



Supports to Encourage Low-income Families (SELF)

Emergency COVID-Related Assistance Requests

The following documents and completed forms are needed in order to process your request for Emergency COVID-Related Assistance. This assistance can be used for past due rent, mortgage, water and sewer bills. Once you have collected **all** your required paperwork, it can be mailed to SELF's PO Box or placed in the drop box outside of the SELF office. Your request will be reviewed to determine your eligibility after we receive **all** your paperwork. All applicants must meet qualifying criteria including being a Butler County resident, have income at or below 200% of the Federal Poverty Level, and have been directly affected by COVID. Funding for Emergency COVID-Related Assistance is limited and not guaranteed. Requests will be reviewed for approval in the order that they are received. The approval process may take up to two weeks.

- Copy of your State issued ID or driver's license
- Copy of Social Security cards for everyone living in the household
- Proof of the last 30 days of income for all household members 18 and older.
Proof of income examples include employment paystubs, 2020 SSI/SSA award letters, pension, unemployment, etc.
- CSBG Form (provided in packet)
- Emergency Assistance Intake Form (provided in packet)
- Statement of COVID Impact and supporting documentation
- If requesting rental assistance, we will also need:
 - Eviction or past due rent notice including total amount due
 - Copy of current lease or statement from the Landlord for month to month
 - Landlord Verification / Agreement (provided in packet) -**landlord completes**
 - Landlord W-9 (provided in packet) - **landlord completes**
- If requesting mortgage assistance, please contact NHS at 513-737-9301

Mailing Address

P.O. Box 1322
Hamilton, OH 45012



Drop Off Address

415 S. Monument Ave
Hamilton, OH 45011

2020-2021 Federal Poverty Guidelines

Source: *Off. of the Asst. Secretary for Planning & Eval/US Dept of HHS.*

Number in Family/ Household	Gross Annual Amount (200%)
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
For each additional person add:	\$8,960

List of Places Open to Make Copies

Lane Libraries are Open (Masks Required and Following Safety Guidelines). First two hours each day are reserved for Seniors and Individuals/Families with High Risk Health

Hamilton Lane Library, 300 N. 3rd Street, Hamilton, OH 45011 Phone (513) 894-7156
Fairfield Lane Library, 1485 Corydale Drive, Fairfield, OH 45014 Phone (513) 858-3238
Oxford Lane Library, 441 Locust Street, Oxford, OH 45056 Phone (513) 523-7531
Mon. – Thurs. 9:00 AM to 8:00 PM, Fri. & Sat. 9:00 AM to 6:00 PM (B & W copies 10 cents)

MidPointe Libraries Middletown, Trenton, and West Chester are Open (Masks are Required)

Middletown Branch 125 South Broad Street, Middletown, OH 45044 Phone (513) 424-1251
Trenton Branch 200 Edgewood Drive, Trenton, OH 45067 Phone (513) 988-9050
West Chester Branch 9363 Centre Pointe Drive, West Chester, OH Phone (513) 777-3131
Mon. – Thurs. 10:00 AM – 7:00 PM, Sat. 10:00 AM to 5:00 PM (B & W copies 15 cents)

UPS Store, 675 Dies Dr., Fairfield, OH 45014 Phone (513) 939-2269
Mon. – Fri. 8:00 AM to 6:00 PM, Sat. 10:00 AM to 4:00 PM (B & W copies 10 cents)

UPS Store, 3189 Princeton Rd., Hamilton, OH 45011 Phone (513) 893-1877
(Walmart & Kohl's Shopping Center Entrance)
Mon. – Fri. 8:30 AM to 7:00 PM, Sat. & Sun. 10:00 AM to 5:00 PM (B & W Copies ?)

UPS Store, 8216 Princeton-Glendale Rd.(747), West Chester, OH 45069 Phone (513) 860-9220
(Beckett Commons next to old Kroger store)
Mon. – Fri. 9:00 AM to 5:00 PM, Sat. 10:00 to 4:00 PM (B & W copies 16 cents)

UPS Store, 3481 S. Dixie Hwy., Middletown, OH 45044 Phone (513) 422-1222
(Corner of Dixie Hwy. & 122, Plaza with Movie Theater)
Mon. – Fri. 9:00 AM to 7:00 PM, (B & W copies 15 cents)
(UPS STAFF ASKING - PLEASE CALL BEFORE GOING IN TO LET THEM KNOW YOU NEED COPIES)

Staples Office Supply, 3601 Town Blvd., Franklin, OH 45005 Phone (513) 423-4091
Mon. – Fri. 8:00 AM to 8:00 PM, Sat. & Sun. 10:00 AM to 5:00 PM (B & W copies 22 cents)
(Located near Meijer and Town Mall)

Staples Office Supply, 3339 Princeton Rd., Hamilton, OH 45011 Phone (513) 737-0495
(Bridgewater Falls Area)
Mon. – Fri. 10:00 AM to 6:00 PM, Sat. 12:00 to 5:00 PM (B & W copies 13 cents)

Fed Ex, 3335 Princeton Rd., Hamilton, OH 45011 Phone (513) 863-0023
(Bridgewater Falls Area) (B & W copies 13 cents)
Mon. – Fri. 10:00 AM to 6:00 PM, Sat. 10:00 PM to 6:00 PM, Sun. 12:00 PM to 5:00 PM

Office Depot, 7610 Voice of America Drive, West Chester, OH 45069 Phone (513) 755-6768
Mon. – Fri. 8:00 AM to 9:00 PM (B & W copies 12 cents / behind counter copies 15 cents)

1 Stop Shipping Shop, 1205 Vail Ave., Middletown, OH 45042 Phone (513) 422-2491
Opens at 8:00 AM (B & W copies ?)

SELF Emergency Assistance Intake Form

Name: _____ Date: _____

Address: _____ City / ZIP: _____

Phone Number: _____ Social Security Number: _____

Email: _____

Are you currently employed: Yes / No

When and where did you last work? _____

How did you hear about SELF? _____

Have you participated in one of our programs including HEAP? If yes, which program?

What type of emergency assistance are you requesting and why? _____

If requesting rental assistance, we need your landlord's name and contact information.

Landlord's first and last name: _____

Address: _____ City / ZIP: _____

Phone number: _____ Email: _____

Why are you requesting emergency services from SELF? _____

Is your request related to COVID? If yes, please explain: _____

SELF - Supports to Encourage Low-income Families CSBG Customer Intake Form

Client Number:	Program	Application Date:
	<input type="checkbox"/> WCP/SCP/Pipp/HEAP <input type="checkbox"/> HWAP <input type="checkbox"/> NWC: HR <input type="checkbox"/> Build Up Academy <input type="checkbox"/> Getting Ahead <input type="checkbox"/> Jobs Now! <input type="checkbox"/> IDA <input type="checkbox"/> Microenterprise	

Primary Applicant

First Name:	M.I.:	Last Name:
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Social Security Number	Date of Birth	Gender
___/___/___	___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Primary Applicant Demographic Information:

US Citizen?	Client Disabled?	Military Status	Ethnicity:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> None	<input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins

Race:	Education:
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown/Not-reported	<input type="checkbox"/> Grade 0-8 <input type="checkbox"/> Grades 9-12/Non-Graduate <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> 12+ Some Post-Secondary Education <input type="checkbox"/> 2 or 4 Year College Graduate <input type="checkbox"/> Graduate or post-secondary school

Housing Status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other
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Building Type:	Work Status:
<input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family low rise (3 stories or less) <input type="checkbox"/> Multi-family high rise (3 stories or more)	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Unemployed (short-term, 6 mos. or less) <input type="checkbox"/> Employed part-time <input type="checkbox"/> Unemployed (long-term, more than 6 mos.) <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Unknown/not reported <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Youth 14-24 who are neither working nor in school

Source of income:	Income Received:
<input type="checkbox"/> Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> No income/Zero Income <input type="checkbox"/> TANF/ADC <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Other (Please Specify) _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Yearly

Household Information:

Address:				Apt/Lot:
City:	State:	Zip Code:	County:	
Phone Number:		Email Address:		
Mailing Address (if different from above)				Apt/Lot
Preferred method of contact? <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email				

Household Size	Family Type:
	<input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults/No Children <input type="checkbox"/> Non-related Adults with children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Other

Health Insurance Type:	Non-Cash Benefits:
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private/Employment Based <input type="checkbox"/> Medicare <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> State CHIP <input type="checkbox"/> Self-Insured/Direct Pay	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Housing Choice Voucher <input type="checkbox"/> Public Housing <input type="checkbox"/> SNAP <input type="checkbox"/> WIC <input type="checkbox"/> Other _____

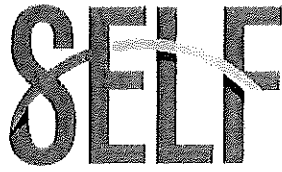
Additional Household Members

Social Security #	Last Name	First Name	Date of Birth	Education	Gender	Race	Ethnicity	Disabled (Y/N)	Military	Health Insurance	Relationship	Income Source	Income

I certify that these statements are true and correct to the best of my knowledge, and I authorize the release of any or all information necessary for verification purposes.

Applicant Signature	Date
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Office Use Only:	Poverty Ratio:
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Supports to Encourage Low-income Families (SELF)

Statement of COVID-19 Impact

This statement is to verify that I am a Butler County resident, and have been unable to pay my mortgage, rent, water or sewer bill due to being impacted by Covid-19.

I have been impacted by the Covid-19 Pandemic in the following way:

- Covid-19 Diagnosis
- Family Member diagnosed with Covid-19
- Job Loss due to Covid-19
- Loss of income due to pandemic closures
- Reduced Hours due to Covid-19
- Unexpected expense due to Covid-19
- Other _____

Printed Name: _____

Signed: _____ Date _____



Supports to Encourage Low-income Families (SELF)

Landlord Verification and Agreement for Program Participation

Tenant Customer Name: _____

Property Address: _____

Please complete the table below indicating month, type of charge, and amount owed:

Month	Rent Charge Type (i.e. late rent, late fees, court fees, etc.)	Amount Owed

Landlord Agreement:

I, (Landlord/organization name) _____ agree to accept the amount provided by Supports to Encourage Low-income Families (SELF) for the above tenant to cover past due expenses back to April 1, 2020. I further agree to not increase the rent costs prior to December 30, 2020 or to evict the tenant for nonpayment of rent for the months covered through this assistance program. Completion of this form does not guarantee applicant is qualified and /or approved. Once approved, payment will be issued within 30 days.

Landlord Signature

Date

Landlord Name

Phone Number

Mailing Address

Fed Tax ID Number

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see Instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3); Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See Instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN), if you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*