

Merrick House Neighborhood Center
1050 Starkweather Avenue
Cleveland, Ohio 44113

Directions for Completion of Application

**WE ARE CURRENTLY ACCEPTING APPLICATIONS FOR RENT ASSISTANCE,
UTILITY ASSISTANCE, AND BABY ITEMS.**

1. The form **must be filled out in its entirety** by a referring agency employee, social worker, case worker or medical professional. **If the form is not filled out completely, the application will not be processed and cause a delay.** All contact with the Ratner and Wise funds must be with the social worker; we do not take calls from clients. We require a copy of the licensure of the social worker or medical professional and a copy of the 501c3 status for your agency. **EACH APPLICATION MUST INCLUDE A SIGNATURE OF THE REFERRING EMPLOYEE, LSW, LISW, OR MEDICAL PROFESSIONAL MAKING THE REQUEST. APPLICATIONS WILL NOT BE PROCESSED WITHOUT SIGNATURE.** Also, the form requires that you provide the name of your immediate supervisor or head of agency along with a mailing address. According to the guidelines of the fund, all disbursements will be made to the immediate supervisor or head of agency.
2. Please include all client information. **We require a valid social security number (last 4 digits) to process the application.**
3. When listing the reason for the grant, please let us know **why the client needs funds** and what they wish to do with the money if they are given the grant. **If a client has an overdue bill (ex. gas, water, and electric) for several hundred dollars or more and is requesting a grant for \$125 to pay the bill, we would like to know how the balance due will be paid.**
4. **Please include, in the "Reason for Grant" section, a statement on your client's background, familial situation and employment situation. If your client is unable to find employment, it is imperative that you provide a statement of explanation.**
5. Keep in mind that all checks are made out to a **VENDOR, checks are never written** to a client or a social service agency or requesting medical professional/agency. Please identify the payee for each check request (for example: name of landlord, AT&T, etc.). If you are asking for payment on an invoice, a copy of the invoice statement must be included with the application, along with a Federal tax identification no. for the vendor.
6. **For utility assistance, we require** a copy of the client's most updated bill in order to write a check on their behalf.
7. **For rent assistance, we require** a written statement of verification from the Landlord showing amount of rent due and payable, and including the landlord's address, phone number and Federal I.D. number. In the absence of a Federal I.D. number, a social security number for the Landlord will be acceptable. The address of the tenant must also be on the back up. The vendor information on the application and information on the back up, whether it is a statement or a lease agreement, must match.
8. **For baby items purchased through a discount department store, i.e. K-Mart, we require the client to make a layaway purchase, and fax to us the layaway receipt for payment. The receipt must include the name of the purchaser, address and phone # of the discount department store and a layaway number. Please include all receipts to avoid delay in processing.**
9. The grant is made **one-time only** for each client. If your client has received funding from Ratner/Wise through another agency, they are no longer eligible. The maximum grant is \$125, but funds are granted based on the invoice provided with the grant application. Please represent your client's needs realistically. Because we are always oversubscribed, we will be able to meet the needs of more clients if you help us fund only the most dire needs.

If you do NOT hear from us, you can assume that your grant application has been accepted and approved. Checks are sent to the usually in 3-5 weeks.

Note: Currently, the application process is taking 3-5 weeks for receipt of grant.

NEW: All applications are valid for a 3-month period after submission for review. After 3-month period, a new application is required before processing.

PLEASE make sure to fill in your agency name and complete address with Zip Code so that we may mail the check to you immediately. You are responsible for getting the check to your client. Checks must be used within 90 days of the date on the check, after this, the check automatically becomes VOID. If a check is not used for any reason, please send it back to us.

THE HARRY RATNER/SAMUEL D. AND MAY WISE HUMAN SERVICE FUNDS

P.O. Box 22495, Cleveland, OH 44122 Fax: (216) 896-0597

Email: ratnerwise@jcfccleve.org

**PLEASE FILL APPLICATION OUT COMPLETELY OR
THE APPLICATION WILL NOT BE PROCESSED**

Name: _____ Intake Date: _____
(Last First (Initial) Birthdate/Age: _____
SOCIAL SECURITY # XXX-XX-_____ (INCLUDE ONLY LAST FOUR DIGITS; EX. XXX-XX-9999)
Address: _____ Marital Status: S M D W

Referred by: _____
Phone _____ Fax #: _____

e-mail address: _____

****Date/ Signature of Licensed Social Worker _____**

Agency Name and Address: _____

Agency Executive Director: _____

Income of Applicant:

Current Employer: _____ Position: _____
Monthly Salary: _____

Please indicate which benefit your client is receiving and the amount:

SNAP \$ _____ SSI \$ _____ \$ _____ SSDI \$ _____ OTHER \$ _____

Child Support \$ _____

Dwelling of Applicant:

Do you own your home? Yes No Mortgage Amount: \$ _____
Do you rent your home/apartment? Yes No Rent Amount: \$ _____
Please identify if CMHA/HUD housing _____
Please specify who is responsible for rent payments: _____

WHAT & WHY IS THE REASON FOR GRANT? (Please be specific):

WHAT IS THE URGENT NEED FOR THE GRANT: (Please be specific):

IF YOUR CLIENT IS NOT WORKING, PLEASE EXPLAIN THE REASON FOR THE LACK OF EMPLOYMENT:

IF THERE IS A BALANCE OWED AFTER RECEIVING THE \$125 GRANT, PLEASE EXPLAIN HOW THE BALANCE WILL BE PAID:

HOW WILL THE RENT/UTILITIES BE PAID IN MONTHS AFTER RECEIVING THE GRANT: (Please be specific):

VENDOR INFORMATION: Please fill out vendor information completely - (Payee: NOTE: checks are never made out to applicants):

COPY OF INVOICE, UTILITY BILL OR LEASE AGREEMENT MUST BE INCLUDED WITH THIS APPLICATION.

****Fed. TAX I.D. for vendor must be included.** _____

For Sole proprietor/Landlord, Social Security No. may be used. _____

**** Name of Vendor** _____

****Address of Vendor** _____

**** Telephone No. for Vendor** _____ **Amount Requested (max. \$125)** _____

If this is a utility request, please provide the client's most **updated** utility bill.

If this is a rent request, please provide a written statement of verification from the Landlord showing amount of rent due and payable, and including the landlord's address, phone number and Federal I.D. number. In the absence of a Federal I.D. number, a social security number for the Landlord will be acceptable. The address of the tenant must also be on the back up. **The vendor information on the application and information on the back up, whether it is a statement or a lease agreement, must match.**