Instructions for Completing Application for the
Lake County Emergency Assistance Program

A Lake County Community Economic Development Department Program

General Statement Concerning Program: The Lake County Emergency Assistance ("LCERA") program was created in response to the COVID-19 pandemic and the resulting economic crises. Funded by a grant from the U.S Treasury to the Lake County Community Economic Development Department, LCERA is being administered by Geminus Corporation on behalf of families renting their primary residence in Lake County, Indiana.

FORM PURPOSE

The purpose of this document is to provide guidance to families wishing to apply for emergency rental and/or utility assistance. Closely following these instructions will assist applicants to ensure their application is correctly completed in all respects. Applications that are complete and accurate will minimize delays in processing. *Incomplete applications will not be processed nor considered for funding until all necessary information is received.*

CREATING ACCOUNT AND PRELIMINARY ELIGIBILITY

To begin an application, an applicant must visit www.LakeCountyIN.care/application and click on the application link. The applicant will be led to create an account with *Submittable.com*. Upon creation of the Submittable.com account, the applicant will be led directly to complete a preliminary eligibility form.

The preliminary eligibility form will ask the following questions:

- **Is your primary residence in Lake County?** [Your primary residence must be in Lake County, Indiana to be eligible to participate in the LCERA program.]

- **Are you requesting assistance for your primary residence?** [To receive assistance under this program, you must be requesting assistance for your primary residence.]

- **Do you own your home?** [If you own your own home, you are not eligible for this program.]

- **Have you experienced a negative financial impact due to COVID-19?** [To be eligible for this program, you must have experienced a negative financial impact due to COVID-19. Examples include a household member qualifies for unemployment, experienced a reduction in income, incurred significant expenses, or experienced another financial hardship due to COVID-19.]

If an applicant does not meet preliminary eligibility, the applicant will receive a pop-up notification they are not eligible, and the application process will end. If the applicant meets preliminary eligibility, they will automatically be led to complete the full application for assistance.

INSTRUCTIONS TO COMPLETE FULL APPLICATION

IF AT ANY TIME YOU NEED ASSISTANCE COMPLETING THE APPLICATION (E.G., ANSWERING QUESTIONS, ACCESS TO COMPUTER, OR SCANNING/UPLOADING DOCUMENTS), VISIT WWW.LAKECOUNTYIN.CARE/MORE-INFO FOR A LIST OF COMMUNITY PARTNERS WHO YOU MAY CONTACT FOR ASSISTANCE.

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When completing the full application, you will be required to answer several questions and submit sufficient documentation by uploading where indicated. Depending upon the assistance being sought, the documentation required may be substantial. All documentation is required to be submitted electronically within the application; therefore, the applicant must scan all documentation being submitted and save it to a PC or laptop.

The full application will consist of required fields that include free form answers, drop-down lists, check boxes, and opportunities to upload documents. Unless explicitly stated as an optional field, all fields are required to be answered or completed. Depending on the answer, some fields will present/open additional fields or require specific documentation. The instructions below will refer to primary fields (those fields required by all applicants) simply as "fields." Fields that are dependent on primary fields (those that only open depending how certain fields are answered) will be referred to as "sub-fields."

After starting the application, you may save your progress at any time and exit the application. To continue your application at a later time, you will need to utilize the username and password you used to create an account through Submittable.com.

GENERAL DEMOGRAPHIC AND OTHER INFORMATION

FIELD #1: *What is your Primary Language?* You will be asked to choose between English or Spanish. The choice will determine whether the application is presented in English or Spanish.

FIELD #2: *Is someone Helping you complete this application?* If you received assistance from one of our community partners (or someone else), indicate yes, otherwise indicate no.

If yes to #2, then you will be presented with SUB-FIELDS #2, otherwise, you will move straight to FIELD #3.

SUB-FIELD #2A: *Who is helping you with this application?* You will be offered a drop-down list of community partners associated with the LCERA program.

SUB-FILED #2B: *Enter the name of the person at {organization you named} who is helping you.* Enter here the name of the specific person at the partner organization who assisted you.

SUB-FIELD #2C: *Enter the phone number of the person at {organization you named} who is helping you.* Enter here the phone number of the specific person at the partner organization who assisted you.

SUB-FIELD #2D: *Enter the email address of the person at {organization you named} who is helping you.* Enter here the email address of the specific person at the partner organization who assisted you.

FIELD #3: *Applicant Phone Number.* Enter the phone number of the person applying for assistance.

FIELD #4: *Verify your (applicant's) email address.* Enter the email address of the person applying for assistance using the same email as provided to create an account with Submittable.com.

FIELD #5: *In what city or town do you currently reside?* You will be offered a drop-down list of the cities and towns located in Lake County, Indiana. Select the city or town of the person applying for assistance.

FIELD #6: *Street Address.* Enter the actual physical address of the residence for the person applying for assistance. You may not use a PO Box or alternate address. This address should match the address in which you are paying rent to reside.

FIELD #7: *Unit or Apartment Number (optional field).* Complete this field if your primary address includes a unit or apartment number.

FIELD #8: *ZIP Code.* You will be provided a drop-down list of all the ZIP codes in Lake County, Indiana. Select the ZIP code for the street address provided in field #6.

COVID-19 IMPACT INFORMATION

FIELD #9: *How has COVID-19 impacted your household's financial situation?* You will be presented with five checkboxes to choose from. Select ALL boxes that apply to your situation. The checkboxes will be the following:

- Reduction of hours worked due to COVID-19.
- Loss of job due to COVID-19.
- Increased medical expenses due to COVID-19.
- Left a job or had hours reduced to care for a child while school or daycare was closed due to COVID-19.
- I have NOT been negatively impacted by COVID-19.

  Note: Selecting any of the first four boxes indicates you are presumptively eligible for assistance through the LCERA program. If you have NOT been negatively impacted by COVID-19, you are not eligible for assistance through the LCERA and should discontinue the application.

If you selected any of the first four checkboxes, then you will be presented with SUB-FIELDS #9, otherwise, you will move straight to FIELD #10.

SUB-FIELD #9A: *When were you first impacted financially by COVID-19?* You will be presented with a date field where you will be required to enter the earliest date in which you first had a negative financial impact from COVID-19 (e.g., layoff, lost job, had hours reduced, a new childcare expense, etc…)

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SUB-FIELD #9B: *You may Provide additional details regarding COVID-19's impact on your household.* This is an optional field where you may, but are not required to, provide any additional relevant information regarding how you were negatively impacted by COVID-19.

FIELD #10: *Have any adults in your household been unemployed due to COVID-19 throughout the past 90 days?* Answer yes to this question ONLY if you or any other adult living in the household has been unemployed due to COVID-19 for the entire 90 days prior to your submission of the application.

If yes to #10, then you will be presented with SUB-FIELDS #10, otherwise, you will move straight to FIELD #11.

SUB-FIELD #10A: *How many adults in your household have been unemployed due to COVID-19 throughout the past 90 days?* You will be presented with radio buttons where you will select the appropriate number of adults who have been unemployed for the ENTIRE 90 days prior to the application date.

SUB-FIELD #10B: *Please provide the full name of the adult in your household who was unemployed throughout the past 90 days.* A SUB-FIELD #10B will be presented a number of times equal to the number of persons you indicated have been unemployed for the entire prior 90 days.

FIELD #11: *UPLOAD Please upload documentation that supports your claim of a financial impact due to COVID-19.* Here, you will be required to provide documentation such as paystubs, unemployment benefits, medical bills, childcare receipts, letter from school confirming need for child to stay home, etc…

NEED FOR ASSISTANCE

FIELD #12: *Are you currently receiving, or have you received, rental assistance?* Answering "yes" to this question DOES NOT automatically disqualify you from receiving assistance from the LCERA program. If otherwise eligible, the LCERA program may provide assistance to pay the expenses not covered by other programs.

FIELD #13: *Do you need rental or utility assistance?* An answer of "no" indicates you are not in need of rental or utility assistance and therefore do not qualify for this program.

HOUSEHOLD MEMBERS

FIELD #14: *How many adults reside in your household?* In the dropdown box provided, indicate the number of persons age 18 or older who lives in the household full-time as their primary residence.

SUB-FIELD #14A: *Full name of the 1st (or 2nd, 3rd, etc…) adult living in your household.* There will be the same number of this SUB-FIELD as the number of adults in the home. Enter the full proper name of each adult as shown on such adult's government-issued identification.

SUB-FIELD #14B: *Birthdate of the 1st (or 2nd, 3rd, etc…) adult living in your household.* There will be the same number of this SUB-FIELD as the number of adults in the home. Enter the date of birth for each adult.

SUB-FIELD #14C: *ID number of first (or 2nd, 3rd, etc…) adult living in your household.* There will be the same number of this SUB-FIELD as the number of adults in the home. Enter the identification number as provided on the adult's Indiana government issued ID or driver's license. An Indiana state government-issued ID or driver's license must be used. An ID issued by a state other than Indiana is not acceptable. If an adult is unable to produce an Indiana ID, such adult must provide other acceptable identification that shows they are a Lake County, Indiana resident.

FIELD #15:   *UPLOAD Plead upload a valid driver's license or other government-issued identification for each person named above.* An ID must be provided for every adult living in the residence. An Indiana state government-issued ID or driver's license must be used. An ID issued by a state other than Indiana is not acceptable. If an adult is unable to produce an Indiana ID, such adult must provide other acceptable identification that shows they are a Lake County, Indiana resident.

FIELD #16:   *How many children reside in your household?* In the dropdown box provided, indicate the number of persons age 17 or younger who lives in the household full-time as their primary residence.

BENEFITS AND INCOME

FIELD #17:   *Are you currently receiving assistance from any of the following programs?* For each type of assistance, check all that you are currently receiving.

   SUB-FIELD #17A: *UPLOAD Please upload documents which verify your participation in any of the programs you selected above.* Provide documentation that shows your current eligibility and/or receipt of the assistance selected.

FIELD #18:   *What type of income do the adults in your household receive?* You must select from among the checkboxes ALL of the different types of income received by any adult in the household. If one or more adults have no income, the box indicating someone in the household has no income must also be checked.

   SUB-FIELD #18A: *Total dollar amount your household receives monthly from {the income source selected}.* There will be the same number of this SUB-FIELD as the number of types of income selected. For each income source received by an adult in the household, you will enter the total monthly amount for all adults in that income category. For example, if two adults in the

household receive income from wages, you will enter the total monthly amount both adults receive.

> **SUB-SUB-FIELD #18A1:** *In the above question, you selected Other Income. Please indicate the sources of income not listed above.* This field will only be presented if you select "other income not listed" in the checkboxes for types of household income.

> **SUB-SUB-FIELD #18A2:** *Certification of Other Income: Type your full name below as your signature to acknowledge the statement below.* This field required you to attest that to the extent you have income from undocumented sources that you do not expect any change in your financial status and that you certify the income amount is true and accurate under the penalties of perjury.

TABLE #1: *Calculation of Annual Income.* This table must be used to help calculate the total annual income for the household. The column "Monthly Income" must be completed by entering the SAME total monthly income for each type of household income as provided in SUB-FIELD(S) #18A. The total will automatically calculate the annual income and provide a Total Annual Household Income for the household on the last row. You will need this Total Annual Household Income for the next filed.

FIELD #19: *Enter the amount from the table above that is your Total Annual Household Income.* You will enter here the Total Annual Household Income as calculated in TABLE #1 above.

FIELD #20: *What is the total number of family members in your household?* Select from the radio buttons here the total number of persons (including adults and children) who lives in the household as their primary residence.

> **SUB-FIELD #20A:** *Is your total household income…:* You will select from the radio buttons the range within where your total household income (as determined in TABLE #1 above) falls.

FIELD #21: *Mark all that apply to your situation below:* You will select one (or both) of the checkboxes. If one or more adults had a source of income, you will select "some household members have income reported above." If one or more adults have no income, you will select "some household members have no income.

> **SUB-FIELD #21A:** *UPLOAD Please upload income verification documents for your whole household.* You must upload documentation verifying the amounts and sources of income indicated above in SUB-FIELD(S) 18A above. Documentation must be provided for all adults with income.

> **SUB-FIELD #21B:** *List all adults in your household with Zero Income.* Enter the names of the adults in the household who you indicated are receiving no income in FIELD #21 above.

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SUB-FIELD #21C: *Certification of Zero Income: type your full name below as your signature to acknowledge the statement below.* By entering your name, you are certifying that the adults in the household you indicated are receiving zero income is true and correct under the penalties of perjury.

DEMOGRAPHIC DATA COLLECTION

FIELD #22: *Gender of primary application.* From among the radio buttons, select the gender category that pertains to the applicant.

FIELD #23: *Ethnicity of primary application.* From among the radio buttons, select the ethnicity that pertains to the applicant.

SUB-FIELD #23A: *Race of primary applicant.* From the checkboxes provided, select the race that pertains to the applicant.

RENTAL ASSISTANCE

FIELD #24: *Are you requesting rental assistance? If you are seeking assistance for help with your rent, select the "yes" radio button. If you are not seeking rental assistance (and only seeking utility assistance), select the "no" radio button.*

If you selected "yes," you must complete SUB-FIELDS #24A-F below. If you selected "no," you will be directed to complete only SUB-FIELD #24F below.

SUB-FIELD #24A: *What is your current monthly rent amount?* Enter here your total monthly rent obligation you pay to your landlord. If you pay utilities separately, do not include utilities in this amount.

SUB-FIELD #24B: *What is the first month for which you are requesting rental assistance?* Rental assistance is only available beginning April 1, 2020 and may begin only the first month in which you are actually in arrears.

For example, if you have already paid your rent in full for April, May, and June of 2020, assistance is not available for those months. But if you have not yet paid-in-full for July 2020 and the months after, assistance may be available for those months.

SUB-TABLE #2: *Calculate the amount of rental assistance you are requesting.* You must use this table to calculate the total amount of assistance you are requesting by entering your total monthly rent indicated in SUB-FIELD #24A above and providing the number of months in which you are seeking assistance.

In TABLE #2, after entering your total monthly rent amount, you will enter on the next row the total number of months in which you owe back-rent plus your current month's rent. In the next row, you will enter the total number of future months of rent (maximum of 3) you are requesting assistance. [NOTE: the total number of months in which you are eligible to receive assistance is 12 months; therefore, if you seek 12 months back rent, you will not be eligible to request assistance for future rents.]

On the 6th row of TABLE #2, you may enter the total amount of late charges or penalties you currently owe to your landlord.

SUB-FIELD #24C: *Please provide your landlord's name.* Enter with sufficient clarity the name of the individual or company who is your landlord.

SUB-FIELD #24D: *Landlord's email address.* Obtain from your landlord the best email address in order to receive important notices and requests for information from the LCERA program. If you are unable to obtain an email address, enter your primary email address. [IMPORTANT: no assistance will be made available to any applicant if contact with the landlord is never made. This step is crucial to ensure your application is considered and moves forward in the process without any delay. Please take every step possible to obtain your landlord's email address.]

SUB-FIELD #24E: *UPLOAD Upload documentation supporting your need for rental assistance.* You must upload any documentation to support your need for rental assistance. Examples could include documentation from your landlord showing arrearages, past due notices, eviction notices, court notices, etc…

SUB-FIELD #24F: *UPLOAD Please upload a copy of your current lease.* This is required for all applicants (including if you are only seeking assistance with utilities). If you do not have a current written lease, this SUB-FIELD provides a download to a form for both you and your landlord to sign.

UTILITY ASSISTANCE

FIELD #25: *Do you need assistance paying utilities or home energy costs that are not included in your monthly rent amount?* If you are not seeking assistance with utilities, select "no." If you are seeking assistance with utilities, select "yes" and you will be directed to complete SUB-FIELDS #25A-C.

SUB-FIELD #25A: *Select all the utilities you need assistance with. DO NOT include utilities that are part of your monthly income.* You must select from the checkboxes all types of utilities in which you are seeking assistance. If you receive bill that cover more than one type of utility (for example, gas and electric), the instructions within SUB-FIELD #25A provide guidance how to submit bills only one time.

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SUB-SUB-FIELD #25A1: *{Utility type selected} provider name.* For each type of utility you select in SUB-FORM #25A above, you will see this field for each. Enter the name of the provider for that particular utility. For example, for electric, enter NIPSCO.

SUB-SUB-FIELD #25A2: *{Utility type selected} account number.* For each type of utility you select in SUB-FORM #25A above, you will see this field for each. Enter the account number for your account with this particular utility provider.

SUB-SUB-FIELD #25A3: *UPLOAD Upload documents that support the need for assistance of {utility type selected}.* For each type of utility you select in SUB-FORM #25A above, you will see this field for each. Upload documentation that shows the address served by the provider and shows the name of at least adult living in the household.

> **SUB-SUB-SUB-FIELD #25A4a:** *Does your household meet the requirements to receive internet assistance?* If you selected you are seeking assistance with your internet, you must also show you meet additional eligibility criteria such as a school-aged child engaging in tele-education, a member of the household works remotely at least 20 hours each week, or a member of the household is receiving tele-heath services.

SUB-TABLE #3: *Utility and internet payment request details.* You must enter the exact amount of assistance you are requesting broken down by each month in arrears for each type of utility. For example, if you are requesting assistance for electric for each the month of January and February of 2021, you must indicate the exact amount you owe for January and the exact amount you owe for February. The table will calculate the total amount of utility assistance you are requesting in the last row. You may not request assistance for potential future utility expenses.

SUB-FIELD #25B: *Enter the total amount of utility assistance you are requesting from the table above.* You must enter the total calculated amount from SUB-TABLE #3 above.

SUB-TABLE #25C: *Enter the number of months of utility assistance you are requesting.* Add each month in which you are requesting any assistance for any utility type. For example, if you are requesting assistance for water for the months of December 2020, January 2021, and February 2021—and requesting assistance for electric for only January and February 2021—you must enter 3 for the total number of months you are requesting assistance.

FIELD #26: *Applicant Certification/Agreement.* To be eligible and considered for rental and/or utility assistance, you must certify and agree that all information submitted is true and complete to the best of your knowledge and under the penalties of perjury and fraud. You must also agree and consent to provide the LCERA program the ability to contact any persons or entities necessary to verify your statements.

IMPORTANT: READ THE LANGUAGE WITHIN THIS FIELD CLOSELY AS IT YOU ARE ACKNOWLEDGING THAT ANY FALSE STATEMENTS OF INFORMATION SUPPLIED IN CONNECTION WITH THE LCERA PROGRAM MAY SUBJECT YOU TO FINES AND IMPRISONMENT.

If you agree to the terms as stated within this FIELD #26, enter you full name as your electronic signature.

FIELD #27: *Acknowledge the LCERA Agreement.* In order to be eligible and considered for rental and/or utility assistance, you must acknowledge and agree to the terms as provided within this FIELD #27.

FIELD #28: *Date.* Enter the date in which you actually submit the application for rental and/or utility assistance as provided in FIELD #29 below.

FIELD #29: *Submit or Save Draft.* If you have not yet entered all required information or uploaded all required forms, you may select the "Save Draft" button, which will save your work and progress and allow you to return at a later time to complete the application. If you have entered all required information, uploaded all required documentations, and agreed to the certifications, acknowledgements, and agreements as required, then you may select the "Submit" button in order to submit your application for review and processing.

---end of instructions---

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