

**MYCAP** is providing assistance to clients with their delinquencies on their water & sewer accounts.

Water account must be in applicant's name.

- Client must have a past due/delinquent amount due
- There is no limit on the amount we can pay
- This a first come first serve opportunity
- Water departments & clients have approximately 2 weeks to provide the required documentation to receive assistance

MYCAP will provide An Intent to Pay for the accounts received and processed by MYCAP for payment. The intent to pay will be sent to both the specific Water Department and Client receiving the assistance.

We are providing the application packets to you which include the paperwork required to complete each request.

- MYCAP intake Application form
  - Copy of Account Holder/Applicant's ID
  - Past 30 days of income\* clients may use the Self Declaration Worksheet included – see attachment for instructions
- \*Self-Declaration Worksheet

**Clients must complete and submit the application packet by 11/10/2020.**

***MYCAP DROP BOXES ARE AVAILABLE OUTSIDE OF OUR BUILDING (1325 Fifth Avenue, Youngstown, OH 44504). CLIENTS MAY UTILIZE THEM TO EITHER PICK UP OR DROP OFF APPLICATIONS.***

**APPLICATION PACKET IS ATTACHED. If clients are interested in other available assistance and must provide documents requested on the CHECKLIST Sheet attached.**





## **Rent/Mortgage/Utility Bills Required Documentation Checklist**

- **Intake Form**
  - **ID for applicant**
  - **Last 30 days of household income**
- 
- **Rent**
    - **Copy of Moratorium page 4 only**
    - **Landlord name and phone number**
  - **Mortgage**
    - **Current Mortgage Statement**
  - **Water**
    - **Current Water Bill**
  - **Electric**
    - **Current Electric Bill**
  - **Gas**
    - **Current Gas Bill**

***Failure to provide all required documentation and sign and date the form will delay the processing.***

**MYCAP COVID-19 CARES ASSISTANCE**  
**Intake Form**

\_\_\_ Utility

\_\_\_ Rent

\_\_\_ Mortgage

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

Your cooperation in providing information is vital and any attempts to defraud or mislead the providers will result in automatic disqualification from eligibility.

This assistance is intended for households who have been affected by COVID-19.

Please check the reason for the need for assistance as it relates to COVID:

Loss of Employment \_\_\_\_\_ Decreased Hours: \_\_\_\_\_ Layoff: \_\_\_\_\_

Increased expenses (i.e. Food, Medication, Cleaning Supplies, PPE, etc.)

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Assistance Needed:**

**Utility(s):** Shut off notice: \_\_\_ yes \_\_\_ no Utility currently shut off: \_\_\_ yes \_\_\_ no

Gas: \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Water \$ \_\_\_\_\_

Utility Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Utility Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Other: \_\_\_\_\_ Account #: \_\_\_\_\_

**Rent:** Landlord: \_\_\_\_\_ Monthly Rent Amount: \_\_\_\_\_

Number of Month's past due: \_\_\_\_\_ Eviction Notice: \_\_\_ yes \_\_\_ no

**Mortgage:** Lender \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Number of months past due: \_\_\_\_\_ Default or Foreclosure: \_\_\_ yes \_\_\_ no

**Income:** Monthly gross income \$ \_\_\_\_\_

Source of Income (unemployment, disability, employment) \_\_\_\_\_

Household size: Adults \_\_\_\_\_ Children \_\_\_\_\_ Veterans \_\_\_\_\_ Disabled \_\_\_\_\_

By signing this document, I attest that all information provided is true and accurate to the best of my knowledge.

X \_\_\_\_\_  
*Applicant signature and attestation*

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

**(LIST ALL HOUSEHOLD MEMBERS ON BACK PAGE)  
BACK PAGE – HOUSEHOLD**

**PRIMARY APPLICANT:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**ADDITIONAL HOUSEHOLD MEMBERS:**

**Name:**

**DOB:**

**Name:**

**DOB:**

**Name:**

**DOB:**

**Name:**

**DOB:**

**Name:**

**DOB:**

**Name:**

**DOB:**

**Name:**

**DOB:**

**Name:**

**DOB:**

## Self-Declaration of Income Worksheet

**Complete the information below only if you have no other way to document your income. Please complete all applicable sections. If not all sections are complete there may be a delay in processing your application.**

***Monetary Support section:***

If you are receiving help paying your bills and / or expenses from a non-household member, please list their name(s) and phone number(s) below, also include a signed statement from that person(s). The statement should note how much money is provided, how often, and if the money is given to you or paid directly to your creditors. If more than one person is paying expenses, have him/her submit a separate signed statement as well and provide their name(s), phone number(s) and address(es) below.

First Name	Last Name	Telephone Number (include area code) (    )    -
Address		
First Name	Last Name	Telephone Number (include area code) (    )    -
Address		
First Name	Last Name	Telephone Number (include area code) (    )    -
Address		

**Explain how the following expenses are paid (Write N/A to any that do not apply):**

Bill	Monthly Amount	Gift / Loan / Paid Directly to Creditor	
Rent/Mortgage	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Food	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Gas	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Electric	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Phone/Cell	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Car Payment/Insurance	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Cable/Internet	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Personal Expenses	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Bulk Fuels (i.e. propane, fuel oil/coal)	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor
Other Expenses	\$	<input type="checkbox"/> Given to You	<input type="checkbox"/> Paid Directly to Creditor

Does your household receive any of the following?	Yes or No	Amount
Food Stamps		\$
Rental Assistance (i.e. section 8, HUD, Metropolitan Housing)		\$
Utility Allowance (HUD) – Please note if this is paid directly to the utility companies.		\$

***Income Comments Section***


**I declare under penalty of perjury that the information submitted on this worksheet is true and correct.**

**Customer Signature:** \_\_\_\_\_

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