



PERRY CARES Assistance Program

Residential Application

- All fields marked with * are required and must be completed.
- Applicants awarded funding from the PERRY CARES Assistance Program are required to comply with the U.S. Department of Treasury Guidelines, the State of Ohio Office of Budget and Management Guidelines, and the PERRY CARES Assistance Program Guidelines.

To apply for the PERRY CARES Assistance Program, the following criteria must be met:

- Must be a current resident, living within Perry Twp., Stark
- Must be laid off, furloughed, unemployed or experienced decrease in pay or hours as a direct result of COVID-19 business closures.
- Must be at least one month in arrears in mortgage or rent.
- Must submit a past due notice from landlord or mortgage indicating past due amount with application or e-mail office@perrytwp.com
- Applicant is eligible for CARES Act Coronavirus Relief Funding even if previously approved for, and used funding from, other CARES Act Funding or COVID-19 Relief funding, but the applicant cannot request and use funds for the same expenses as other relief funding. Expenses already funded by federal, state or local assistance are not eligible under this Program. Applications are required to be completed in the entirety. Failure to complete the application will cause your application to be denied.

- Applicant Name:

First Name: _____

Last Name: _____

- Email Address: _____

- Residential Address:

Street Address: _____

City: _____ State: OHIO Zip Code: _____

- Home Phone: (____)____-_____

- Mobile Phone: (____)____-_____

- Circle One: OWN RENT

- Mortgage or landlord name: _____

- Mortgage or landlord address: *

Street Address: _____

City: _____ State: OHIO Zip Code: _____



- Mortgage company or landlord contact name: _____

- Mortgage or landlord phone number: (____)____-_____
- Mortgage company or landlord email address: _____
- Name on mortgage account or lease agreement: _____
- Corresponding account number: _____
- Have you applied /received other funding for rent or mortgage payments?: YES NO
If Yes, Please describe: _____

- Has the pandemic economically affected you? YES NO
If Yes, Please describe: _____

- If Yes, When did the economic impact begin? _____
- Is there anything you would like to share about your income since March 1, 2020

- How many weeks have you been laid off, furloughed, unemployed or experienced decreased hours/pay? _____
- Please share any additional information that should be considered when evaluating your application:

My signature acknowledges that all information provided in this application is true to the best of my knowledge. I understand this application, and attached receipts are subject to audit. Grant funds received will be subject to 1099 reporting.



Signature

Date