

Providing Help Creating Hope Serving All

Catholic Charities 940 Broadway Gary IN 46402 219-886-3549-office 219-886-2428-fax Catholic Charities 3901 Fir Street East Chicago IN 46312 219-397-5803-office 219-397-5804-fax Catholic Charities 6919 Indianapolis Blvd Hammond IN 46324 219-844-4883-office 219-886-2428 fax Catholic Charities-Satellite Locations
Michigan Township Trustee office
2601 E. Michigan Blvd, Michigan City IN 46360
Center Township Trustee office
1700 Lincolnway #6
LaPorte IN 46350

Rental/Mortgage Assistance-Requirements-HOSPITALITY WORKERS ONLY Must have ALL 6 of the following documents to be considered for assistance:

	□ 1. Must Worked on a part-time or full-time basis in the hospitality indust least 30 days prior to March 16, 2020.	ry for at
	2. Valid Photo ID (Driver's License or State I.D.)	
	3. Current lease or current mortgage statement	
	 Lease must be for current year or mortgage statement must be dated in days. 	the last 30
	4. Proof of Residency-Must be a resident of <u>LAKE</u> County.	
(must provide <u>ONE</u> of the following documents with name and current address:)		dress:)
	 A current utility bill dated in the last 30 days 	
	 A Hospital/Doctor's bill dated in the last 30 days 	
	 A U.S. Mailed letter from a local, state or federal agency dated in the l 	ast 30 days
	5. Proof-that household is affected due to COVID-19 Pandemic.	
	 A paystub dated before February 15, 2020 which shows: 	
	 Your name, Your employer's name, Employment beginning before Fe 	bruary 15,
	2020.	
	o <u>AND</u>	
	 Must provide documentation from employer to show furlough, layoff 	or
	termination. That shows your name, employer's name and date of furl	lough,
	layoff or termination (Date must be from March 16, 2020 to present).	
□ 6. Proof of ALL income and/or benefits		
	 Last 30 days of paycheck stubs for all adult household members. (if approximately presented to the control of the	oplicable)
	 Must provide documentation if you receive: Food Stamps/TANF, Supplementation 	plemental
	Security Income (SSI/SSD/SSA), Child Support, Worker's Disability	or any other

Partially Sponsored by the following:





forms of benefits/income.