

## Program Overview

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### CALIFORNIA COVID-19 RENT RELIEF PROGRAM

#### What help is available?

If you **owe rent** (“back rent” or “arrearages”) we can help.

If you **cannot pay your rent now** or are concerned about paying next month’s rent we can help.

We can also help with **utility bills that you owe** now or that you have not paid.

#### Who qualifies for help?

- **California Only** You must live in California. All California residents may apply regardless of immigration status.
- **Income Qualified** If you experienced financial hardship during COVID-19 you are likely eligible for assistance. You are already qualified if you receive benefits from programs like MediCal, WIC, or CalFresh, or can demonstrate similar hardship.
- **Affected by COVID-19** This does not mean you *had* COVID. For example, if you lost your job, had your work hours reduced, were unable to find employment, had additional child-care or healthcare costs, or had other increased costs due to the pandemic, you meet this requirement.
- **Payment Priorities** Assistance is prioritized by need so be sure to get your application in while the program is open, and while funds are still available.

#### Simple 3-Step Application Process

1. Fill out the application to the best of your ability. It will help us to determine if you qualify for assistance and make sure we send you the right amount of money.
2. The State of California will notify your landlord that the Rent Relief process is underway. If your landlord participates in the program the payment will go out faster.
3. Once you are done your Case Manager will help you if more information is required. Please respond to any requests for additional information so that your application is complete! You can indicate whether you want to be contacted by email or phone in the application. If you do not respond we will not be able to pay your rent or utilities.

Most people take about 30 minutes to complete this secure and private application. We will not share your information without your permission.

### What can I do to speed up the process?

- Let your landlord know you have applied. You can use our sample letter here ([https://housing.ca.gov/pdf/covid19/more\\_info/renter\\_to\\_landlord\\_letter.pdf](https://housing.ca.gov/pdf/covid19/more_info/renter_to_landlord_letter.pdf)) to tell your landlord you have applied to the program.
- Have your 2020 tax return, W-2, 1099, or other income information, such as paystubs, or public assistance approval/recertification letters handy. You will need to upload it later. You can find out more about what type of income information you will need to provide at <https://housing.ca.gov/>.
- Watch for emails and/or respond to calls from the California COVID-19 Rent Relief Program.
- Make sure you are uploading the right information. We accept photos, scans, electronic documents, and text files to make it easier to upload your information.
- Provide good contact information for both you and your landlord if possible. Providing your landlord's email address and phone number will help speed up the process.

### What should I expect from the program?

- Payments for utility bills will go directly to your utility provider. You will be notified when your utilities are paid.
- If your landlord is participating in the program then payment for rents will go directly to your landlord. You will be notified via email when your landlord has been paid.
- If your landlord does not participate in the program, then you will be paid directly.
- We do not share your application information with your landlord. Your information is private. **No information regarding legal status will be provided to any other government agency.**
- You can request information on the status of your application by either logging into this application portal, or by calling toll free 1-833-430-2122.

### What if I need help?

There are local partners across the state who can help you with your application for free. Local partners can help you over the phone and can make an in-person appointment to help complete your application. You can set an appointment with a local partner near you by calling toll free 1-833-687-0967.

### FAIR HOUSING

The California COVID-19 Rent Relief Program follows all federal and state requirements related to fair housing and discrimination. The State also takes steps to affirmatively further fair housing in California and to ensure that all of its programs are free of discrimination. To learn more about fair housing and anti-discrimination, please go here: <https://ucilaw.neotalogic.com/a/Cal-Covid-Info-App-for-Tenants-and-Landlords>.

### REASONABLE ACCOMMODATION

If you or anyone in your household is a person with disabilities and requires a specific accommodation to apply for this Program, please contact the program call center by phone at 1-833-430-2122, send an email to [support@ca-rentrelief.com](mailto:support@ca-rentrelief.com), or dial through the 711 access.

If reasonable accommodations are required, the program will guide you to a local partner organization that can assist you with your application.

## A. Eligibility

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The following questions will help determine whether your household meets basic eligibility for the California Covid-19 Rent Relief program.

### A.1. Are you seeking assistance for Rent and/or Utilities for your primary residence located in California?

Yes

No

If you selected “No”, you are not eligible for assistance in the California COVID-19 Rent Relief Program.

**A.2.** Please identify your county of residence in the following table. Use the columns to identify the number of people in your household. Your income must be below the amount identified for your county for your household size.

Household Size	1	2	3	4	5	6	7	8
Alpine County	\$45,500	\$52,000	\$58,500	\$64,950	\$70,150	\$75,350	\$80,550	\$85,750
Amador County	\$43,650	\$49,850	\$56,100	\$62,300	\$67,300	\$72,300	\$77,300	\$82,250
Butte County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Calaveras County	\$45,750	\$52,300	\$58,850	\$65,350	\$70,600	\$75,850	\$81,050	\$86,300
Colusa County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Contra Costa County	\$76,750	\$87,700	\$98,650	\$109,600	\$118,400	\$127,150	\$135,950	\$144,700
Del Norte County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
El Dorado County	\$50,750	\$58,000	\$65,250	\$72,500	\$78,300	\$84,100	\$89,900	\$95,700
Glenn County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Humboldt County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Imperial County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Inyo County	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300
Kings County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Lake County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Lassen County	\$40,450	\$46,200	\$52,000	\$57,750	\$62,400	\$67,000	\$71,650	\$76,250
Los Angeles County	\$66,250	\$75,700	\$85,150	\$94,600	\$102,200	\$109,750	\$117,350	\$124,900
Madera County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Mariposa County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Mendocino County	\$40,500	\$46,300	\$52,100	\$57,850	\$62,500	\$67,150	\$71,750	\$76,400
Modoc County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Mono County	\$44,200	\$50,500	\$56,800	\$63,100	\$68,150	\$73,200	\$78,250	\$83,300
Napa County	\$63,050	\$72,050	\$81,050	\$90,050	\$97,300	\$104,500	\$111,700	\$118,900
Nevada County	\$50,300	\$57,500	\$64,700	\$71,850	\$77,600	\$83,350	\$89,100	\$94,850
Orange County	\$75,300	\$86,050	\$96,800	\$107,550	\$116,200	\$124,800	\$133,400	\$142,000
Placer County	\$50,750	\$58,000	\$65,250	\$72,500	\$78,300	\$84,100	\$89,900	\$95,700
Plumas County	\$40,950	\$46,800	\$52,650	\$58,500	\$63,200	\$67,900	\$72,550	\$77,250
San Benito County	\$54,700	\$62,500	\$70,300	\$78,100	\$84,350	\$90,600	\$96,850	\$103,100
San Bernardino County	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450
San Luis Obispo County	\$54,800	\$62,600	\$70,450	\$78,250	\$84,550	\$90,800	\$97,050	\$103,300
San Mateo County	\$102,450	\$117,100	\$131,750	\$146,350	\$158,100	\$169,800	\$181,500	\$193,200
Santa Cruz County	\$78,050	\$89,200	\$100,350	\$111,500	\$120,450	\$129,350	\$138,300	\$147,200
Shasta County	\$39,800	\$45,450	\$51,150	\$56,800	\$61,350	\$65,900	\$70,450	\$75,000
Sierra County	\$47,350	\$54,100	\$60,850	\$67,600	\$73,050	\$78,450	\$83,850	\$89,250
Siskiyou County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Sutter County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Tehama County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Trinity County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Tulare County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Tuolumne County	\$41,650	\$47,600	\$53,550	\$59,500	\$64,300	\$69,050	\$73,800	\$78,550
Ventura County	\$62,800	\$71,800	\$80,750	\$89,700	\$96,900	\$104,100	\$111,250	\$118,450
Yolo County	\$49,650	\$56,750	\$63,850	\$70,900	\$76,600	\$82,250	\$87,950	\$93,600
Yuba County	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600

Based on the number of people in your household, is your household income below the income limit reflected in the table?

- Yes: Continue to Question A.3.
- No: You are not eligible for assistance in the California COVID-19 Rent Relief Program.
- I did not see my county on the table: Continue to Question A.3.

**A.3. Some Cities and Counties are operating their own local rental assistance program. If you live in one of the cities or counties listed below, you may need to apply to your local program. Use the link provided to access the appropriate state or local program for your City or County. If your city or county is NOT listed below, continue to the next question.**

County or City	Program Type	Link
Alameda County	Local Program	<a href="https://www.ac-housingsecure.org/">https://www.ac-housingsecure.org/</a>
Fremont	Local Program	<a href="http://www.fremont.gov/keepfremonthoused">www.fremont.gov/keepfremonthoused</a>
Oakland	State and Local	Please continue with this application.
Fresno County	Local Program	<a href="https://fresnorentalhelp.com">https://fresnorentalhelp.com</a>
Fresno	Local Program	<a href="https://era.fresno.gov/">https://era.fresno.gov/</a>
Kern County	Local Program	<a href="https://rup.kernha.org/">https://rup.kernha.org/</a>
Bakersfield	Local Program	<a href="https://rup.kernha.org/">https://rup.kernha.org/</a>
Long Beach	Local Program	<a href="https://www.longbeach.gov/lbds/hn/emergency-rental-assistance-program/">https://www.longbeach.gov/lbds/hn/emergency-rental-assistance-program/</a>
Los Angeles	Local Program	<a href="https://hcidla.lacity.org/">https://hcidla.lacity.org/</a>
Santa Clarita	Local Program	Please continue with this application.
Marin County	Local Program	<a href="https://www.marincounty.org/depts/cd/divisions/housing/renter-and-landlord-resources/marin-county-emergency-rental-assistance-program">https://www.marincounty.org/depts/cd/divisions/housing/renter-and-landlord-resources/marin-county-emergency-rental-assistance-program</a> Low-income residents continue with this application. Very low-income residents can apply by appointment only by calling (209) 356-7168 or find more information online at
Merced County	Local Program	<a href="https://www.cvoc.org/">https://www.cvoc.org/</a>
Monterey County	Local Program	<a href="https://www.unitedwaymcca.org/county-rent-and-utility">https://www.unitedwaymcca.org/county-rent-and-utility</a>
Anaheim	Local Program	<a href="https://www.anaheim.net/5532/Emergency-Rental-Assistance-Program">https://www.anaheim.net/5532/Emergency-Rental-Assistance-Program</a>
Irvine	Local Program	<a href="https://www.cityofirvine.org/news-media/news-article/city-irvine-emergency-rental-assistance-program">https://www.cityofirvine.org/news-media/news-article/city-irvine-emergency-rental-assistance-program</a>
Santa Ana	Local Program	<a href="https://www.santa-ana.org/cares-for-tenants">https://www.santa-ana.org/cares-for-tenants</a>
Riverside County	Local Program	<a href="http://UnitedLift.org">http://UnitedLift.org</a>
Moreno Valley	Local Program	<a href="http://www.moval.org/rentalrescue/">http://www.moval.org/rentalrescue/</a>
Riverside	Local Program	<a href="https://www.riversideca.gov/homelessolutions/housing-authority/riverside-rental-assistance-program">https://www.riversideca.gov/homelessolutions/housing-authority/riverside-rental-assistance-program</a>
Sacramento County	Local Program	<a href="https://www.shra.org/sera/">https://www.shra.org/sera/</a>
Sacramento	Local Program	<a href="https://www.shra.org/sera/">https://www.shra.org/sera/</a>
San Bernardino County	Local Program	Low-income residents continue with this application. Very low-income residents can go to <a href="https://www.sbcrentrelief.com/">https://www.sbcrentrelief.com/</a>
Fontana	State Program	Please continue with this application

San Bernardino	Local Program	<a href="http://sbcity.org/cityhall/community_n_economic_development/housing/eviction_prevention_program.asp">http://sbcity.org/cityhall/community_n_economic_development/housing/eviction_prevention_program.asp</a>
San Diego County	Local Program	<a href="https://www.sandiegocounty.gov/content/sdc/sdhcd/community-development/COVID-19-Emergency-Rental-Assistance-Program.html">https://www.sandiegocounty.gov/content/sdc/sdhcd/community-development/COVID-19-Emergency-Rental-Assistance-Program.html</a>
Chula Vista	Local Program	<a href="https://www.chulavistaca.gov/departments/development-services/housing/assistance-during-covid-19/rentalandutility">https://www.chulavistaca.gov/departments/development-services/housing/assistance-during-covid-19/rentalandutility</a>
San Diego	Local Program	<a href="https://covidassistance.sdhc.org/">https://covidassistance.sdhc.org/</a>
San Francisco	State and Local	For help with rents due prior to March 31, 2021 continue with this application. For help with rents due after April 1, 2021 go to <a href="https://sf.gov/renthelp">https://sf.gov/renthelp</a>
San Joaquin County	Local Program	<a href="https://www.sjgov.org/covid19/grants/">https://www.sjgov.org/covid19/grants/</a>
Stockton	Local Program	<a href="https://www.stocktonca.gov/government/departments/econDev/houseEra.html">https://www.stocktonca.gov/government/departments/econDev/houseEra.html</a>
Santa Clara County	Local Program	Low-income residents continue with this application. Extremely low-income residents can go to <a href="http://www.preventhomelessness.org/">http://www.preventhomelessness.org/</a>
San Jose	Local Program	Low-income residents continue with this application. Extremely low-income residents can go to <a href="http://www.preventhomelessness.org/">http://www.preventhomelessness.org/</a>
Solano County	Local Program	<a href="https://www.ccyoso.org/solanoerap">https://www.ccyoso.org/solanoerap</a>
Sonoma County	Local Program	<a href="https://socoemergency.org/emergency/novel-coronavirus/finance-housing/housing-and-renter-support/">https://socoemergency.org/emergency/novel-coronavirus/finance-housing/housing-and-renter-support/</a>
Stanislaus County	Local Program	<a href="https://www.stanrentassist.com/">https://www.stanrentassist.com/</a>
Modesto	Local Program	<a href="https://www.stanrentassist.com/">https://www.stanrentassist.com/</a>

If you don't see your jurisdiction on this list or if the program link instructs you to continue this application, then continue to A.4. below.

**A.4. Some tribes are operating their own rental assistance program. Tribal members are encouraged to apply through their tribal programs. The below list includes tribes operating a tribal specific program. If your tribe is not listed below, or if you are not a tribal member, you are eligible for the state program and should continue with this application.**

Tribe or Housing Authority	Phone
Tolowa Dee-ni' Nation	(707) 487-9255
Wilton Rancheria	(916) 683-6000
North Fork Rancheria Indian Housing Authority	(559) 877-7360
Resighini Rancheria	(707) 482-2431
Bear River Band of the Rohnerville Rancheria	(707) 733-1900 ext. 238
Yurok Indian Housing Authority	(707) 482-1506
Susanville Indian Rancheria Housing Authority	(530) 257-5033
Kashia Band of Pomo Indians	(707) 591-0580
Enterprise Rancheria Indian Housing Authority	(530) 532-9214 ext. 106

Redwood Valley Little River Band of Pomo Indians	(707) 485-0361
Scotts Valley Band of Pomo Indians	(707) 263-4220
Cedarville Rancheria	(530) 233-3969
Shingle Springs Rancheria	(530) 698-1454
Bridgeport Indian Colony	(760) 932-7083
Quechan Tribally Designated Housing Entity	(760) 572-0243
Santa Rosa Band of Cahuilla Indians	(951) 659-2700
Dry Creek Rancheria Band of Pomo Indians	(707) 814-4150
All Mission Indian Housing Authority	(951) 760-7390
Elem Indian Colony Sulphur Bank Rancheria	(707) 542-6516
Agua Caliente Band of Cahuilla Indians	(760) 799-3502
Pit River Tribe	(530) 335-4809
Robinson Rancheria of Pomo Indians of California	(707) 275-0527
Ramona Band of Cahuilla	(951) 763-4105
Ione Band of Miwok Indians	(209) 245-5800
Hoopa Valley Housing Authority	(530) 625-4759
Coyote Valley Band of Pomo Indians	(707) 472-2207
Campo Band of Mission Indians	(619) 478-9046 ext. 230
Tule River Indian Housing Authority	(559) 784-3155
Pala Band of Mission Indians	(760) 891-3530
Fort Bidwell Indian Community	(530) 279-6310 ext. 1
Quartz Valley Indian Reservation	(530) 468-5907 ext. 313
Chemehuevi Indian Tribe	(760) 858-4219
Bishop Paiute Tribe	(760) 873-3584 ext. 2310 or 2340
Northern Circle Indian Housing Authority	(707) 468-1336
Big Valley Band of Pomo Indians	(707) 263-3924 ext. 114
San Pasqual Band of Mission Indians	(760) 651-5130
Greenville Rancheria	(530) 284-7990
Karuk Tribe Housing Authority (TDHE, Karuk Tribe)	(800) 250-5811
Pinoleville Pomo Nation	(707) 463-1454
Big Pine Paiute Tribe of the Owens Valley	(760) 938-2003 ext. 230 or 231
Elk Valley Rancheria California	(707) 464-4680
Wiyot Tribe	(707) 733-5055
Picayune Rancheria of the Chukchansi Indians	(559) 412-5590
The Tejon Indian Tribe	(661) 834-8566
Modoc Lassen Indian Housing Authority	(888) 257-5141

Big Sandy Rancheria Band of Western Mono Indians	(559) 374-0066 ext. 226
Mesa Grande Band of Mission Indians	(760) 782-3818
Timbisha Shoshone Tribe	(760) 786-2374
Round Valley Indian Housing Authority	(707) 983-6188
Lone Pine Paiute Shoshone Tribe	(760) 876-1034
Fort Independence Indian Community of Paiute Indian	(760) 878-5151

If you are not in a jurisdiction operating a local program, and if you are not a member of a tribe operating a tribal program, you can complete the following application for assistance through the California COVID-19 Rent Relief Program.



## B. Applicant Information

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Please enter the contact information below for the person(s) seeking rent and/or utility assistance (the person must be on the lease/rental agreement). If you would like to designate someone to prepare the application on your behalf, you can do so in this section.

### TENANT INFORMATION

**B.1. Tenant First Name:**

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**B.2. Tenant Last Name**

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**B.3. Home Address:** *Please do not enter a PO Box. This should be the address for the unit where you are requesting assistance.*

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**B.4. County:** *Please include the county where your unit is located*

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**B.5. Property Type:** *Select the type of unit that best represents your housing type. If you no longer live at the unit where you are requesting assistance, select "I no longer live at the unit".*

- Single-Family Home
- Duplex/Townhome
- Apartment Complex (0-10 units)
- Apartment Complex (11-50 units)
- Apartment Complex (50 + units)
- Mobile Home

Check all that apply for your Mobile Home

- I rent the unit from someone who owns the mobile home unit
- I rent the space in the park from the park owner

- Motor Home

Check all that apply for your Motor Home

- I rent the unit from someone who owns the motor home unit
- I rent the space in the park from the park owner

- Accessory Dwelling Unit (Granny Flat)
- Garage Conversion
- Bedroom in an apartment or home
- Hotel/Motel Unit
- Unhoused or Currently Homeless

Check the box below if you would like to be referred for additional assistance

- I would like to be referred to my local housing and homeless services provider to receive help in finding new housing.

- I no longer live at the unit where I am requesting assistance

Check the box below to acknowledge landlord participation requirements

- I recognize that in order to receive assistance for a unit where I no longer live, my landlord must complete the landlord portion of the application process

- Other – Please provide the closest cross streets to your home

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**B.6. Rental Agreement:** *Select the rental agreement type that best describes your unit.*

- I have a rental agreement with the property owner or manager. *This does not need to be a written lease. Any type of rental agreement is eligible, including an oral agreement.*
- I am subleasing my unit from a tenant and I do not have a direct lease with the property owner. *Note: we do not share your information with the property owner.*

**B.7. Mailing Address:** *Complete if different from home address*

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**B.8. Telephone Number**

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**B.9. E-Mail:** *If you do not have a personal email account, you can work with your representative or one of the local partner agencies to get a free email address.*

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**B.10. Preferred method of communication:** *Let us know how you would like us to contact you.*

- E-mail
- Phone
- Mail

**B.11. Primary Language:** *What is your preferred language?*

- English
- Spanish
- Chinese
- Korean
- Vietnamese
- Filipino
- Russian
- Portuguese

**B.12. Did you receive assistance from a member of a local partner network? If yes, please write in the name of the organization where you received help.**

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**B.13. Would you like to identify a representative to support you in completing your application?**

*Representatives can request application status and can update your application on your behalf.*

*Representatives must be added as new users in the View User link in the online application portal.*

- Yes: I acknowledge that my representative will have access to all information provided in this application, including my personal data and my uploaded documents.
- No

**If you would like to identify a representative, complete the following information**

**Representative Name**

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**Representative Email**

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**Representative Phone number**

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**B.14. How did you hear about us?**

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**B.15. Please select a preferred method of payment.**

- ACH Bank Transfer
- Check

**If you selected check, please provide the mailing address to receive the check. (NOTE: any payment from the Program will be mailed to this address).**

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## C. COVID-19 Impact

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### C.1. Has anyone in the household experienced financial hardship due to the COVID-19 pandemic?

- Yes
- No

### C.2. Please check the conditions that apply to anyone in your household related to the COVID-19 pandemic (check all that apply):

- Currently unemployed for 90 days or more
  - Laid off-Receiving unemployment assistance.
  - Laid off-Not receiving unemployment assistance
  - Place of employment has closed
  - Reduction in hours of work
  - Must stay home to care for child/children due to closure of daycare or school
  - Are self-employed, and their business is no longer supplying them with income or such income has been reduced.
  - Incurred costs related to Stay-At-Home orders, work-from-home, or school-from-home requirements including increased internet bills, increased utility bills, necessary equipment purchases, and other unplanned costs
  - Unwilling or unable to participate in their previous employment due to their high risk of severe illness from COVID-19
  - Provided a financial distress form to landlord.
  - Reduction or elimination of child or spousal support
  - I or someone in my household had an unexpected COVID-19 related medical or funeral expense
  - Child or Adult dependent care expenses increased due to COVID-19
  - If none of the above apply, please provide a description below of your or a household member's financial hardship experienced due to the COVID-19 pandemic.
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- I attest that the above is true and correct to the best of my knowledge. *Certifications and Attestations are legal statements that testify to the truth of your statements in this application.***

## D. Rent Assistance Requested

Complete the amount that you owe for each month of housing payments due to your household's COVID-19 impact. Late fees/penalties are not eligible by law and should not be charged to households experiencing COVID-19 related housing debt as per California Civil Code Section 1942.9. If you are requesting assistance for rents (or if your utility is included as a part of the rent), please complete this section. If you are only requesting utility assistance, you can skip this section.

### D.1. Are you requesting rental assistance?

Yes

No

**D.2. Monthly Rent Payment Amount:** *This is the amount you are supposed to pay each month according to your rent agreement with you landlord*

\$ \_\_\_\_\_

**D.3. Please input the amount of rent owed for each month.** *This is the amount of assistance you are requesting for each month you need assistance.*

April 2020 \$ _____	May 2020 \$ _____	June 2020 \$ _____
July 2020 \$ _____	August 2020 \$ _____	September 2020 \$ _____
October 2020 \$ _____	November 2020 \$ _____	December 2020 \$ _____
January 2021 \$ _____	February 2021 \$ _____	March 2021 \$ _____
<b>Total Arrears Requested</b> \$ _____		
April 2021 \$ _____	May 2021 \$ _____	June 2021 \$ _____
July 2021 \$ _____	August 2021 \$ _____	September 2021 \$ _____

October 2021 \$ _____	November 2021 \$ _____	December 2021 \$ _____
<b>Total Rent Assistance Requested (total of both arrears and current rents)</b> \$ _____		

**D.4. Has your landlord issued a Notice to Pay, an Eviction Notice, filed an Unlawful Detainer against you due to unpaid rents, or indicated they will be seeking to evict you?**

- Yes
- No

**If you answered yes to the above question, would you like to be contacted by a free or low-cost local legal aid or self-help legal group for assistance? Check the box if you would like a referral.**

- I consent to having my information shared with a local legal aid or self-help legal support group.

**LANDLORD INFORMATION**

Please select the contact information you can provide for your landlord or property manager. The more contact information you can provide, the faster we will be able to process your application. You must provide at least one type of contact information otherwise we will not be able to process your application.

**D.5. Landlord or Property Management Entity Name**

\_\_\_\_\_

**D.6. Landlord Address:** *This is the address where you mail your rent checks if you mail your checks, or the address on your rent or lease agreement for your landlord or property manager.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D.7. Landlord Phone Number:** *If you are not sure about your landlord's phone number, include the emergency number you contact if something happens in your unit.*

(    ) \_\_\_\_\_

**D.8. Landlord Email:** *Providing an email is the best way to ensure your application is processed as fast as possible.*

\_\_\_\_\_

- I attest that the information provided above is true and correct to the best of my knowledge and that the costs identified in this request were incurred after April 1, 2020 as per California Law.

## E. Prior Assistance Received

Assistance provided under the COVID-19 RENT RELIEF Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs. List all other sources of rent or utility assistance received from local governments, the State, non-profit organizations, faith based organizations, or friends and family.

### PRIOR HOUSING ASSISTANCE RECEIVED

#### E.1. Have you or anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) for the months you are applying for assistance?

Examples are section 8 vouchers, rapid rehousing, homelessness prevention, Coronavirus rental assistance, subsistence assistance, local rent relief, and other programs intended to help with housing costs. If yes, proceed with this section. If no proceed to the next section. Previous assistance does not mean you are ineligible for the California COVID-19 Rent Relief Program.

Yes

No

**E.2. List the housing assistance you have already received each month, where applicable.** List all sources of financial and/or housing assistance. Write in the source of assistance you received. Failure to include prior assistance received for every household member may prevent assistance from being provided OR you may be required to **REPAY** assistance later if you are found to be ineligible after assistance is granted.

<b>April 2020</b> \$ _____ <b>Source:</b> _____	<b>May 2020</b> \$ _____ <b>Source:</b> _____	<b>June 2020</b> \$ _____ <b>Source:</b> _____
<b>July 2020</b> \$ _____ <b>Source:</b> _____	<b>August 2020</b> \$ _____ <b>Source:</b> _____	<b>September 2020</b> \$ _____ <b>Source:</b> _____
<b>October 2020</b> \$ _____ <b>Source:</b> _____	<b>November 2020</b> \$ _____ <b>Source:</b> _____	<b>December 2020</b> \$ _____ <b>Source:</b> _____





## F. Water & Gas Utility Assistance

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If you are requesting Water and Gas utility assistance, please complete the amount you are requesting by each month below. Late fees or penalties should be entered in F.7. and F.14. in the below tables. If you are not requesting water or gas utility assistance, please select “No” below. If you pay your utilities directly to your landlord, you do not need to fill this section out.

### WATER UTILITY ASSISTANCE REQUESTED

*If your bill consolidates multiple utilities, you only need to enter the total once in one utility category. You do not need to break out the different utility costs by the different utilities.*

#### F.1. Are you requesting Water utility assistance?

- Yes, Complete this section
- No, Skip to the next section

#### F.2. If you are requesting water assistance, you must provide a copy of your most recent water utility statement to be uploaded into the online application.

- Water/Sewer Utility Statement **\*Required**

#### F.3. Water Company Name

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#### F.4. Water Company Address

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#### F.5. Water Account Number

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**F.6. Water Assistance Request**

Please input the amount of Water assistance requested. If your bill only has the balance due and does not include monthly balances, you can put the full balance due in the month that matched the date on the bill, for example, you can put the full amount on the March 2021 month for a bill received March 15, 2021.

April 2020 \$ _____	May 2020 \$ _____	June 2020 \$ _____
July 2020 \$ _____	August 2020 \$ _____	September 2020 \$ _____
October 2020 \$ _____	November 2020 \$ _____	December 2020 \$ _____
January 2021 \$ _____	February 2021 \$ _____	March 2021 \$ _____
<b>Total Water Utility Arrears Requested</b> \$ _____		
April 2021 \$ _____	May 2021 \$ _____	June 2021 \$ _____
July 2021 \$ _____	August 2021 \$ _____	September 2021 \$ _____
October 2021 \$ _____	November 2021 \$ _____	December 2021 \$ _____
<b>F.7. Total Late Fees Requested</b> \$ _____		
<b>Total Water Utility Assistance Requested</b> \$ _____		

**GAS/PROPANE UTILITY ASSISTANCE REQUESTED**

*If your bill consolidates multiple utilities, you only need to enter the total once in one utility category. You do not need to break out the different utility costs by different utilities.*

**F.8. Are you requesting gas/propane assistance?**

- Yes, Complete this section
- No, You may skip to the next section

**F.9. If you are requesting gas/propane assistance, you must provide a copy of your most recent gas/propane utility statement to be uploaded into the online application.**

- Gas/Propane Utility Statement **\*Required**

**F.10. Gas/Propane Company Name**

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**F.11. Gas/Propane Company Address**

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**F.12. Gas/Propane Account Number**

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**F.13. Gas/Propane Assistance Request**

Please input the amount of Gas assistance requested. If your bill only has the balance due and does not include monthly balances, you can put the full balance due in the month that matched the date on the bill, for example, you can put the full amount on the March 2021 month for a bill received March 15, 2021.

April 2020 \$ _____	May 2020 \$ _____	June 2020 \$ _____
July 2020 \$ _____	August 2020 \$ _____	September 2020 \$ _____
October 2020 \$ _____	November 2020 \$ _____	December 2020 \$ _____
January 2021 \$ _____	February 2021 \$ _____	March 2021 \$ _____
<b>Total Gas Utility Arrears Requested</b> \$ _____		
April 2021 \$ _____	May 2021 \$ _____	June 2021 \$ _____
July 2021 \$ _____	August 2021 \$ _____	September 2021 \$ _____
October 2021 \$ _____	November 2021 \$ _____	December 2021 \$ _____
<b>F.14. Total Late Fees Requested</b> \$ _____		
<b>Total Gas Utility Assistance Requested</b> \$ _____		

I attest that the information provided above is true and correct to the best of my knowledge and that the costs identified in this request were incurred after April 1, 2020 as per California Law.

## G. Trash & Sewer Assistance

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If you are requesting Trash and/or Sewer utility assistance, please complete the amount you are requesting by each month below. Late fees or penalties should be entered in G.7. and G.14. in the below tables. If you are not requesting trash and/or sewer utility assistance, please select "No" below. If you pay your utilities directly to your landlord, you do not need to fill this section out.

### TRASH ASSISTANCE REQUESTED

*If your bill consolidates multiple utilities, you only need to enter the total once in one utility category. You do not need to break out the different utility costs by the different utilities.*

#### G.1. Are you requesting trash utility assistance?

- Yes, Complete this section
- No, You may skip to the next section

#### G.2. If you are requesting trash assistance, you must provide a copy of your most recent trash utility statement to be uploaded into the online application.

- Trash Utility Statement **\*Required**

#### G.3. Trash Company Name

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#### G.4. Trash Company Address

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#### G.5. Trash Account Number

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**G.6. Trash Assistance Request:** *If your bill only has the balance due and does not include monthly balances, you can put the full balance due in the month that matched the date on the bill, for example, you can put the full amount on the March 2021 month for a bill received March 15, 2021.*

April 2020 \$ _____	May 2020 \$ _____	June 2020 \$ _____
July 2020 \$ _____	August 2020 \$ _____	September 2020 \$ _____
October 2020 \$ _____	November 2020 \$ _____	December 2020 \$ _____
January 2021 \$ _____	February 2021 \$ _____	March 2021 \$ _____
<b>Total Trash Utility Arrears Requested</b> \$ _____		
April 2021 \$ _____	May 2021 \$ _____	June 2021 \$ _____
July 2021 \$ _____	August 2021 \$ _____	September 2021 \$ _____
October 2021 \$ _____	November 2021 \$ _____	December 2021 \$ _____
<b>G.7. Total Late Fees Requested</b> \$ _____		
<b>Total Trash Utility Assistance Requested</b> \$ _____		

**SEWER ASSISTANCE REQUESTED**

*If your bill consolidates multiple utilities, you only need to enter the total once in one utility category. You do not need to break out the different utility costs by different utilities.*

**G.8. Are you requesting sewer assistance?**

- Yes, Complete this section
- No, You may skip to the next section

**G.9. If you are requesting sewer assistance, you must provide a copy of your most recent sewer utility statement to be uploaded into the online application.**

- Sewer Utility Statement **\*Required**

**G.10. Sewer Company Name**

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**G.11. Sewer Company Address**

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**G.12. Account Number**

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**G.13. Sewer Assistance Request:** *If your bill only has the balance due and does not include monthly balances, you can put the full balance due in the month that matched the date on the bill, for example, you can put the full amount on the March 2021 month for a bill received March 15, 2021.*

April 2020 \$ _____	May 2020 \$ _____	June 2020 \$ _____
July 2020 \$ _____	August 2020 \$ _____	September 2020 \$ _____
October 2020 \$ _____	November 2020 \$ _____	December 2020 \$ _____
January 2021 \$ _____	February 2021 \$ _____	March 2021 \$ _____
<b>Total Sewer Utility Arrears Requested</b> \$ _____		
April 2021 \$ _____	May 2021 \$ _____	June 2021 \$ _____
July 2021 \$ _____	August 2021 \$ _____	September 2021 \$ _____
October 2021 \$ _____	November 2021 \$ _____	December 2021 \$ _____
<b>G.14. Total Late Fees Requested</b> \$ _____		
<b>Total Sewer Utility Assistance Requested</b> \$ _____		

I attest that the information provided above is true and correct to the best of my knowledge and that the costs identified in this request were incurred after April 1, 2020 as per California Law.

## H. Electric & Other Utility Assistance

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If you are requesting Electric and Other utility assistance, please complete the amount you are requesting by each month below. Late fees or penalties should be entered in H.7. and H.14. in the below tables. If you are not requesting electric or other utility assistance, please select "No" below. If you pay your utilities directly to your landlord, you do not need to fill this section out.

### ELECTRIC UTILITY ASSISTANCE REQUESTED

*If your bill consolidates multiple utilities, you only need to enter the total once in one utility category. You do not need to break out the different utility costs by the different utilities.*

#### H.1. Are you requesting electric utility assistance?

- Yes, Complete this section
- No, You may skip to the next section

#### H.2. If you are requesting electric assistance, you must provide a copy of your most recent electric utility statement to be uploaded into the online application.

- Electric Utility Statement **\*Required**

#### H.3. Electric Company Name

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#### H.4. Electric Company Address

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#### H.5. Electric Account Number

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**H.6. Electric Assistance Request**

*Please input the amount of electric assistance requested. If your bill only has the balance due and does not include monthly balances, you can put the full balance due in the month that matched the date on the bill, for example, you can put the full amount on the March 2021 month for a bill received March 15, 2021.*

April 2020 \$ _____	May 2020 \$ _____	June 2020 \$ _____
July 2020 \$ _____	August 2020 \$ _____	September 2020 \$ _____
October 2020 \$ _____	November 2020 \$ _____	December 2020 \$ _____
January 2021 \$ _____	February 2021 \$ _____	March 2021 \$ _____
<b>Total Electric Utility Arrears Requested</b> \$ _____		
April 2021 \$ _____	May 2021 \$ _____	June 2021 \$ _____
July 2021 \$ _____	August 2021 \$ _____	September 2021 \$ _____
October 2021 \$ _____	November 2021 \$ _____	December 2021 \$ _____
<b>H.7. Total Late Fees Requested</b> \$ _____		
<b>Total Electric Utility Assistance Requested</b> \$ _____		

## OTHER UTILITY ASSISTANCE REQUESTED

*If your bill consolidates multiple utilities, you only need to enter the total once in one utility category. You do not need to break out the different utility costs. If your bill breaks out specific utilities, please identify Internet separately.*

**H.8. Are you requesting Other utility assistance, such as internet?** *If your mobile phone is the only source of internet for your household, a portion of your mobile plan may be eligible for assistance. If your household internet is provided as part of your cable bundle, the internet portion may be eligible for assistance. If your household internet is part of your land-line phone plan, then a portion of your phone plan may be eligible for assistance. Streaming services, pay-per-view, and other itemized costs not related to internet are not eligible for assistance. If you are not sure if your costs are eligible, upload your bills and your case manager will work with you to clarify eligible costs.*

- Yes, Complete this section
- No, You may skip to the next section

**H.9. If you are requesting other utility assistance, you must provide a copy your most recent other utility statement to be uploaded into the online application.**

- Other Utility Cost Assistance Provider Statement **\*Required**

**H.10. Other Company Name**

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**H.11. Other Utility Cost Address as appeared on bill**

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**H.12. Account Number**

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**H.13. Other Utility Assistance Request**

Please input the amount of Other Utility assistance requested. If your bill only has the balance due and does not include monthly balances, you can put the full balance due in the month that matched the date on the bill, for example, you can put the full amount on the March 2021 month for a bill received March 15, 2021.

April 2020 \$ _____	May 2020 \$ _____	June 2020 \$ _____
July 2020 \$ _____	August 2020 \$ _____	September 2020 \$ _____
October 2020 \$ _____	November 2020 \$ _____	December 2020 \$ _____
January 2021 \$ _____	February 2021 \$ _____	March 2021 \$ _____
<b>Total Other Utility Arrears Requested</b> \$ _____		
April 2021 \$ _____	May 2021 \$ _____	June 2021 \$ _____
July 2021 \$ _____	August 2021 \$ _____	September 2021 \$ _____
October 2021 \$ _____	November 2021 \$ _____	December 2021 \$ _____
<b>H.14. Total Late Fees Requested</b> \$ _____		
<b>Total Other Utility Assistance Requested</b> \$ _____		

I attest that the information provided above is true and correct to the best of my knowledge and that the costs identified in this request were incurred after April 1, 2020 as per California Law.

## I. Household Members

List all household members, starting with the Head of Household (Primary applicant). Please provide the full demographic information for the Primary Household Member. You only need to provide name and date of birth for other household members.

<b>Primary Household Member Name:</b>			
Birthdate:			
Relationship to Head of Household:  <input type="checkbox"/> Self <input type="checkbox"/> Head of Household's Child <input type="checkbox"/> Head of Household's Spouse or Partner <input type="checkbox"/> Head of Household other family member (related) <input type="checkbox"/> Other non-related member	Race:  <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Refuse to Answer	Ethnicity:  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Refuse to Answer	Gender:  <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary

<b>Household Member Name:</b>	
Birthdate:	

<b>Household Member Name:</b>	
Birthdate:	

<b>Household Member Name:</b>	
Birthdate:	

<b>Household Member Name:</b>	
Birthdate:	

<b>Household Member Name:</b>	
Birthdate:	

<b>Household Member Name:</b>	
Birthdate:	

<b>Household Member Name:</b>	
Birthdate:	

## J. Income Verification

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Please enter the income for every person in your household over 18 years old who earns income. You have four options for reporting/entering your household income. Please choose one of these four options to verify your household income.

1. You can enter your 2020 tax information. Your federal tax information must be for your entire household. You will need to use a different income method if your household members file taxes separately.
2. You can use your 2020 or 2021 recertification letter from another assistance program. The letter should show your name and address. Other programs include:
  - a. Medicaid, known as Medi-Cal in California,
  - b. Women, Infants, and Children (WIC) benefits
  - c. Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California,
  - d. Food Distribution Program on Indian Reservations (FDPIR),
  - e. Temporary Assistance for Needy Families (TANF), known as CalWORKs in California,
  - f. School Nutrition Programs (SNP), such as the Free and Reduced Lunch program for California families,
3. You can use your paystubs from your current employment, or you can attest to your household income, including cash income or a certification of zero income if you have no household income.
4. You can attest that you are a resident of subsidized housing. Selecting this option means we will work with your landlord to verify your household income.

Check the box next to your type of income records you are providing. You will need to provide copies of your documents for upload to the online application. You will be able to upload a picture, a scanned copy of your document, an electronic document, or a screen shot of your document. If you need help uploading documents, you can contact a local partner agency at 1-833-687-0967 for assistance.



## HOUSEHOLD INCOME CERTIFICATION METHOD

### 2020 Federal Tax Information

- I filed or will file a 2020 tax return and will certify my household annual income by using my 2020 Federal Income Tax Return, or other official 2020 Income Tax documentation (1099, 1099G, W-2).

Enter the Household Adjusted Gross Income from your 2020 Federal Income Tax Return:	\$
---	----

Please Provide Either your:

- 2020 Tax Return (first two pages)
- 1099 or multiple 1099's if necessary
- 1099G for household reporting unemployment benefits
- W-2 or multiple W-2s if necessary

**\*NOTE** If you are using your 2020 Federal Tax Return to document your household income, you may skip to Section K Supporting Paperwork Below. If you are not using your 2020 Federal Tax Return to document your household income, continue to the next question.

### Public Benefit Recertification Letter

- I participate in another income qualified program providing state or federally funded assistance.

Enter the Annual Household Income for your household	\$
--	----

Please provide a copy of your 2020 or 2021 recertification letter from another assistance program. The letter should show your name and address. Your letter will be uploaded into the online application. ID Cards and other identification are not sufficient. You will need to provide your recertification letter. Eligible programs include:

- Medicaid, known as Medi-Cal in California,
- Women, Infants, and Children (WIC) benefits
- Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California,
- Food Distribution Program on Indian Reservations (FDPIR),
- Temporary Assistance for Needy Families (TANF), known as CalWORKs in California,
- School Nutrition Programs (SNP), such as the Free and Reduced Lunch program for California families,
- Subsidized housing that required income documentation as a condition of residency, including Section 8, Housing Choice Vouchers, and public housing

**\*NOTE** If you are using your 2020 or 2021 benefits recertification letter from another assistance program to document your household income, you may skip to Section K Supporting Paperwork Below. If you are not using your 2020 or 2021 benefits recertification letter from another assistance program to document your household income, continue to the next question.

**Household Income by Household Member**

I will certify income for each household member.

**Household Income for Subsidized Housing Residents**

Enter the Annual Household Income for your household	\$
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Complete the following table for each household member identified in Section I Household Members. You must complete a table for each household member.

Household Member Name:	
Total Annual Income:	\$
First Source of income:	<ul style="list-style-type: none"> <li><input type="radio"/> <b>Alimony</b> <i>Provide proof of alimony payments</i></li> <li><input type="radio"/> <b>Child Support</b> <i>Provide proof of child support payments</i></li> <li><input type="radio"/> <b>Gross Pay</b> <i>Provide 2 most recent pay stubs</i></li> <li><input type="radio"/> <b>Investment Income</b> <i>Provide proof of investment income</i></li> <li><input type="radio"/> <b>Minor/Child - No Income</b> <i>No additional documents required</i></li> <li><input type="radio"/> <b>Other</b> <i>Provide proof of other income</i></li> <li><input type="radio"/> <b>Pension</b> <i>Provide proof of pension income</i></li> <li><input type="radio"/> <b>Retirement</b> <i>Provide proof of retirement income</i></li> <li><input type="radio"/> <b>Social Security and Supplemental Security Income</b> <i>Provide proof of SSI</i></li> <li><input type="radio"/> <b>Unemployment Compensation</b> <i>Provide proof of unemployment income</i></li> <li><input type="radio"/> <b>2020 Federal Tax Return</b></li> <li><input type="radio"/> <b>Cash Income Certification: I testify that the income stated is true and correct.</b></li> <li><input type="radio"/> <b>No Income Certification of Zero Income: I testify that the income stated is true and correct.</b></li> </ul>
Second Source of income (Complete if applicable):	<ul style="list-style-type: none"> <li><input type="radio"/> <b>Alimony</b> <i>Provide proof of alimony payments</i></li> <li><input type="radio"/> <b>Child Support</b> <i>Provide proof of child support payments</i></li> <li><input type="radio"/> <b>Gross Pay</b> <i>Provide 2 most recent pay stubs</i></li> <li><input type="radio"/> <b>Investment Income</b> <i>Provide proof of investment income</i></li> <li><input type="radio"/> <b>Other</b> <i>Provide proof of other income</i></li> <li><input type="radio"/> <b>Pension</b> <i>Provide proof of pension income</i></li> <li><input type="radio"/> <b>Retirement</b> <i>Provide proof of retirement income</i></li> <li><input type="radio"/> <b>Social Security and Supplemental Security Income</b> <i>Provide proof of SSI</i></li> <li><input type="radio"/> <b>Unemployment Compensation</b> <i>Provide proof of unemployment income</i></li> </ul>
Third Source of income (Complete if Applicable):	<ul style="list-style-type: none"> <li><input type="radio"/> <b>Alimony</b> <i>Provide proof of alimony payments</i></li> <li><input type="radio"/> <b>Child Support</b> <i>Provide proof of child support payments</i></li> <li><input type="radio"/> <b>Gross Pay</b> <i>Provide 2 most recent pay stubs</i></li> <li><input type="radio"/> <b>Investment Income</b> <i>Provide proof of investment income</i></li> <li><input type="radio"/> <b>Other</b> <i>Provide proof of other income</i></li> <li><input type="radio"/> <b>Pension</b> <i>Provide proof of pension income</i></li> <li><input type="radio"/> <b>Retirement</b> <i>Provide proof of retirement income</i></li> <li><input type="radio"/> <b>Social Security and Supplemental Security Income</b> <i>Provide proof of SSI</i></li> <li><input type="radio"/> <b>Unemployment Compensation</b> <i>Provide proof of unemployment income</i></li> </ul>

I attest that the income information provided above is true and correct to the best of my knowledge.

## K. Supporting Paperwork

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In this section we collect information not provided in any other section. You will be asked to identify whether you provided income records in section J and the application will prompt you to provide copies of any other required records. Your records will need to be uploaded into the online application. You can upload a picture, a scanned copy of your document, an electronic document, or a screen shot of your document. **No information regarding legal status will be provided to any other government agencies.**

### K.1. HOUSEHOLD INCOME CERTIFICATION METHOD

- I provided income records in the previous section. If you provided income records as part of Section J, skip to the K.2. Rents question below.
- I certified my cash income without uploading records or I have zero income. Please complete the following Identification questions if you certified your income as either cash income or zero income.

#### Identification:

- I am requesting utility assistance and the utility bill is in my name. If you are requesting utility assistance and the bill is in your name, skip to the K.2. Rents question below.
- I am not requesting utility assistance, or my utility bills are not in my name. If you are not requesting utility assistance or the bills are not in your name, then please provide one of the following forms of personal identification.

#### To verify identify, you must provide ONE of the following items

- State issued program ID or license
- Passport (any nationality) or International jurisdiction issued ID
- An employment identification card
- Certificate of marriage or license or Copy of a certified divorce decree
- Copy of a certified, court-ordered maintenance award or a notarized statement declaring separation
- Statement from single or Joint bank accounts, certified purchases, or loans that include your name
- Credit report showing residence and single or joint financial activity
- Government issued library card
- Utility bill, Credit card bill, or other bill with your name and address on it
- Letter or notification from a school, medical facility, government departments (such as the DMV) or other official letter with your name.

## K.2. RENTS

**To verify rent owed, please complete the following:**

- I know my landlord is participating in the program and will provide information about my past due or current rents. If you know your landlord is participating in the program, your application is complete and you may skip to the Submittal section.
- I do not know if my landlord is participating in the program. If you do not know if your landlord is participating in the program, or if you know your landlord does not intend to participate, you have one last step to complete.

**Please provide at least ONE of the following:**

- Lease agreement (expired is OK)
- Month-to-month rent agreement
- Rent due statement/letter from the landlord or management company
- Eviction Notice, including 15-day, 3-day or other payment notice (must include amount of rent outstanding)
- Other formal attempt to collect rents or notify tenants of rents due
- Written claim of rents due (email, letter, text message, etc.)

## Submit

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### Instructions:

- 1. Complete the application to the best of your ability.** If a question does not apply to you, check the box that indicates that the question does not apply to your application.
- 2. Include your supporting paperwork and records in your submittal.** Do not attach original documents. **Please include copies only.**
- 3. Application Drop Off:** You can drop-off your application with a local partner during business hours. Call 1-833-687-0967 to find a partner location near you.
- 4. Application Pick-up:** You can arrange to have your application picked up by a local partner. You can arrange for pickup by calling 1-833-687-0967.
- 5. Application Mail-In:** If you would like to mail in your application, you can send your completed application and copies of your supporting paperwork and records to  
**California COVID-19 Rent Relief Program**  
**PO Box 1123**  
**San Leandro, CA 94577-9991**
- 6. A Local Partner Agent will reach out to you to get your application fully submitted to the online portal.** Make sure you include your phone number in your application. You can meet with a Local Partner Agent in person to complete your application, or you can work with a Local Partner Agent over the phone to complete the submittal process.
- 7. The Local Partner Agent will complete the submittal process for you.** You will be notified that the submittal has been completed. If there is any additional information required, a case manager will reach out to you to get that information.
- 8. Once your application has been reviewed and approved for eligibility and processed for completeness, your application will be routed for payment.** You will receive a payment notification by email if you asked for an ACH bank transfer. You will need to complete the ACH process to complete the payment. If you requested a Check, you will get an email notification that payment is on the way.

**Once an application is submitted, it can only be "Re-opened" by an Administrator. Your application is considered submitted when you receive the "Application Submitted" message in your email.**

**Reminder: Please check your Spam folder to ensure you do not miss emails.**

### Certifications:

#### **False or Fraudulent Paperwork or Statements**

Falsification of paperwork or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that Title 18, Section 1001 of the United States Code states that a person shall be fined or imprisoned for up to five (5) years for knowingly and willfully making any materially false or fraudulent statement or representation to any U.S. Department or Agency.

**By submitting this Application for California's COVID-19 Rent Relief program (the "Program"), I, the Tenant applying hereunder, hereby certify that:**

- 1. Binding Contract.** I am hereby entering into a binding contract ("Agreement") with the entity/individual listed as Landlord in this Application and HCD, but only to the extent that HCD determines, in its sole discretion,

that I am eligible for the Program. This Agreement is not binding on HCD until HCD approves the financial assistance under the Program.

2. Tenant and Unit Information.

- a. I am the Tenant named in this Application and I am one of the persons that is currently occupying, or have occupied, the Unit for whom assistance is being requested.
- b. Landlord and I entered into a residential lease or rental agreement (written, or oral) for the housing unit specified within this Application (the "Unit").
- c. The Unit is located at an address within the State of California.
- d. The information provided in this Application regarding the terms of the lease with Landlord, the rent amount, and any utility amounts are true and accurate. I will provide a copy of my lease or rent agreement to HCD or, if there is no current written lease, I will provide a rent receipt for the two (2) most recent complete months for which I paid rent, or other equivalent evidence of rent paid and rent owed. Completion of the application based on the contract rent does not constitute an admission or a waiver of tenant's right to contest the rental value based on habitability.

3. Assistance Payments. I certify that I am in need of financial assistance to pay the rental arrears that have accumulated and are owed under the lease or rental agreement (written or oral), to pay current or future rental payment(s), and/or to pay the arrearages that have accumulated for utility payments that are owed to Landlord or a Utility Provider.

- a. I understand any rental assistance will be paid directly to my Landlord if my Landlord is participating in the program and will only be paid directly to me as the tenant if my Landlord declines participation.
- b. I understand any utility assistance will be paid directly to my Utility Provider.
- c. Payments made under the Program for late rent and fees will only cover rent that became due after April 1, 2020 and will not cover any fees incurred prior to that date. I am not requesting assistance for any amount that became due prior to April 1, 2020.
- d. I acknowledge that in no case am I entitled to a payment for a month that I did not or do not reside at the Unit. If I receive funds directly, I shall return any such payment to HCD immediately. If payment was made directly to my Landlord, my Landlord is obligated to return payment for any month when I did not live at the unit.
- e. I shall not apply for or receive any private or federal assistance that is duplicative of the financial assistance provided under the Program.
- f. I shall repay any duplicate payment or overage to HCD immediately.
- g. Payments will be applied to my account(s) by Landlord and Utility Provider(s) as directed by HCD.

4. Application of Payments. If I am eligible for assistance under the Program, HCD shall provide Landlord a breakdown of the amount(s) of assistance being provided in a form similar to the one below. Such amount(s) of assistance, to be subsequently provided, are hereby incorporated into this Agreement by this reference.

- a. Late Rent Owed to Landlord. The Amount of Rent owed by Tenant each month under the lease. The Total Amount of Late Rent Owed being provided to Landlord on the Tenant's behalf. Fees charged by the Landlord for late fees, interest, penalties, and legal and court fees are ineligible for assistance.

- b. Current and/or Future Rent Payments. The number of months of current and/or future rent payments (which may not exceed three months), the amount of each payment, and the total amount Landlord will receive on Tenant's behalf.
  - c. Utility Arrearage Payments. The Total Amount of Utility Arrearage Owed being provided to Landlord to cover landlord-provided utilities. The Total Amount of Utility Arrearage Owed being provided to other Utility Providers on Tenant's behalf.
  - d. Date Tenant Shall Resume Making Payments. HCD shall provide both parties the date Tenant must resume making rental and utility payments. If Tenant is unable to make these payments, Tenant may reapply for the Program, but assistance is subject to certain Limits on Assistance.
5. Limits on Assistance. Combining payments made under the Program, I may not receive more than twelve (12) months of cumulative assistance. However, if, at the time of application, I am 12 months or more behind in rent or utility payments, then I may receive up to fifteen (15) months of cumulative assistance. Utility assistance may only be applied toward arrearage, not future payments.
6. Recapture of Funds If I receive any payment in excess of what is owed to me in funds paid directly to me as the eligible tenant, I shall immediately return the excess funds to HCD. I shall mail all refund payments to HCD at 2020 West El Camino Ave. Suite 300 Sacramento, CA – 95833 in the form of a check, cashier's check, or money order made payable to the California Department of Housing and Community Development. Payment must reference Tenant's name and the Tenant Case Number.

Content for the repayment info:

- if the above is correct with regard to 'check, cashier's check, or money order' Yes
- who payment should be made payable to California Department of Housing and Community Development
- what address should be used to mail payment 2020 West El Camino Ave Sacramento CA 95833 Suite 300

Excess funds paid directly to my Landlord on my behalf must be repaid by my Landlord according to the terms of the agreement certified by my Landlord through participation in the California COVID-19 Rent Relief Program.

7. Tenant Obligations.
- a. If the written lease or oral agreement is expired or will expire during the period that assistance under the Program will cover, I agree to the extension of the terms of the prior lease or rent agreement at least through the end of the final month for which an assistance payment is made under the Program.
  - b. I shall maintain and ensure all other household members maintain all other Tenant obligations under the lease not covered by this Agreement.
  - c. I shall inform HCD within three (3) days if I receive a notice to vacate the Unit, any utilities are disconnected, or if my household no longer occupies the Unit.
  - d. I shall remain responsible for all other charges and bills that are not covered under the Program.
  - e. I acknowledge that nothing in this certification waives Landlord's right to file an eviction based on a nonmonetary default of the lease by me or any other household member.
  - f. I understand that if I am deemed ineligible for the Program, I have thirty (30) days from such notice of ineligibility to appeal the decision by following the instructions at [housingiskey.com](https://housingiskey.com).



- g. I shall resume making rental and utility payments as of the next due date following the last payment that is covered under this Agreement. If I am unable to make this payment, I may reapply for the Program, but assistance is subject to the Limits on Assistance above.
  - h. I acknowledge that all information collected, assembled, or maintained by the California State Rental Assistance Program pertaining to this certification, except personally identifying information and records made confidential by law or court order, are subject to the California Public Records Act and must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this Agreement subject to and in accordance with the California Public Records Act.
8. Judicial Enforcement. I, Landlord, or HCD may judicially enforce this Agreement.
9. Headings. The headings herein are inserted only for convenience of reference and in no way define, limit, or describe the scope or intent of this Agreement, or of any particular provision thereof, or the proper construction thereof.
10. Severability. The invalidity of any clause, part or provision of this Agreement will not affect the validity of the remaining portions of this Agreement.
11. Governing Law. This Agreement is governed by the laws of the State of California and, where applicable, laws of the United States of America.

- By submitting this Application, I certify that all information I provided to HCD is true, accurate, and complete, and if requested, I shall provide further paperwork to support any representations.
- I further acknowledge that falsification of information or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. I understand that I am particularly put on notice that Title 18, Section 1001 of the United States Code states that a person shall be fined or imprisoned for up to five (5) years for knowingly and willfully making any materially false or fraudulent statement or representation to any U.S. Department or Agency.
- I give consent/authorization to the California Department of Housing and Community Development (HCD) and its respective agents, employees, and assigns, to share, disclose, analyze, and discuss all documentation and information provided within this application and in subsequent communications related to the statewide Emergency Rental Assistance Program.
- I agree to participate in the evaluation of this program, which will help improve HCD's service delivery and potentially expand resources for rent support and affordable housing. This may involve filling out follow up surveys. (Note: Your willingness to be contacted for program evaluation purposes will not affect your eligibility or selection for this program in any way.)
- I acknowledge that all rental assistance funds received from the CA COVID-19 Rent Relief Program must be used to pay rent, as outlined in this certification. Failure to do so could jeopardize my ability to receive funding from the program in the future. I further acknowledge that I have 15 days to pay my landlord (excluding weekends and holidays) once I receive the funds. Failure to do so timely may result in my landlord charging a late fee which is not covered by this program.

**Please Sign and Date:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date