

Warren County Department of Human Services

416 S. East Street • Lebanon, Ohio 45036

County Commissioners

Tom Grossmann • Shannon Jones • David G. Young

Warren County BOOST PROGRAM



This program has been established to assist households during this difficult time.

How do I apply?

Submit the **Warren County BOOST Program Application** to the agency either via mail, fax, email, or drop box at:

- 416 S. East Street, Lebanon, OH 45036
- Fax at: 513-695-2940, 513-695-2701, 513-695-2702
- Email: WARRE_CDHS_INFO@jfs.ohio.gov
- Or via our Drop Box located outside of our public entrance at the back of the building.

What if I do not have access to print out the form?

Forms are available outside of our building, you may come to the agency get the form, complete it and place it in our drop box or at our front window.

What is the eligibility for the program?

- Applicant households must be at or below 250% of the Federal Poverty Level
- Applicants must show that they are behind in rent and/or utilities and the amount needed to bring them to current standing
- The program is available to both single and family households
- This program is not limited to just COVID related issues
- All payments are made directly to either the landlord or utility company.

Will I need to submit verifications for this program?

Yes, you will need to submit proof of the amount you owe in either rent or utilities. Additionally, if you are seeking assistance with rent, your landlord will need to complete the paperwork to become a vendor through Warren County if they are not already set up as one.

What is the CAP for the Program?

Each household cannot exceed \$1,000.00 in BOOST Program Funding

This funding is available through the generosity of a donation from a Warren County family.



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Name:	Case Number:
Social Security Number:	Email Address:
Present Address:	City:
Telephone/Contact Number:	Zip Code:

1. List EVERYONE living in your household, including yourself.

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			

Family Size	Monthly Gross Income at 250% of the Federal Poverty Level
1	\$2,658
2	\$3,591
3	\$4,525
4	\$5,458
5	\$6,391
6	\$7,325

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
- I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County,

- YES, I agree with the above statement (it is correct/true for me).
- NO, I disagree with the above statement (it is not correct/true for me).

5. Check one that applies:

- I am seeking rental assistance
- I am seeking utility assistance
- I am seeking both rental and utility assistance

6. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- Yes, I want to register to vote. No, I do not want to register to vote.

FOR AGENCY USE ONLY	
<input type="checkbox"/> Eligible <input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker	Date