

Mercer County Prevention, Retention and Contingency Program (PRC) Application

Name of Applicant:	Present Address – street, city, zip
Phone # where you may be reached:	

Explain **your need** and an **estimate** of the amount you are requesting: _____

What 2 other agencies have you contacted for assistance with this need: _____

Complete all sections below for everyone living in your home, including yourself

you will need to provide verification of the last 30 days income

Name	Relationship to Applicant	Date of Birth	Social Security #	Monthly Income	Source of Income
1.					
2.					
3.					
4.					
5.					
6.					

Indicate if any of the following statements apply to you or anyone in your household:

Yes No

0 0 Has an outstanding ADC, TANF, OWF or PRC IPV fraud balance anywhere in the United States?

0 0 Is an alien not permitted for permanent residence?

0 0 Is a fugitive felon or violating parole?

0 0 Is ineligible for other assistance programs due to deliberate non-compliance with the terms of the assistance?

0 0 Has refused employment, without good cause, within the last 90 days?

0 0 Has terminated employment, without good cause, within the last 90 days?

0 0 Under a current OWF or SNAP sanction or penalty due to failing to comply?

0 0 Has an outstanding overpayment and have not established and/or complied with a current Repayment agreement.

0 0 Have received PRC services within the last 12 months in Ohio or any other State?

My signature means that I have answered all of the questions on this application accurately and in a truthful manner. I understand that if I have not answered truthfully and receive assistance, I am guilty of fraud and could be prosecuted and will be required to repay any assistance I receive. I understand that if I am eligible, the agency will limit assistance under this program to the actual documented amount of need. I understand and agree that MCJFS may contact other persons or organizations to obtain the necessary proof of my eligibility for this program and the level of assistance I am eligible for.

Applicant Signature

Date

Parent/Guardian/Custodian Voter Registration Option: Are you registered to vote? **Yes or No** If you are not registered, do you wish to register? **Yes or No** If you wish to register, do you require assistance? **Yes or No**