verify any information and/or documentation that I have provided to them.

_____ I understand that I must have all the information and documentation that is listed in the assistance package when submitting the package.

_____ I understand that if any information or documentation is missing from my assistance package it will be automatically rejected. If rejected, I will have to resubmit my package once it is completed.

_____ I understand that if my application is approved, I will NOT be eligible for further rental or utility assistance in the future. This program can't be used in the same household more than ONE TIME.

_____ I understand that it is my responsibility to pay any disconnection or reconnection fees. The agency may require me to pay a portion of the debt depending on my financial situation.

_____ I understand that any payment arrangements made with the debtor must be made by me. The agency will not discuss payment options with the debtor or contact them on your behalf. The agency will only contact the debtor to verify the debt.

_____ I understand that for my assistance package to be reviewed I must provide all the information and documentation that Community Reach has requested on the application and documentation list.

_____ I understand that if my assistance package is missing any information or documentation, my application will be automatically rejected. Community Reach will move on to the next applicant.

_____ I understand that if my assistance package is rejected, I can resubmit my assistance package once completed, and it will be reviewed in the order my completed assistance package was received.

_____ I understand that resubmitting my assistance package doesn't guarantee that Community Reach will still have funding for this program at that time.

_____ I agree that any/all information that I provide to Community Reach is true and accurate.

_____ I acknowledge that if it is found that I misrepresented my household information or any other information that I provide to Community Reach I am no longer welcome to participate in any of Community Reach's other programs.

To qualify for assistance, you must answer yes to one of the questions below and your debt must not be older than 120 days late.

If you have been hospitalized or if you have another legitimate reason why your debt is older than 120 days please include a written statement explaining why your debt is older than 120 days.

Also, If you do answer yes to any of the questions below you will need to provide proof.

1. Have you become unemployed within the last 120 days?
2. Have you suffered a recent illness that has caused you to lose your job or caused you to miss a lot of time from your job?

3. Have you suffered a loss of income in the past 120 days due to a death?

DOCUMENTATION NEEDED:

Return this checklist

Last year's tax return with W2's (for you and anyone in your household that filed a tax return or received W2's for 2020)

3 Bank Statements for All Accounts (most recent statements and the statements must belong to a main providers in your household)

List of all monthly expenses (include balances and copies of each bill)

Copy of driver's license

Letter stating what the need is and why the payment was not made

Copy of late notices and any other communication received from the debtor

Documentation listing all fees associated with the account you are seeking assistance for

SSI-Annual Award Letter if you or anyone in your household collect any social security or disability

Unemployment Annual Award Letter and print out of any/all payments received in the past 6 months (if you or anyone in your household has filed for unemployment in the past 6 months)

Household member list

Application

Agreement

If applying for rental assistance, please provide the following documentation.

Letter from landlord stating the balance due

Copy of lease or rental agreement

If you are applying for utility assistance please include the following documentation.

Letter from a medical doctor stating that you were physically and medically unable to work for the past 30-120 days

