



SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES

## Emergency Assistance Requests

In order to process your application for emergency assistance, we will need the following documents and completed forms. 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 whose income is at or below 200% of the Federal Poverty Level. Funding for emergency 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.

### Paperwork Needed for Application:

- 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)
- If requesting rental assistance, we will also need:
  - Copy of current lease
  - Landlord Acceptance (provided in packet) **-to be completed by landlord**
  - Landlord W9 (provided in packet) **- to be completed by landlord**

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



SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES

Drop Off Address  
1790 S. Erie Hwy  
Hamilton, OH 45011

## 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**

<b>Client Number:</b>		<b>Program</b>				<b>Application Date:</b>	
		<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					
<b>Primary Applicant</b>							
<b>First Name:</b>			<b>M.I.:</b>	<b>Last Name:</b>			
<b>Social Security Number</b>			<b>Date of Birth</b>		<b>Gender</b>		
___/___/___			___/___/___		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>Primary Applicant Demographic Information:</b>							
<b>US Citizen?</b>		<b>Client Disabled?</b>		<b>Military Status</b>		<b>Ethnicity:</b>	
<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	
<b>Race:</b>				<b>Education:</b>			
<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			
<b>Housing Status:</b>				<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other			
<b>Building Type:</b>				<b>Work Status:</b>			
<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			
<b>Source of income:</b>						<b>Income Received:</b>	
<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	
<b>Household Information:</b>							
<b>Address:</b>						<b>Apt/Lot:</b>	
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							
<b>Household Size</b>		<b>Family Type:</b>					
		<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					
<b>Health Insurance Type:</b>				<b>Non-Cash Benefits:</b>			
<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 _____			
<b>Additional Household Members</b>							
<b>Social Security #</b>							
<b>Last Name</b>							
<b>First Name</b>							
<b>Date of Birth</b>							
<b>Education</b>							
<b>Gender</b>							
<b>Race</b>							
<b>Ethnicity</b>							
<b>Disabled (Y/N)</b>							
<b>Military</b>							
<b>Health Insurance</b>							
<b>Relationship</b>							
<b>Income Source</b>							
<b>Income</b>							

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 \_\_\_\_\_

Office Use Only: \_\_\_\_\_ Poverty Ratio: \_\_\_\_\_



## Supports to Encourage Low-income Families (SELF)

### LANDLORD ACCEPTANCE

Date: \_\_\_\_\_

This letter confirms \_\_\_\_\_ rents property  
(Name of individual)

from me at \_\_\_\_\_  
(Address of apartment or house including city, state and zip code)

The amount of one month's rent is \$ \_\_\_\_\_.

The total (current and past) amount of rent owed is \$ \_\_\_\_\_.

I agree to accept \$ \_\_\_\_\_ (up to \$800) as payment from Supports to Encourage Low-income Families (SELF) to be applied towards current and past due rent. Landlord also agrees that this acceptance has been executed with the understanding that the above-named client will be allowed to remain at the above-referenced address for a period of at least **thirty (30) days, and will not receive an eviction notice for non-payment of rent during this time.**

**Completion of this form does not guarantee approval of rent assistance. Landlords will receive a letter informing them when an application has been approved. Please allow up to 2 weeks to receive payment from SELF after an application has been approved. The application processing time is dependent upon submission of all required paperwork.**

Signature of Landlord \_\_\_\_\_

Print Business Name \_\_\_\_\_  
(Print name of individual/company to whom check should be issued)

Business Address \_\_\_\_\_  
(Print street / PO Box / City / State / Zip Code where check should be mailed)

Business Telephone \_\_\_\_\_ Fed.Tax Id. Number \_\_\_\_\_  
(SSN or TIN)

Case Manager \_\_\_\_\_  
(SELF)

Additional Comments: \_\_\_\_\_

*SELF*  
415 S. Monument Ave  
Hamilton, Ohio 45011  
Telephone (513) 868-9300  
Fax: (513) 737-3889

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> 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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p style="font-size: x-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.</p> <p><input type="checkbox"/> Other (see Instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See Instructions.</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

### 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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

### 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](http://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-G (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.

# 2020-2021 Federal Poverty Guidelines

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

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

## List of Places Open to Make Copies

- OHIO Means Jobs, 4631 Dixie Hwy, Fairfield, OH 40104 Phone (513) 785-6500  
Monday – Friday 8:00 AM to 4:00 PM (Copies Free)
- 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, 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 AM 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)