



# City of Oakland Emergency Rental Assistance Program Application



## Are You Eligible?

Applicants must be:

- A current Oakland resident
- At risk of losing their home
- A low-income individual or household

## After You Apply

Funding is extremely limited, and applications will be prioritized based on need, severity of COVID-19 impact, and funding availability. If your application is selected for assistance, you will be asked to provide documentation to verify eligibility, including but not limited to:

- Valid government issued identification
- Proof of Oakland residency, such as a utility bill
- Proof of income, such as pay stubs
- Current lease or other evidence of tenancy, such as rent receipts
- Documentation of COVID-19 related loss of income or increased expenses

**Mail or drop off completed application at 3400 East 12th St., Oakland, CA 94601**

If you are unable to fill out this application form, please call us at 510-422-5669

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Circle: Home / Mobile) \_\_\_\_\_ Best time to call \_\_\_\_\_

Email \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Gender:  Male  Female  Transgender  Non-Binary

Marital status:  Married  Single  Divorced  Domestic Partner

**Race** (Please select one):  American Indian/Alaska Native  Asian  Black or African-American  
 Native Hawaiian/Other Pacific Islander  White  American Indian/Alaska Native & White  
 Asian & White  Black/African American & White  American Indian/Alaska Native &  
 Black/African American  Other Multi-Racial

**Hispanic/Latino:**  Yes  No

**Do you have a disability?**  No  Physical  Psychological  Cognitive/Developmental

**Have you ever been homeless?**  Never  I have been homeless once  I have been homeless more than once

**How recently have you been homeless?**  Never  Within the past year  More than one year ago

**List each member of the household:**

| <u>Name</u> | <u>Date of Birth</u> | <u>Disability? (Y/N)</u> |
|-------------|----------------------|--------------------------|
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**Current Monthly Income for your household as a whole \$** \_\_\_\_\_

**Monthly Income for your household before March 2020 \$** \_\_\_\_\_

**Are you receiving unemployment insurance?**

Yes  No  I applied for unemployment insurance but am not yet receiving it

**COVID-19 Hardship**

If you have experienced a documented hardship due to the effects of the COVID-19 pandemic, please check all that apply:

- Loss of or reduction in employment wages
- Increased medical costs
- Increased childcare costs
- Loss of childcare
- Other (please explain) \_\_\_\_\_

Please describe in detail the need for assistance and how the household has been affected by the COVID-19 pandemic:

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**Financial Assistance Needed**

**My monthly rent is:** \_\_\_\_\_ **My rent is due on:** \_\_\_\_\_

**Please complete for all months you are behind on rent:**

| <b>Month</b>   | <b>Rent Due</b> | <b>Rent Paid</b> |
|----------------|-----------------|------------------|
| March 2020     |                 |                  |
| April 2020     |                 |                  |
| May 2020       |                 |                  |
| June 2020      |                 |                  |
| July 2020      |                 |                  |
| August 2020    |                 |                  |
| September 2020 |                 |                  |

**Do you owe back rent from before March 1, 2020?**    Yes    No

**Have you applied for and/or received rental assistance since March of 2020 from another program?**    Yes    No

**Do you have a housing subsidy?**    Yes    No

**If yes, please specify:**    Public Housing    Housing Choice Voucher/Section 8    Low-Income Housing Tax Credit    Project Based Section 8    Other Housing Subsidy

**Do you need assistance with utilities payments, from March 2020-present?**    Yes    No  
If yes, please list amount.

\_\_\_\_\_

**Do you need assistance for security deposit or move-in costs?**    Yes    No  
If yes, please list amount.

\_\_\_\_\_

**Landlord Information**

**Landlord/Owner Name:** \_\_\_\_\_

**Name of Apartment Complex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Additional Information**

*The following questions are optional and will not affect your eligibility.*

**Even with the eviction moratorium in place, is your landlord threatening you with eviction or asking you to leave?**     Yes    No

**Is anyone in your household currently pregnant?**     Yes    No

**Have you moved because of economic factors two or more times in the past 60 days? This may include things like a job loss or inability to afford rising rents.**     Yes    No

**Have you reentered the community from jail or prison within the last 12 months?**    Yes    No

**Are you working with Child Protective Services?**     Yes    No

**Please include any additional comments to help us understand your application here.**

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**Required Documentation**

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1. Valid government issued identification
2. Proof of Oakland residency, such as a utility bill
3. Proof of income, such as pay stubs
4. Current lease or other evidence of tenancy, such as rent receipts
5. Documentation of COVID-19 related loss of income or increased expenses

Please attach copies of any of the above documents you have available to assist in the processing of your application

**AUTHORIZATION FOR RELEASE OF INFORMATION & SELF CERTIFICATION**  
**STATEMENT OF ANNUAL INCOME**

I authorize Centro Legal de la Raza to release the information contained in this application to any funder of this program in order to verify my eligibility for the program. This may also include any other agency or property management company/property owner who could be helpful in understanding my situation. Upon approval of my application I further authorize the release and sharing of information between Centro, the funding agency, and the landlord. I understand information shared will be necessary and appropriate for administering the financial assistance program provided and for coordinating and verifying services on my behalf. I understand that information that I share will remain confidential, and will only be used for the purposes described above. I hereby affirm that the information provided my application is true and complete to the best of my knowledge. I understand that if I provide any false information or misrepresentation during the application process that it will be grounds for denying my application to the Program. I understand in submitting this application I am not guaranteed financial assistance from the Program. In addition, my signature below acknowledges my understanding and consent to the release of information as described above. I understand that I have the right to revoke this consent in writing at any time, except for information already released, and that unless I decide to revoke it sooner, this consent will terminate two years after receipt of assistance from the program. If my application is selected for processing, I agree to provide tenancy information to a representative of Centro through means such as text messages, phone, or email for the purposes of evaluation. I understand that in order for Centro to continuously improve its services and understand the effectiveness of the Program, they may follow up after services have been provided.

Your signature below states that you recognize that electronic communications (text message) are not secure; you hereby authorize Centro to communicate with you regarding services received from the Program using electronic communications as indicated below and have provided the phone number above to text message. Additionally, you understand that text messaging is to be used to the purposes of communicating on a limited basis and text messages are not intended to provide additional support. If you are in need of additional support when you receive a text message, you understand that you should not text your concerns; rather, you should contact Centro via phone. You understand that you can end (“revoke”) this waiver at any time during service.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*If you are unable to fill out this application form, please call us at 510-422-5669*

*Si tiene dificultad en llenar la solicitud, por favor llámenos al número 510-422-5669*

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