

## 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**