

COMMUNITY ASSISTANCE PROGRAM APPLICATION

The Mansfield Resident Assistance & Relief (RARE) program was established using federal funds made available through the American Rescue Plan Act (ARPA). Applicant households are evaluated individually with housing, utilities, and emergencies as priorities. All documents are required prior to processing any applications.

Required Document Checklist

In order for your application to be processed in a timely manner, please include the following documents with your application:

- Signed application from applicant and co-applicant (if applicable)
- Proof from all sources of income (one month of wages, SS, SSI, pensions, VA benefits, retirement, self-employment, unemployment, workers compensation, and/or dividends)
- Proof of all assets (checking/savings account statements, stocks, bonds)
- Copies of delinquent utility bills (if applying for utility assistance)
- Signed copy of your lease and/or mortgage documents (if applying for rent assistance)
- Landlord Verification Form (if applying for rent assistance)
- Signed "Release of Information" (please see attached) so that Mansfield Human Services can discuss your application with utility, landlord and/or mortgage company

Other Things to Know

- Submission of application does not guarantee program approval.
- Eligibility is determined by multiple factors, and final decisions are made by Mansfield Human Services staff.
- If approved, a one-time payment will be made directly to the utility, landlord and/or mortgage company.
- This payment can take upwards of 30 days upon application approval.

The Community Assistance Program (C.A.P.) was established using federal funds made available through the American Rescue Plan Act (ARPA). Applicant households are evaluated individually with housing, utilities, and other emergencies as priorities. Please complete this application and provide needed documentation.

Last Name		First Name		Date
Address			City	Zip
Phone	Email		Household Numbers of adults _____ Number of Children under 18 _____	

Has your household suffered a financial hardship due, directly or indirectly, to COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone in your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income, or increased household costs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your household at risk of homelessness or housing instability? <input type="checkbox"/> Yes <input type="checkbox"/> No

GROSS HOUSEHOLD INCOME (proof of income from all sources required)

Have you applied or are you currently receiving State assistance? _____

Food Stamps/SNAP\$ _____

SAGA CASH\$ _____

Household Member Name	DOB	Income Source	Amount

TOTAL HOUSEHOLD INCOME: \$ _____

ASSETS

You must provide verification of liquid assets for all household members.

RESOURCES	CURRENT VALUE	Verification Provided
Checking Account(s)	\$	
Savings Account(s)	\$	
Credit Union Account(s)	\$	
Stocks / Shares	\$	
Certificate(s) of Deposit (CD)	\$	
Individual Retirement Accounts (e.g., 401K)	\$	
Other (specify):	\$	
	\$	
	\$	
TOTAL	\$	

HOUSING

Do you own your home? Yes No What is your monthly mortgage? _____

Are you currently renting? Yes No What is your monthly rent payment? _____

Is your rent* or mortgage past due? If so, what is the amount? _____

Landlord/Leasing office name: _____

Landlord/Leasing office phone: _____

Are you currently past due on utility bills? If so, what is the amount? _____

*****If requesting rent assistance, Landlord Verification Form required with this application*****

Certification

I hereby verify all of the information provided by me in order to obtain assistance from the Town of Mansfield Human Services is true and correct to the best of my knowledge and belief.

Applicant's Signature

Date

Co-Applicant's Signature (if applicable)

Date

**C.A.P. ASSISTANCE – RENT
Landlord Verification Form**

The Community Assistance Program (C.A.P.) can assist with owed rent **up to \$1500** if application is approved. Submission of application does not guarantee program approval. Eligibility is determined by multiple factors, and final decisions are made by Mansfield Human Services staff. If approved, a payment will be made directly to the landlord or leasing company.

Client Information

Last name		First name	Date
Address		City	Zip Code

Monthly Rent Amount: _____
 Current Amount Behind: _____

Landlord Verification (To be completed by the Landlord/Leasing Company)

I agree to accept The Town of Mansfield’s payment of owed rent. Upon acceptance of payment, no late fees or eviction paperwork will be filed for at least 30 days. Payment will guarantee residency for at least 30 days. I understand that payments may take up to 4 weeks to be processed by the Town of Mansfield. Any corrections made to this section **MUST BE INITIALED** by the individual completing this form.

This is to confirm that the rent for (tenant) _____ for the property located at _____ with a monthly rent (base rent only; no deposits, late fees, or other charges) in the amount of \$ _____ is/was due on _____.

Total amount currently owed \$ _____

Landlord Name/Leasing Company		Phone Number	Email
Address		City	Zip Code
Authorized Signature			Date

Release of Information

The Town of Mansfield Human Services is authorized to (check all that apply):

- Disclose information pertaining to
- Receive information pertaining to

(Name of Client: Last, First) (Client's Date of Birth)

With:

(Name of Agency and/or Provider)

(Phone number and Address of Agency or Provider)

I consent to sharing the following information for the purposes of coordination of care and services:
(Initial next in the box next to all that apply)

Initials	Topics	Initials	Topics	Initials	Topics
	Financial Information		Medical Information		Family Information
	Educational Information		Legal Information		Employment Information
	Housing Information		Mental Health Information		Substance use Information

Other: _____ Initials: _____

I consent to allowing the Town of Mansfield to release and obtain this information via:
(Check all that apply)

- Phone Email Fax

I understand that I can revoke this authorization at any time by submitting notification in writing via email to my caseworker/social worker or by mail to: Human Services, 303 Maple Ave, Mansfield CT 06268. I understand that information may have been shared prior to receipt of the revocation of consent. I understand that this consent expires in one year from the date signed unless noted otherwise here: _____.

Printed Name of Authorizing Individual (relation to client if not self)

Signature of Authorizing Individual Date & Time Signed

Printed Name of Witness (relation to client if not self)

Signature of Witness Date & Time Signed