



Prevention Retention and Contingency Plan

The Marion County Job and Family Services (MCJFS) Prevention, Retention and Contingency (PRC) Program is designed to help families and assistance groups (AG) living in Marion County, overcome immediate barriers to achieve or maintain self-sufficiency. The program may provide specific services to address urgent needs in finding/maintaining employment. It may also provide emergency assistance with a long term goal of enhancing or maintaining a family's self-sufficiency. Please note, this is not an entitlement program.

In an effort to better serve you, please provide all supporting documents when submitting your PRC Application. (Please see page 3 for list of required documents). Providing the supporting documents will speed up the processing of your application.

For assistance with completing the application or general questions about the program, please call 740-386-1073.

| | | | |
|-------------------------------------|-------------------------------------|--|-------------------------------|
| How would you like to be contacted? | <input type="checkbox"/> Phone Call | <input type="checkbox"/> Email (please list) | <input type="checkbox"/> Text |
| Name of person Applying | Current Street Address: | | Case # |
| Your Social Security Number: | City, State, Zip: | | Date Received: |
| Telephone Number/s: | County: | | Case Manager: |

Applications may be downloaded from www.MCJFS.com and placed in the MCJFS Drop Box in the Main Lobby, (363 W. Fairground Street) or faxed: 740-387-2175 or emailed: marioncounty@jfs.ohio.gov.

For assistance with completing the application or general questions about the program please call 740-386-1073.

VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to register?

YES, I want to register to vote (See page 7 & 8) NO, I do not want to register to vote

Voting Registration is attached; or you can visit <https://olvr.ohiosos.gov/> to register on-line.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

What other agencies have you contacted seeking assistance? If requesting assistance with utilities, you must contact the Ohio Heartland Community Action Center before application will be processed.

What actions are you taking to prevent this emergent need from happening again:

Request: List the items and/or services requested, include the amount needed for each.

| Item or Service Being Requested | Dollar Amount (Estimated Costs) | Who are you purchasing the item/service from? (List the name, vendor list is attached) | Are these services related to employment? | |
|--|---------------------------------|--|---|-----------------------------|
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the service requested prevent you from being evicted? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | <input type="checkbox"/> N/A | |

Is there any income in your household?

Yes

No

Please provide the following information for everyone living in your household, starting with your information.

| List All Household Members Names | Relationship to Person Applying | Date of Birth | Social Security Number | Name of Employer/ Income Source | How Often Paid | Monthly Gross Salary |
|--|---------------------------------|---------------|------------------------|---------------------------------|-----------------------------|----------------------|
| SELF | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Is there a member in your household that is pregnant? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

| Please answer the following questions: | | | (Agency Use Only) Case Worker Verification | |
|---|------------------------------|---|--|---|
| Do you receive OWF Cash Benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Do you receive Food Assistance / SNAP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are you receiving Agency Subsidized Child Care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are you a fugitive felon, probation, or parole violator? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Do you have an Intentional Program Violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are you on strike from employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are you a U.S. citizen or Qualified Alien? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If you are a parent and you have a minor child or children that do not live with you, and (1) you are court ordered to pay child support for them, and (2) they live in Ohio, please complete the following: | | | | |
| Minor's Name: | Date of Birth: | Address: | | |
| Minor's Name: | Date of Birth: | Address: | | |
| <p>PRC Services Are Not:</p> <ul style="list-style-type: none"> • For repetitive delinquent payments of the same crisis...i.e. continual utility shut offs, and eviction notices; and/or • An entitlement (services and/or financial assistance are not guaranteed) <p>Misuse of PRC Funds:</p> <ul style="list-style-type: none"> • Any PRC funds issued inappropriately or incorrectly, based on misrepresentation of facts or a situation by the applicant, will be considered an overpayment of funds and will be referred to the Benefit Recovery Unit for recoupment. | | | | |
| <p>By my signature below, I certify that the above information for myself and all members of my household is true and correct and that all income and potential resources have been reported; I also understand that misrepresentation of any information may subject me to collectible overpayments and other allowable sanctions and deliberate misrepresentation or fraud may subject me to prosecution under applicable state and federal laws; furthermore, I give MCJFS employees permission to contact any person, business, agency or entity required to verify my eligibility; furthermore, I authorize MCJFS employees and its agents and any service or benefit provider permission to share all relevant information in my case file(s); I also acknowledge, that I have received a copy of the PRC rights.</p> | | | | |
| Applicant Signature: _____ | | | Date: _____ | |
| Completed applications can be submitted via: | Agency Drop Box | Email: MarionCounty@jfs.ohio.gov | Fax: (740) 387-2175 | Text: MarionCounty@jfs.ohio.gov Take a picture of the application then text to above email. |
| Agency Use Only | | | | |
| <p>Assistance Group Size: _____, Current Total Income: \$ _____, PRC: 175% FPG for AG is: \$ _____</p> <p>Meets Income Guideline: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> | | | | |
| <p>Supervisor Signature: _____ <input type="checkbox"/>Approved <input type="checkbox"/>Denied</p> | | | | |
| Reason for Denial: | | | | |
| | | | | |

PRC Document Requirements

Below is the list of available services through the PRC program, it also includes the documents required for each service. In an effort to better serve you, please make sure all the questions on the application are answered and the supporting documents are attached when submitting your application. Providing the supporting documents will speed up the processing of your application.

For assistance with completing the application or general questions about the program please call 740-386-1073.

Applications with Documents may be emailed to marioncounty@ifs.ohio.gov . You can also take a picture of your documents with your phone and email them to the same email address. Information can also be faxed to 740-387-2175, placed in our Agency Dropbox (main lobby, 363 W. Fairground St., Marion), or mailed to 363 W. Fairground St., Marion, OH 43302.

These documents are required for all applications:

- Verification of all GROSS EARNED income including SELF-EMPLOYMENT income.
- Copies of your last four (4) weeks of paycheck stubs (not needed if receiving SNAP or TANF Benefits).
- Verification of Child Support income, Alimony, Spousal support.

Utility Assistance Documents requirements:

- Documentation or email from Ohio Heartland Community Action Center that you made contact with them for assistance.
- Shut-off notice from the utility/water/gas company.
- Bulk or unregulated fuel, provide estimate from fuel company (PRC can assist w/4 months of need, not to exceed \$400.00).
- If the amount requested exceeds our cap amount allowed, please provide receipt or verifiable documentation the difference above the amount PRC can pay.

Rental Assistance Document Requirements: PRC does not pay rent for Metro/HUD Housing.

- Eviction notice, overcrowded statement from current occupants responsible for the residence (handwritten). **OR** Provide a statement of homelessness.
- Copy of current lease
- W-9 (completed by the landlord). Form is attached.

Deposit Assistance Document Requirements: PRC does not pay rent for Metro/HUD Rentals

- Completed Metro/HUD agreement/lease must include amount required for deposit. **PRC does not pay rent for Metro/Hud Housing.**
- Copy of Metro Inspection Report
- W-9 (completed by the landlord). Form is attached.

Vehicle Repair or Tire Replacement Document Requirements:

- A quote from a professional car mechanic stating the repairs are needed to operate the vehicle safely.
- Verification of employment must be working 30 hours/week or scheduled to work 30 hours/week.
- Receipt or verifiable documentation showing payment was made if repairs will exceed PRC amount allows.

Pre-Employment (Birth Certificate, Social Security Card, State ID Card).

- Written statement that documents have been lost or need to be renewed.

Employment Items (Uniforms, Boots...) Document Requirements:

- Employment verification (pay stubs/letter from employer stating employment began within last 2 weeks).
- Letter from employer stating items are required.
- Quote from vendor (where the item is being purchased), showing the costs of the items needed.

PRC Rental Assistance Agreement

Landlord Responsibilities and Eligibility:

1. If approved, a "Marion County Vendor Payment Authorization Voucher", signed by the MCJFS Director or a Designee, will be issued.
2. **PRC is not authorized to pay rental assistance for Metro or Hud housing.**
3. Please Note: If you/applicant moves into rental before application is approved, the application will be denied based on a lack of emergent need.
4. Please complete, sign, and return this agreement and provide a copy of lease/rental agreement to MCJFS (Fax, email, or Agency Drop Box).
5. Complete the "Request for Taxpayer Identification Number and Certification (W-9) and send to MCJFS.
6. Payment CANNOT be considered or processed until MCJFS receives all required documents.

Landlord: Please provide the following information (for Rental Assistance):

| | | |
|---|----------|--|
| Are you the landlord, related to the prospective tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, indicate your relationship: _____ | | |
| RENT PAYMENT LIMIT: Payment of rent is limited to the minimal amount required to maintain the current rental housing or to secure new rental housing. The PRC payment from MCJFS shall not exceed one month's usual and customary rent. Not to exceed \$1,000 (per month). MUST PROVIDE A COPY OF THE LEASE AGREEMENT. | | |
| Cost of one month's rent: | \$ _____ | Is this Government Assisted (HUD/Metro) rental housing: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have arrangements been made with the tenant to pay any outstanding balance of rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: _____ | | |
| I (Landlord Name) _____ will accept the Marion County Vendor Payment Authorization Voucher for rent on behalf of (Prospective Tenant Name): _____, to reside at (list address): _____ | | |
| By my signature below, I agree to the terms and conditions as stipulated in this document. Landlord Signature: _____ Date Signed: _____ Phone: _____ Fax: _____ | | |
| Landlord Address: _____ | | |

DEPOSIT ASSISTANCE IS ONLY AVAILABLE FOR METROPOLITAN/HUD HOUSING. RENTAL ASSISTANCE IS NOT AVAILABLE FOR METRO/HUD HOUSING. Must provide a copy of Metro/HUD rental agreement. Please Note: If you /applicant moves into rental before application is approved, the application will be denied based on a lack of emergent need.

| | | |
|--|----------|--|
| Are you the landlord, related to the prospective tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, indicate your relationship: _____ | | |
| DEPOSIT PAYMENT LIMIT: Payment of Deposit is limited to the minimal amount required to secure new Government Assisted (HUD/Metro) rental housing. The payment from MCJFS shall not exceed the usual and customary minimum deposit for said residence. Deposit cannot exceed \$1,000, the lesser of the two amounts will be paid. | | |
| Deposit Amount: | \$ _____ | Is this Government Assisted (HUD/Metro) rental housing: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have arrangements been made with the tenant to pay any outstanding balance of deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: _____ | | |
| I (Landlord Name) _____ will accept the Marion County Vendor Payment Authorization Voucher for deposit on behalf of (Prospective Tenant Name): _____, to reside at (List Address): _____ | | |
| By my signature below, I agree to the terms and conditions as stipulated in this document. Landlord Signature: _____ Date Signed: _____ Phone: _____ Fax: _____ | | |
| Landlord Address: _____ | | |

PRC Benefits and Services
\$2,000 maximum per year on total services received.

| Benefit/Service | Maximum Benefit | Frequency Allowed | Requirements |
|-------------------------------|--|-------------------|---|
| Housing Services | Limited to one Housing Service per 12 months. (Has No Effect on Emergency Lodging). If you/applicant move into rental before application is approved, the application will be denied based on a lack of Emergent Need. This includes deposit and rent if moving into new rental. Please Note: PRC does not pay for Metro and Hud rental costs, it does cover Hud and Metro deposit only. | | |
| Rent | \$1,000.00 | 1/12 months | Please Provide: Signed copy of Lease/Rental Contract and copy of eviction notice. |
| Metro/Hud Deposit | \$1,000.00 | 1/12 months | PRC can only assist with Metro/HUD deposit. Please provide: Metro or Hud rental contract/lease to verify deposit amount and a copy of eviction notice. |
| Emergency Lodging | \$500 | 1/12 months | Please Provide: documentation verifying unsafe condition. |
| Utilities | Must apply with Ohio Heartland Community Action Center (OHCAC) before PRC application will be processed for a utility. Submit copy of OHCAC documentation with PRC application. Utility request not to exceed \$400.00 in assistance to prevent disconnect or to reconnect, once every 12 months. | | |
| Regulated Utilities OR | \$400 | 1/12 months | Must apply with Ohio Heartland Community Action Center before PRC application will be processed. Utilities include, Gas, Electric, Water. Provide: Disconnect notice. |
| Unregulated Utilities | \$400 | 1/12 months | Must apply with Ohio Heartland Community Action Center before PRC application can be processed. Fuel oil, wood, coal, LP gas, etc. Please Provide: Provider Info |
| Replacement Food | \$250 | 1/12 months | Per household, Due to Outage, Please Provide: Proof of Outage |
| Transportation | To receive transportation services: Must be working 30 or more hours per week and meet eligibility. Vehicles must be properly Insured & Registered in Ohio. Note: No commercial vehicles, home based employment, or self-employment authorized. Vehicle must be owned for a minimum of 90 days. Employment will be verified. <i>Additional requirement for fuel cards: Must be new employment started within last 2 weeks.</i> | | |
| Gas Cards | \$150.00 | 1/12 months | Proof of new employment started within last 2 weeks must be working 30 hours/week. Will not be issued prior to starting employment. |
| Vehicle Repair | \$600 | 1/24 months | Proof of employment & hours worked must be 30 or more hours per week. Vehicle must be owned for a minimum of 90 days. Estimate must state repairs are needed to operate vehicle safely. |
| Tire Replacement | \$800 | 1/3 years | Proof of employment and hours worked must be 30 or more hours per week. Vehicle must be owned for a minimum of 90 days. Estimate must state tires are needed to operate vehicle safely. |
| Vehicle Insurance | \$500 | 1/24 months | Proof of employment and hours worked, must be 30 or more hours per week. Vehicle must be owned for a minimum of 90 days. Can't exceed 4 months of coverage, Please Provide: Insurance quote from insurer. |
| Job Readiness | \$150.00 Total Allowed for this Category | | |
| Driver's License | | | Renewal Cost-\$27.25, Replacement Cost-\$26.00 |
| State ID | | | New/Renewal Cost-\$10.00, Replacement-\$9.00 |
| Clothes for work | Not to exceed 3 sets/uniforms | | New Employment started within last 2 weeks. Must be working 30 + hours/week. Uniforms, work boots. |
| Equipment/Supplies | For new employment only, must be working 30 or more hours/week. Please Provide: Verification that items requested are required for employment. | | |
| Training and Education | Services include: Tuition/Books/Required Uniforms/Shoes/On the Job Training (OJT) | | |
| Training and Education | \$4,000.00 | 1/lifetime | Must complete employment plan with OMJ Employment Specialist. Must lead to an In-Demand credential |
| On-the-Job Training | \$4,000.00 | 1/lifetime | Must complete employment plan w/OMJ Employment Spc. |
| Fees/Certificates | \$150.00 | | Testing, etc., required for employment |
| Subsidized Employment | \$13.00/hr. | 12 months | Youth Employment Program. Subject to annual project funding. |

| | | | |
|--|----------------------------|------------------------------------|--|
| Local Declared Disaster Services | \$3,000 | 12/months/Declared Disaster | Includes Flood/Tornado/Blizzard/Chemical Disaster/Fire. Covers Appliances, Furnace, Water Tank repair, Furniture |
| This is a list of vendors that currently accept MCJFS PRC Payment. MCJFS does not endorse any of these vendors. | | | |
| Automotive Repair & Tires | Tire Kingdom: 740-389-2666 | Curren's Auto Repair: 740-387-3213 | Copperhead: 740-389-5858 |
| Logan Tire Sales & Service: 740-383-1814 | TC Auto: 740-375-5925 | Precision Auto: 740 387-0501 | |
| Boots/Uniforms/Shoes | Walmart: 740-389-3404 | Scioto Shoe Mart: 740- 389-5775 | Imlay's Uniforms: 614-538-8875 |

PRC RIGHTS

NON DISCRIMINATION: Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you based on race, color, national origin, sex, religion, political beliefs, disability, and age.

AMERICANS WITH DISABILITY ACT: If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, mobility impairment, or a hearing or vision impairment.

You can, let us know if you have a disability. If you are unable to do provide or complete the requirements, we can assist you or we can amend the requirements (in most cases). Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office.
- We can help you appeal any decisions you do not agree with.

If you need some other kind of help, ask us and/or call your caseworker.

LIMITED ENGLISH PROFICIENCY: If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English. Here are some of the ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the documents to you.

INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS: If you are applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

You may also need to tell us about your family's income and answer other questions we may ask.

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER: Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC, for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match, a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

Ohio Department of Job & Family Services
Office of Employee and Business Services
Bureau of Civil Rights and Labor Relations

150 E. Gay St., 18th floor Columbus, Ohio 43215- 3130

(614) 644-2703 or toll free 1-866-227-6353, TTY hearing impaired: 1-866-221-6700, Fax: (614) 752-6381

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

| | | |
|--|--|---|
| Print or type. See Specific Instructions on page 3. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> | |
| | <p>2 Business name/disregarded entity name, if different from above</p> | |
| | <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ </p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> | <p>Requester's name and address (optional)</p> |
| | <p>6 City, state, and ZIP code</p> | |
| | <p>7 List account number(s) here (optional)</p> | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|--------------------------------|--|--|--|---|--|--|---|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | - | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | - | | | | | |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**INTENTIONALLY
LEFT BLANK**

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
 For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Please see information on back of this form to learn how to obtain an absentee ballot.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Identification Requirements

If you have a current Ohio driver's license or state ID card, you must provide that number on line 10. If you do not have an Ohio driver's license or state ID card, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? Yes No
 2. Will you be at least 18 years of age on or before the next general election? Yes No
 If you answered NO to either of the questions, do not complete this form.

| | | | | | |
|--|--|--------------------------------------|---|--|---------------|
| 3. Last Name | | First Name | | Middle Name or Initial | Jr., II, etc. |
| 4. House Number and Street (Enter new address if changed) | | | Apt. or Lot # | 5. City or Post Office | |
| 6. ZIP Code | | | | 7. Additional Mailing Address (if necessary) | |
| 8. County (where you live) | | 9. Birthdate (MM/DD/YYYY) (required) | | | |
| 10. Ohio driver's license number, state ID card number, OR last four digits of Social Security number (one form of ID required to be listed or provided) | | 11. Phone Number (voluntary) | | | |
| 12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street | | | | | |
| Previous City or Post Office | | Previous County | Previous State | 13. CHANGE OF NAME ONLY Former Legal Name | |
| Former Signature | | | 14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election. | | |
| Your Signature | | | Date (MMDD/YYYY) | | |

FOR BOARD USE ONLY
 SEC4010 (rev. 2/7/23)

City, Village, Twp. _____

Ward _____

Precinct _____

School Dist. _____

Cong. Dist. _____

Senate Dist. _____

House Dist. _____

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit VoteOhio.gov/Boards

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: VoteOhio.gov or by calling 877-SOS-OHIO (877-767-6446).

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A
FELONY OF THE FIFTH DEGREE.**

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

| |
|--|
| County Department of Job and Family Services |
|--|

| | |
|------|------|
| Name | Date |
|------|------|

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- YES, I want to register to vote.
- NO, I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

| |
|-----------|
| Signature |
|-----------|

(This portion to be retained by agency)

(This portion to be given to applicant/recipient)

| |
|------|
| Date |
|------|

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

| |
|---|
| Address of County Prosecutor |
| City, State and Zip Code of County Prosecutor |
| Phone Number of County Prosecutor |