



CITY OF GAHANNA  
CARES ASSISTANCE PROGRAM  
RESIDENTIAL APPLICATION

**Application Dates: Sept. 14 - Nov. 6, 2020**

**Supporting documentation must be submitted with application.  
Documentation may be submitted by mailing to: Gahanna CARES Program  
Attn: City of Gahanna 200 S. Hamilton Rd. Gahanna, OH 43230.**

Applicants awarded funding from the City of Gahanna CARES Assistance Program are required to comply with the U.S. Department of Treasury Guidelines, the State of Ohio Office of Budget and Management Guidelines, and the City of Gahanna's CARES Assistance Program Guidelines.

To apply for the City of Gahanna CARES Assistance Program, the following criteria must be met:

- Must be a current resident, living within the City limits of Gahanna.
- Must be laid off, furloughed, unemployed, or experienced a decrease in pay or hours as a direct result of COVID-19 business closures or stay-at-home orders.
- Must be at least one month in arrears in mortgage or rent.
- Applicant is eligible for CARES Act Coronavirus Relief Funding even if previously approved for, and used funding from, other CARES Act funding or COVID-19 Relief funding, but the applicant cannot request and use funds for the same expenses as other relief funding. Expenses already funded by federal, state or local assistance are not eligible under this Program. Applicants who have not received COVID relief assistance funding (Federal or Local) will be given priority when reviewing applications and distributing funds.

Applications are required to be completed in the entirety. Failure to complete the application will cause your application to be denied.





# CITY OF GAHANNA CARES ASSISTANCE PROGRAM RESIDENTIAL APPLICATION

Please print. Upon completion, submit application and supporting documentation by mailing to:  
**Gahanna CARES Program** Attn: City of Gahanna 200 S. Hamilton Rd. Gahanna, OH 43230.

Between March 1, 2020 and August 1, 2020, have you experienced the following due to COVID19?

- Laid off
- Furloughed
- Decreased hours/pay

Is there anything you would like to share about your income between March 1, 2020 and August 1, 2020?

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How many weeks have you been laid off, furloughed, unemployed or experienced decreased hours/pay?

\_\_\_\_\_ (Enter 0 for None)

Funding amount requested? (maximum amount per applicant/residential home/unit is \$5,000)

\_\_\_\_\_ (Enter 0 for none)

Please share any additional information that should be considered when evaluating your application:

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Mortgage company or landlord contact name:

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## REQUIRED DOCUMENTS:

I acknowledge that I have read the above and agree to comply with the U.S. Department of Treasury Guidelines, the State of Ohio Office of Budget and Management Guidelines, and the City of Gahanna CARES Assistance Program Guidelines.

\_\_\_\_\_  
(Signature / date required)

## PUBLIC RECORD ACKNOWLEDGMENT

I acknowledge that this application and any information exchanged with the City may be considered a public record and subject to all sunshine laws.

\_\_\_\_\_  
(Signature / date required)

## DISCLAIMER

By checking this box, I authorize that the information provided herein is accurate, complete and correct to the best of my knowledge. I certify that I have the authority to apply for this funding on behalf of the residential address described herein.

\_\_\_\_\_  
(Signature / date required)

## DISCLAIMER

By signing this document, I hereby certify that the information provided herein is true and accurate to the best of my knowledge, that the information is my personal information, and that the information is being provided in good faith and pursuant to the requirements outlined in this Program.

\_\_\_\_\_  
(Signature / date required)