



COVID Rent and Utility Assistance Waiting List Request

(Request forms must be handwritten. Typed requests will not be accepted)



This assistance is available for those who have experienced a **significant financial impact related to COVID**. You must be a **Butler County resident**, and your **total household income and benefits must be at or below 80% of the Area Median Guideline** (guidelines are provided at selfhelps.org).

Complete the attached Rent and Utility Request Form, to be placed on the waiting list. **Include a copy of your court documents and / or disconnect notices.**

The waiting list is based on priority tiers, as well as when the request is received. **Make sure your request form is complete and legible.** Requests that are not complete and legible (neatly written), may not be able to be processed. Request forms that are incomplete and or have blank spaces will be placed on the **lowest tier**.

You will be contacted once your request is assigned to a staff person. Staff will provide you with the application, a list of documents needed, and give you a case number. Your case number must be written on all documents submitted for your application. **You will have 5 business days to submit all necessary documents.**

Documents received without a case number will not be processed and will not be held.

While you are waiting to be assigned for processing, begin collecting the following documents. This will help expediate your request once assigned. **Do not submit these documents until you are assigned for processing and given a case number.** As a reminder, you will only have **5 business days to submit all documents once your application has been assigned for processing.**

- Proof of income and benefits for the past **30** days for **all** household members 18 and older (examples: paystubs, 2023 Soc Sec award letter, unemployment, pension, etc.)
- Copy of your State issued ID or driver's license
- Copy of Social Security cards for everyone in the household
- COVID supporting documents (examples: letter from your employer, doctor's note, COVID test results, etc.)

Due to the number of applicants, we will be unable to provide information regarding your status. You will not be notified by staff until your application is assigned for processing. Please inform staff if there are any changes to your request by calling 513-868-9300. Press 2 for Emergency Services.

Mailing Address
P.O. Box 1322
Hamilton, OH 45012

Drop Off Address
415 S. Monument Ave
Hamilton, OH 45011

Drop Off Address
930 9th Avenue
Middletown, OH 45044



COVID Rent and Utility Assistance - Waiting List Request



(Request forms must be handwritten. Typed requests will not be accepted.)

Name: _____ Date: _____

Address: _____ City / ZIP: _____

Phone Number: _____ Social Security Number: _____

Email: _____ Number of Household Members: _____

List **ALL** household member names and Social Security Numbers: _____

Are you currently employed? _____ Total monthly income and benefits: _____

When and where did you last work? _____

What type of assistance are you requesting? _____

Landlord name, phone number, and email address: _____

Are your utilities currently disconnected, or do you have a disconnect date? _____

Disconnect date _____ Utility Provider _____

Do you have an eviction court date? _____ Court date / time _____

Court location _____

Is your request due to a significant financial impact related to COVID? If yes, please explain: _____

Where else have you received rent or utility assistance? _____

What assistance did you receive, and when did you receive it? _____

Have you applied for the Home Relief Grant online using the portal? _____

Has anyone in your household previously requested rent / utility assistance from SELF? _____

If yes, please provide name and assistance requested. _____

I agree that the information I provide is true and correct. I understand that by completing this request for emergency financial assistance my information will be processed by an employee of SELF or a partnering agency. The information I have provided will only be used to determine my eligibility and to process my need for assistance.

Applicant Signature: _____ **Date:** _____