



# One Louisville COVID-19 Response Fund Household Assistance



Louisville Metro Office of Resilience and Community Services is proud to play a role in helping individuals and families who have experienced a loss of income related to the COVID-19 pandemic. Click [here](#) to review flyer for a list of Neighborhood Place sites **to call** to begin the application process.

Important Notes: The forms below are being provided for **information use only** at this point. Neighborhood Place facilities are temporarily closed to walk-in clients so **be sure to call the Neighborhood Place site near you** to begin the telephone screening process. **Do not** drop off any documentation until you have been requested by a Neighborhood Place worker to do so.

To be eligible for support, individuals/households must be Jefferson County residents with an income at or below 100 percent of Area Median Income (AMI) and have a need for any of the following assistance:

- Rental assistance
- Childcare assistance
- Transportation support
- Food access
- Utility assistance

Area Median Income is determined by the U.S. Department of Housing and Urban Development. The AMI for the Louisville region is \$76,400 for a four-person family (100 percent AMI)).

Individuals/households must also demonstrate a loss of earned income related to the COVID-19 pandemic due to medical reasons (incubation directive), business closure or layoff or school closures.

Each household may be eligible for up to \$1,000 in emergency funding.

### To Apply (as of 3/23/20)

1. Call your nearest Neighborhood Place location to schedule an appointment.
2. You will then be assigned to a Neighborhood Place staff person, who can receive the completed forms via email (alternative arrangements will be made for people who do not have access to email).

**Bridges of Hope Neighborhood Place**, 1411 Algonquin Parkway, **634-6050**

**Northwest Neighborhood Place**, 4018 W. Market Street, **485-7230**

**Greater Cane Run Neighborhood Place**, 3410 Lees Lane, **485-6810**

**South Central Neighborhood Place**, 4255 Hazelwood Avenue, **485-7130**

**South Jefferson Neighborhood Place**, 1000 Neighborhood Place, **363-1424**

**First Neighborhood Place**, 1503 Rangeland Road, **313-4700**

**Ujima Neighborhood Place**, 3610 Bohne Avenue, **485-6710**

## Required Documentation:

\_\_\_\_\_ Application /Consent for release of information - **See below**

\_\_\_\_\_ Picture ID for ALL adult members (18 yrs. and older) in the household

\_\_\_\_\_ Proof of social security for all Household (HH) members (or proof of age for under 2 years old)

\_\_\_\_\_ OR Self-declared for Undocumented persons

\_\_\_\_\_ Loss of Income Form (employer verified statement, that loss of income happened on or after March 16, 2020 AND that the loss was COVID-19 related). **See below** for a form clients can use if their employer doesn't have something already prepared with ALL of the key information items we will need.

\_\_\_\_\_ Proof of Household income if NOT included on Loss of Income Form

Copies of the following for the requested service: \_\_\_ Current Lease; \_\_\_ LG&E bill ; \_\_\_ Water bill \_\_\_ Childcare invoice; \_\_\_ Zero Income Verification Form (if applicable, **see below**)

\_\_\_\_\_ W-9 for all applicable vendors – for example, landlords. Vendor can also email the W9 directly to the case worker, once assigned. *LG&E and Louisville Water are already set up in the system, so a W9 is not needed for those entities.*

## APPLICATION FOR ASSISTANCE

I am requesting assistance and/or services from Louisville Metro Office of Resilience and Community Services (LMORCS) on behalf of myself and eligible members of my household.

### POLICY

The Louisville-Jefferson County Metro Government Office of Resilience and Community Services has implemented a limited time program to provide assistance in rental assistance, childcare, transportation, and food support for individuals and families impacted, and affected by COVID-19.

The Coronavirus Relief Program will provide assistance for eligible individuals/families living at or below 100% of AMI (Area Median Income; see Appendix). In order to qualify, applicants must be residents of Jefferson County, and be able to verify income loss related directly to the COVID-19 pandemic. Program funds will be distributed on a “first come, first serve” basis until available funding is expended.

### YOUR RIGHTS

You shall not be excluded on the basis of age, sex, race, color, religion, disability, national origin, familial status, gender identity or sexual orientation from participation in, or be denied the benefits of or be subjected to discrimination under any program or activity of Louisville Metro Office of Resilience and Community Services.

Information concerning you will be treated confidentially in accordance with the policies and procedures established by Louisville Metro Office of Resilience and Community Services in conjunction with current statutes for sharing information.

### YOUR OBLIGATIONS

You must provide the staff of Louisville Metro Office of Resilience and Community Services with complete and accurate information regarding your receipt of any assistance benefits or other income received by you or members of your household and information regarding your household composition. You will be required to document/verify all information given to your caseworker. **All documentation must be turned in to your caseworker no later than 10 days from the date of your appointment. If documentation is not turned in within the 10 days timeframe, your case will be closed.**

**COMPLAINTS AND APPEALS PROCESS**

RCS will maintain a Coronavirus Relief Program Applicant Complaint file. The file will be used for tracking and recording applicant complaints relayed to the agency. Complaints received will be recorded on the complaint form. Complaint forms include a synopsis of the applicant's complaint(s) and RCS' progress towards resolution of the issue(s) identified. RCS Division Manager will ensure that complaints are being resolved in a timely manner by reviewing each complaint form. The Coronavirus Relief Program Applicant Complaint Form file will include evidence substantiating the applicant's complaint.

RCS personnel will inform applicants of their rights to a fair hearing in writing. The written notification shall include the following instructions for applicants dissatisfied with any action taken by the agency. An applicant must submit a written complaint within 30 days of the action they wish to appeal (USPS postmark or agency date-of-receipt stamp serves to verify timeliness).

Complaints must be submitted in writing and should be forwarded to the Neighborhood Place Administrator in which the application for services was submitted.

The written complaint must contain:

- Applicant's full name, complete address and telephone number(s);
- A detailed statement of the nature of the complaint, including date and time of the agency action and the agency program or service involved;
- Name(s) and addresses (at the office or service location) of staff involved in the aggrieved action;
- Applicant's signature and/or that of an authorized representative, if any; and
- A clear indication whether the applicant's complaint pertains to service or involves alleged discrimination.

**RELEASE OF INFORMATION**

By my signature below, I hereby authorize the release of pertinent medical, financial, social, employment, and psychological information to Louisville Metro Office of Resilience and Community Services for the purpose of verifying my eligibility for services. I further authorize the Louisville Metro Office of Resilience and Community Services to release any and all pertinent information to other social agencies, federal agencies, missions, etc., as may be necessary to help determine my eligibility for LMORCS assistance or other available services.

**VERIFICATION OF STATEMENT**

I certify that my answers are correct, and complete, to the best of my knowledge, and I have reported all my household income and other financial resources as well as provided employment, medical, and other documentation needed to determine program eligibility. I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may result in paying Louisville Metro Office of Resilience and Community Services the value of the benefits improperly issued to me and may subject me to civil or criminal prosecution under state and federal law.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Second Party Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Reviewed by Social Worker (Signature)**

\_\_\_\_\_  
**Date**

Your Caseworker today is \_\_\_\_\_ @ \_\_\_\_\_ Neighborhood Place  
(Please print)

Your Caseworker can be reached at \_\_\_\_\_ phone number

[ ] Verbal permission given on \_\_\_\_\_, as telephone interview conducted this date.  
Date application mailed (if applicable) \_\_\_\_\_



# COVID - 19

## VERIFICATION OF LOSS OF INCOME

Employer: \_\_\_\_\_  
Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Dear Employer:

We are asking for your cooperation in providing us with facts regarding the above named employee's work record. We appreciate your cooperation in this matter, as this information is essential to determine client's eligibility for Coronavirus Relief Program Assistance.

### Section I – GENERAL INFORMATION

Job Title: \_\_\_\_\_  
Number of Hours Worked Per Week: \_\_\_\_\_ Number of Days Worked Per Week: \_\_\_\_\_  
How often is/was the employee paid? Day Week Bi-Weekly Monthly  
Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_. Day/Wk./etc.  
Date current employment began: \_\_\_\_\_  
Is/was employment seasonal? Circle Yes or No If yes, season begins: \_\_\_\_\_ ends: \_\_\_\_\_

### Section II – LOSS OF INCOME (Termination)

Date employment ended: \_\_\_\_\_  
Was this termination due to the COVID-19 Pandemic? Circle YES or NO  
Is the loss of income Permanent or Temporary? If temporary, when do you expect the employee to return to work?  
\_\_\_\_\_  
Date employee received final check: \_\_\_\_\_  
Gross amount: \$ \_\_\_\_\_  
Will employee receive any vacation pay, retirement refund, or other? Yes No  
If yes, what type? \_\_\_\_\_ Date received: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Section IIB – LOSS OF INCOME (Decrease in Hours, Layoffs, etc.)

Was this employee's hours decreased: \_\_\_\_\_  
Was this employee laid off? \_\_\_\_\_ If so, date of layoff? \_\_\_\_\_  
Was the decrease in hours or layoff related to COVID-19 Pandemic? Circle YES or NO  
Is the loss of hours/income Permanent or Temporary? If temporary, when do you expect the employee to return to full work-hour capacity? \_\_\_\_\_

**Section III – RECORD OF PAY RECEIVED**

List the employee’s most recent pay dates and gross pay amounts (please list most recent check first) or attach a printed wage history for the month(s) of \_\_\_\_\_.

| Date | Gross Payment Amount |
|------|----------------------|
|      |                      |
|      |                      |
|      |                      |

**Section IV – EMPLOYER INFORMATION**

What I have written on this form is true to the best of my knowledge. I know that if I give false information on purpose, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Employer’s Title

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Telephone Number

In signing this employment verification form I authorize Louisville Metro Resilience and Community Services to receive the above requested information.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date





## Zero Income Affidavit

By my signature, I am certifying that my household has **ZERO** income for the current month. This includes both the earned (wages, salaries, tips, etc.) and the unearned income (pensions, Social Security, SSI, unemployment, child support, k-tap, VA benefits, etc.) of **ALL** household members other than minors and adult children still in high school.

I understand that intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts may subject me to civil or criminal prosecution under state and federal law.

\_\_\_\_\_  
Name (**Please Print**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone (Work)                      (Home)

\_\_\_\_\_  
City    Zip

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date