

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

Name of Applicant	Case Number
Present Address	Phone number where we can contact you

1) What is the emergency with which you need help?

<input type="checkbox"/> Rent/Mortgage Amount needed _____	<input type="checkbox"/> Car Repairs (if employed) Amount needed _____
<input type="checkbox"/> Rental Security Deposit Amount needed _____	<input type="checkbox"/> Household items, disaster ONLY (specify) _____ Amount needed _____
<input type="checkbox"/> Utilities Amount needed _____	<input type="checkbox"/> Other (specify) _____ Amount needed _____

2) Why do you need help with this cost? Please explain in detail.

3) Have you contacted anyone else for help?

YES NO Who? _____

4) Status of your housing in Columbus Metropolitan Housing Authority (CMHA), Section 8 or subsidized housing:

Confirmed Pending Not Applicable

CASE #	SSN	CM/WORKER NAME	DISTRICT #	PHONE
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5) Complete the chart below for everyone living in your home, including yourself. You must verify all household income received in the last 30 days for all members of your household. In addition, for a shelter request, you must verify all household income for the next 30 days for all members of the household.

<i>Name</i>	<i>Age</i>	<i>Relationship to Applicant</i>	<i>Social Security Number</i>	<i>Total Monthly Income</i>	<i>Source of Income</i>
		SELF			

Please understand that the completion of this form is not a guarantee that funds will be paid.
 By signing, you grant permission for the FCDJFS to gather and report information as needed in the process.

Signature of Applicant	Date

To obtain benefit information or FCDJFS program information, please go to <https://communityportal.fcdjfs.franklincountyohio.gov>

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