



Utility Plus Program / Save the Dream Foreclosure Prevention Program

The Utilities Assistance Plus (UAP) program is designed to prevent homeowners experiencing financial hardship after January 21, 2020 from losing utilities or home energy services, and to prevent defaults, foreclosures, and displacements of homeowners when that default, foreclosure or displacement is due to the inability to pay property taxes and homeowner fees stemming from a COVID Hardship.

- **The following utilities are eligible for payment through the UAP program:**
 - Natural gas, electricity, bulk fuel, water, sewer, trash removal, broadband internet service and disconnection and reconnection fees.
- **Property taxes can be paid when the following applies:**
 - The property taxes are paid directly to the taxing authority rather than through an escrow arrangement with a mortgage company, and
 - The payment for the property tax bill first came due between January 21, 2020 and December 31, 2021.
- **The following homeowner fees are eligible for payment through UAP program:**
 - Homeowners insurance, flood insurance, mortgage insurance, homeowners association fees or lien, condominium association fees, common charges, other – the cost must be a requirement for residency, and the applicant must provide an explanation and document the cost.
- **Applicants that need mortgage assistance and property taxes that are held in escrow should:**
 - Refer to OHFA's website, savethedream.ohiohome.org, where the homeowner can apply for assistance with their mortgage and property taxes if they are in escrow.

Income Guidelines for Eligible Households, Person/Person's per Household:

1 - \$103,350 2 - \$118,200 3 - \$132,900 4 - \$147,600 5 - \$159,450 6 - \$171,300 7 - \$183,150 8 - \$194,850

On the following pages please complete and sign the application and return to the address at the bottom of the page by in person, through mail or email or fax. Be sure to complete the Financial Hardship Attestation attached to the application. Please provide the past 30 days of income for everyone in the home over the age of 18, copies of utility bills and tax bills showing past due amounts (that you are requesting assistance with), and any other documentation requested. If you receive assistance from any other state or federal program whose income guidelines are equal to or less than the UAP, you will only need to provide proof of your participation in the past 30 days as your proof of income.

Mail: Ashtabula County Community Action Agency, P.O. Box 2610, Ashtabula Ohio 44005-2610

Email: imitchell@accaa.org

Phone: (440) 997-5957 ext. 559

Fax: (440) 997-6022

UTILITY ASSISTANCE PLUS APPLICATION

Please read carefully and be sure to answer each question.

Name: _____ Date: _____

Address: _____ SS # _____

City / State / Zip: _____ Date of Birth: ____/____/____

Phone Number: _____

Email Address: _____

Gender: Male _____ Female _____ Other _____

Disabled: Yes _____ No _____

Veteran: Yes _____ No _____

US Citizen: Yes _____ No _____

Ethnicity: Hispanic, Latino or Spanish Origins _____ No Hispanic, Latino or Spanish Origins

Race: American Indian/Alaskan Native _____ Asian _____ Black/African American _____

Native Hawaiian/Other Pacific Islander _____ Other _____ Unknown _____ White _____

Family Type: Single Parent _____ Two Parent _____ Single _____ Two Adults w/no Children _____

Non-Related Adults w/Children _____ Multi-Generational _____ Other _____

Please complete the table below for other household members. If you need more room please use a separate sheet of paper.

First Name						
Last Name						
SS #						
Date of Birth						
Gender						
Race						
Ethnicity						
Disabled?						
US Citizen?						
Veteran?						



Income Section

Please list all of the household income for anyone over the age of 18 for the past 30 days and provide proof of that income. You can include W-2's for 2020, IRS Form 1040, Pay-Stubs, Award Letters for Social Security, SSI, SSDI and VA benefits. Please refer to the front of the application packet for further details regarding income.

First Name						
Amount \$						
How Often						
Source						
Non-Cash Benefits						

Terms for Reference

- How often – Weekly, Bi-Weekly, Monthly, One Time Payment, Yearly
- Source – Social Security, SSI/SSDI, Employment, Unemployment, VA, Pension, TANF, Other
- Categorical Eligibility – SNAP, WIC, HWAP, HEAP, PIPP or other benefit that would be pre-qualifying

Please check all you are applying for assistance with. Be sure to include bills showing past due amounts that were incurred between January 1, 2020 – December 31, 2021

€ Electric	€ Water	€ Homeowner Fee's
€ Natural Gas	€ Sewer	€ Disconnect / Reconnect Fee
€ Bulk Fuel/Alt. Heat Source	€ Trash	
€ Property Taxes	€ Broadband Internet	

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

Client Signature_____ Date_____

For Office Use Only

Approved_____ Denied_____ Reason_____

Approval Signature_____ Date_____



Financial Hardship Attestation

I/we attest that I/we have experienced a material reduction in income and/or a material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displaced me/us as a homeowner(s), that this financial hardship occurred after January 21, 2020, and that the nature of the financial hardship is because of [check all that apply]:

- ☐ Loss of work/decrease in available hours at work
- ☐ Forced work closure
- ☐ Inability to access or get to work
- ☐ Loss of wages or other compensation ordinarily received
- ☐ Increase in childcare costs
- ☐ Forced to take off work due to school closure or childcare changes
- ☐ Self-quarantined at home under government or medical recommendation
- ☐ Stay at home or shelter in place order by any level of government authority
- ☐ Forced to take off work to care for a family member
- ☐ Personal or family experiencing illness, disability, or mental health issues
- ☐ Lack of access or delayed access to healthcare
- ☐ Experience of food insecurity, shortages, or delayed benefits
- ☐ Increase in family expenses due to pandemic or emergency preparedness
- ☐ Unemployment insurance unavailable, insufficient, or delayed
- ☐ Loss of social, financial, or health safety net
- ☐ Fear and concern of future economic and health insecurity and instability
- ☐ If I pay utility payment(s), property taxes, and/or homeowner fees for my primary residence now, I will not be able to meet my or my family's basic needs and may default on my home mortgage
- ☐ Other

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

<hr/> Applicant Name (please print)	<hr/> Applicant Signature	<hr/> Date
<hr/> Co-Applicant Name (please print)	<hr/> Co-Applicant Signature	<hr/> Date



Housing & Energy Services

Judith Barris
Executive Director

David Speelman
Board Chairperson

Marlo Millard
Director of Housing and Energy

Third Party Release of Information Authorization Form

By signing this form, I _____, hereby consent to Ashtabula County Community Action Agency (ACCAA) disclosing any information provided to any party that may be able to assist me during this financial hardship.

X _____

Print Name

X _____

Signature

Date

6920 Austinburg Road, PO Box 2610, Ashtabula, OH 44005-2610

P:(440) 997-5957

www.accaa.org

F:(440) 997-6022

This Agency is an equal provider of services and an equal employment opportunity employer. Civil rights Act 1964 (CRA)



UAP (Save the Dream)

Judith Barris
Executive Director

David Speelman
Board Chairperson

Marlo Millard
Director of Housing and Energy

I understand that:

- I can only apply for the Utility Assistance Plus (UAP) program once.
- If I am still struggling I can apply for up to 6 months of assistance per utility that I have applied for in my application, and that it is my responsibility to contact the intake worker doing my application every month with those new bills.
- I am only allowed up to the allotted amount.
- My income needs to be recertified after 3 months to verify that I still qualify. (If still looking for assistance)
- Additional assistance will be based on availability of funding.

Print Name: _____

Date: _____

Signature: _____

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