

Covid-19 2020 Pre-Application Form

Clayton County Community Service Authority remains committed and dedicated to residence of Clayton and Fayette County, amid the COVID-19 concerns and crisis at hand. As an agency our number one goal is to provide service as needed and available to all residences of Clayton and Fayette County to stand in the gap during this time of uncertainty we are facing. CSA, understand that you are counting on us to provide much needed services such as rental assistance, food pantry, and utilities assistance. We as an agency are implementing the following policies and procedures to accommodate as many clients as possible while funding is available. No EXECPTIONS will be made and proper verification is REQUIRED. We will accept 25 appointment applications via online not to exceed 20 daily every Monday and Wednesday until further notice. Client must be in need and prove hardship.

Please note your completed application will be reviewed by a Community Support Staff Member. You will not be given an appointment today. If you are eligible for assistance a Case Manager will call you and schedule appointment detailing required information needed to process your application. If you are ineligible, a letter of denial will be sent to you in the mail. All correspondence will be done via email until further notice.

The following are the steps to take in applying for assistance with the Community Support Program:

1. Fill out the application completely and accurately, provide information about everyone in your household. The information provided will serve as a screener to determine eligibility.
2. Please provide detailed income information for all household members. Income sources include earned income received from wages, salaries, commissions and unearned income. Unearned income includes unemployment and worker's compensation.
3. You must have income to qualify for assistance, please note your gross income must either be at or below the Federal Poverty guidelines set by the Federal Government equal to or below 200 %. NO EXCEPTION.
4. Client must have been affected by COVID-19 in recent weeks such as lay-off or reduction of hours. (Client must have or is currently receiving employment benefits).
5. Client must be past due on their rent for the month of April only
6. Agrees to pay remaining balance before our contribution is submitted via check or money order to landlord. Payment must be and verified by Case Manager as well.
7. If you receive Section 8 Housing or live in Public Housing and pay less than \$200.00 in rent, you will not be eligible to receive assistance.
8. Please do not negotiate payment arrangements with your landlord or utility company based on assistance you may qualify for with Clayton County CSA. We will work with you and your landlord and/or or utility company.

Clayton County Community Services Authority Community Support Services Application

Applicants Name: _____ **Home or Cell Number:** _____ **Work Number:** _____

Address: _____ **City:** _____ **Zip Code:** _____
 Street **Apt. #**

County : _____

Please Circle One: Are you a U.S. Citizen? YES or NO Permanent Resident? YES or NO Other: _____

Do you or any of your family members receive Medicaid? ___ Yes or ___ NO Do you receive Section 8 or Public Housing?
\$ _____

Total Number in Household: _____

Name of Household Members	Social Security Number	Birthdate	Age	Relationship to Head of Household	Race	Disabled? Yes or No	Marital Status

*****Please Print Clearly*****

Income: (please list income for all household members):

Household Member	Source of Income	Gross Monthly Income (before taxes)

Receptionist Only

Income Information Provided:
 ___ YES or ___ NO

Case Manager Only

Case Manager: _____

Denial Reason: _____ **OR**

Appt. Date: _____ **Appt. Time:** _____

Are you receiving any of the following benefits? (please list the amount received by all household members)

BenefitAmountBenefitAmount

Food Stamps \$ _____

Child Support \$ _____

Public Housing you pay \$ _____

Other \$ _____

Utility Check \$ _____

Childcare Support \$ _____

Section 8 Housing you pay \$ _____

Utility Check \$ _____

Clayton County Community Services Authority Community Support Services
Application

What are you seeking assistance with today? Mortgage Assistance Rental Assistance

Rent:

How much is your base rent/mortgage? (not including utilities): \$ _____ How long have you lived here? _____

Is your rent/mortgage behind? Yes No How far behind are you? \$ _____

Total amount of rent/mortgage owed? \$ _____ When is the last time you made a payment? _____

If CSA commits to assist you and there is a remaining balance, you must be able to pay the remaining balance. For example, if your rent is \$1000 and CSA commits \$850, you must be able to pay the remaining \$150 at the time the \$850 is given to your Landlord or we must have a verbal/written agreement from the landlord.

Explain in detail why you need assistance:

I certify that all information provided on the application is true and correct to the best of my knowledge. I am aware that this information is subject to review and verification and I may have to provide document to support. I am aware that I may be denied assistance if I am found ineligible. I am aware that I may be prosecuted if I have knowingly given false information in order to receive assistance. I am aware that completing this application does not guarantee that I will receive financial assistance. I allow release of information contained herein for the purpose of verification of my situation. I acknowledge that I received a copy of the Application Instructions/Guidelines.

Applicant's Signature: _____ **Date:** _____

Case Manager's Signature: _____ **Date:** _____