OHFA: PROPERTY TAX APPLICATION

- FREQUENTLY ASKED QUESTIONS -

WHAT ARE THE ELIGIBILITY REQUIREMENTS?

Residency: The property must be the applicant's primary residence and must be located within Hamilton County. The applicant must own the property. We cannot pay for rental properties, vacant homes, or vacation homes.

Ownership: The applicant must own the property. If there is an additional owner whose signature and information cannot be provided, then the attached form "Affirmation of Ownership" must be completed with supporting documentation.

COVID: In order to qualify for this program, the household must have had an indirect or direct COVID impact, and must indicate the impact on the application. Examples of a COVID impact include but are not limited to: shelter in place order, delay in receiving unemployment due to COVID, inability to find child care due to COVID, increased health care costs due to COVID.

Income: The entire household's income must be 150% Area Median Income or less. This is based on household size. See below income chart for maximum annual income per household size:

1	2	3	4	5	6	7	8
\$103,350	\$118,200	\$132,900	\$147,600	\$159,450	\$171,300	\$183,150	\$194.850

WHO SIGNS THE APPLICATION?

Any member of the household whose name is on the property tax bill or deed must sign the application.

HOW MUCH CAN YOU HELP WITH?

This program allows us to pay <u>up to</u> \$10,000 for past due property taxes. We can only pay the amount that is owed.

CAN YOU PAY FOR PROPERTY TAXES AS PART OF MY MORTGAGE?

No.

CAN AN APPLICANT RECEIVE ASSISTANCE AGAIN?

This program provides assistance one time. Applicants are not eligible to reapply after receiving property tax assistance.

CLIENT CHECKLIST

Required Application Documents				
Photo ID				
Photo ID must be provided for all members of the household listed on property tax bill or deed.				
Income (entire household)				
Last 30 days or last year's taxes				
Property Tax Bill				
Affirmation of Ownership: Only required if the name on the property tax bill is different from				
the applicant's name				
- Please include supporting documentation, like divorce or death documentation				

You may drop off documents by e-mailing them to CSDepartment@cincy-caa.org or by visiting Community Action Agency at:

1740 Langdon Farm Rd Cincinnati, OH 45237



HOMEOWNER: PROPERTY TAX APPLICATION

APPLICANT INFORMATION						
First Name MI	Last Name	SS#				
Street Address	City	State Zip Code				
Phone Number	Email Address	Date of Birth				
	HOUSEHOLD INFORMATION					
Household Size	Family Type	Building Type				
Housing Status Own Other:	☐ Single Parent/Female ☐ Single Parent/Male ☐ Two-Parent Household ☐ Single Person ☐ Two Adults/No Children ☐ Non-related Adults with children	 ☐ Mobile Home ☐ Single Family ☐ Multi-family low rise (0-3 stories) ☐ Multi-family high rise (0-3 stories) 				
	☐ Multigenerational Household☐ Other☐					
PRIMARY APPLICANT DEMOGRAPHIC INFORMATION						
Disabled?	Ethnicity	Education				
☐ Yes ☐ No Military Status ☐ Veteran ☐ Active Military ☐ N/A Is Client a US Citizen? ☐ Yes ☐ No Gender ☐ Male ☐ Female ☐ Other	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Hispanic, Latino or Spanish ☐ Native Hawaiian/Other Pacific Island ☐ Other ☐ Unknown/Not-reported ☐ White	☐ Grade 0-8 ☐ Grades 9-12/Non-Graduate ☐ High School Grad/GED ☐ 12+ Some Post-Secondary Education ☐ 2 or 4 Year College Graduate ☐ Graduate or other post-secondary school				
Work Status	Health Insurance Type	Non-Cash Benefits				
 □ Employed full-time □ Employed part-time □ Migrant Seasonal Farm Worker □ Unemployed (short-term, 6 months or less) □ Unemployed (long-term, more than 6 months) □ Unemployed (not in labor force) □ Retired □ Unknown/not reported □ Youth ages 14-24 who are neither working nor in school 	 ☐ Medicaid ☐ Medicare ☐ Private/Employment Based ☐ Self-Insured/Direct Pay ☐ None ☐ State Children's Health Insurance Program ☐ State Health Insurance for Adults 	☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH ☐ Other ☐ Permanent Supportive Housing ☐ Public Housing ☐ SNAP ☐ WIC				

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PRIMARY APPLICANT - SOURCES OF INCOME							
EARNED INCON ☐ Employment Wage (salary, tips, comm bonuses) ☐ Active Military Pay ☐ Self-Employment ☐ Seasonal Employm	Wages ☐ Per ommission, ☐ Soo Re Pay ☐ Supent ☐ Soo (SS		ecurity nent (SS) nental Social (SSI) ecurity Disability (Child Support	SUPPLEMENTAL INCOME ☐ Unemployment ☐ Employment Disability ☐ Workers Comp ☐ Utility Assistance ☐ Temporary Assistance For Needy Families (TANF) ☐ Ohio Works First ☐ Strike Benefit		OTHER INCOME Interest Income Investment Income Other	
AMOUNT: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly	kly		kly	AMOUNT: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly		AMOUNT: ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Yearly	
	ı			HOLD MEMBERS	1		
		#1	#2	#3	1	4 4	#5
SS#							
Last Name							
First Name							
Relation							
Date of Birth							
Disabled							
Veteran							
Citizen							
Gender							
Ethnicity							
Education							
Work Status							
Health Ins Type							
Non-Cash Benefits							
Income Source							
Income Amount							
Income Period							
TOTAL GROSS HOUSEHOLD INCOME:							

CERTIFICATION OF NO INCOME

(Required for any household member 18 or older with \$0 income)

			APPLICANT INFORM	ATION
First	Name	MI	Last Name	
	I herel	by certify that I do not indiv	vidually receive income fror	n any of the following sources:
	•	Wages from employment	(including commissions, tip	os, bonuses, fees, etc.);
	•	Income from operation of	f a business;	
	•	Rental income from real o	or personal property;	
	•	Interest or dividends from	n assets;	
	•	Social Security payments,	annuities, insurance policie	es, retirement funds, pensions, or death benefits;
	•	Unemployment or disabili	ity payments;	
	•	Public assistance paymen	ts;	
	•	Periodic allowances such living in my household;	as alimony, child support	, or gifts received from persons not
	•	Sales from self-employed	resources (Avon, Mary Kay	, Pampered Chef, etc.);
	•	Any other source not nam	ned above.	
		ently have no income of an or employment.	y kind and there is no imn	ninent change expected in my financial
	I will b	e using the following sourc	es of funds to pay for hous	ing expenses and other necessities:
-	-	this statement is true and o necessary for verification p	• •	nowledge, and authorize the release of any of all
Client	Signatu	ıre		Date
Staff S	ignatur	re		Date

REQUEST FOR ASSISTANCE AND DUPLICATION OF BENEFITS STATEMENT

APPLICANT INFORMATION						
First Name	MI La	ıst Name				
		ASSISTANCE REQUEST			ation.	
☐ Property Tax	NOTE: All requests for assistance Payment amount	e must be accompanied	1		ation ity Treasurer	
Assistance	☐ Monthly ☐ Quarterly ☐ Se	emi-Annually 🗌 Annua				
	Date delinquency started			- Account #:		
	Total amount owed					
		SOURCE(S) OF	MONTHS CO	WEDED	TOTAL \$ AMOUNT	
	STANCE REQUESTED IN THIS	OTHER	BY OTH		OF OTHER	
	APPLICATION	ASSISTANCE	ASSISTAN	NCE	ASSISTANCE RECEIVED	
☐ Property Tax	Assistance					
•	u received assistance from any					
other so	urce? 🗆 Yes 🗆 No					
C	LIENT RELEASE OF INF	ORMATION AU	THORIZAT	ΓΙΟΝ		
l,	ا را	understand that the (Community Ac	tion Age	ency needs to receive	
consent to Comm	erning myself and/or my house nunity Action Agency to release y and providing services. for the	the information prov	ided in this a			
	sent for the Community Action Approcessing of my application.	Agency to share my inf	ormation with	ı partner	ing agencies that	
	statement is true and correct to essary for verification purposes.	the best of my knowle	dge, and auth	orize the	e release of any of all	
Client Signature_		[Date			
Staff Signature		ı	Date			

ATTESTATION OF HARDSHIP / COVID IMPACT STATEMENT

APPLICANT INFORMATION

First Name	MI	Last Name	
I have experienced a hard	dship as follows:		
☐ Loss of Work / Decreas	e in Available Hours a	at Work	
☐ Forced Work Closure			
$\hfill\square$ Inability to Access or G	et to Work		
☐ Unpaid wages or Other	· Unpaid Compensatio	ion Ordinarily Received	
☐ Increase in Childcare Co	osts		
☐ Forced to Take Off Wor	rk due to School Closu	sure or Childcare Change	
☐ Self-Quarantined at Ho	me under Governmer	ent or Medical Recommendation	
☐ Stay at Home or Shelte	r in Place Order by an	ny level of Government Authority	
☐ Forced to Take Off Wor	rk to Care for a Family	ly Member	
☐ Personal or Family Exp	eriencing Illness, Disal	ability, or Mental Health Issues	
\square Lack of Access or Delay	ed Access to Healthca	care	
\square Experience of Food Ins	ecurity, Shortages, or	r Delayed Benefits	
☐ Increase in Family Expe	enses due to Pandemi	nic or Emergency Preparedness	
☐ Unemployment Insura	nce Unavailable, Insuf	ıfficient, or Delayed	
\square Emergency Assistance	Unavailable, Insufficie	ient, or Delayed	
\square Loss of Social, Financia	l, or Health Safety Net	et	
☐ Fear and Concern of Fu	ture Economic and H	Health Insecurity and Instability	
$\hfill\square$ If I Pay for Rent Now, I	Will Not be Able to M	Meet My or My Family's Basic Needs	
OTHER:			
This hardship was directly	or indirectly due to C	COVID □ Yes □ No	
The timeframe during wh	ich my household exp	perienced hardship (dates):	
I certify that all informati	on on this form is tru	ue and correct to the best of my knowledge.	
Client Signature:		Date:	
CAA Staff Signature:		Date:	