



City of San Leandro Emergency Rental Assistance Program Application

Administered by:

CENTRO
LEGAL DE LA
RAZA

*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

Current Monthly Income for your household as a whole \$ _____

Monthly Income for your household before March 2020 \$ _____

List each member of the household:

<u>Name</u>	<u>Date of Birth</u>	<u>Disability? (Y/N)</u>
1.		
2.		
3.		
4.		
5.		
6.		

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:

Financial Assistance Needed

My monthly rent is: _____ **My rent is due on:** _____

Are there other fees or costs included in your monthly rent? _____

Do you owe rent from BEFORE March 16, 2020? ☐ Yes ☐ No

If yes, how much? _____

Do you owe rent from AFTER March 16, 2020? ☐ Yes ☐ No

If yes, how much? _____

Please complete for all months you are behind on rent:

Month	Rent Due	Rent Paid
March 2020 (After 3/16/20)		
April 2020		
May 2020		
June 2020		
July 2020		
August 2020		
September 2020		
October 2020		
November 2020		

Amount of rental assistance requested: \$ _____

Have you applied for and/or received rental assistance since March of 2020 from any other 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

Are you an immediate relative, through blood or marriage (i.e. child parent, sibling, grandparent,

aunt, uncle, etc.) of the owner/landlord? ☐ Yes ☐ No If yes, please specify relation:

Landlord Information

Landlord/Owner: _____

Name of Apartment Complex: _____

Address: _____

City: _____ **Zip:** _____ **Telephone:** _____

Optional Questions - For Informational Purposes Only

I am currently having difficulty paying for:

☐ Utilities ☐ Enough food for my family ☐ Car payments ☐ Public transportation ☐ Gas for my car
☐ Medical Expenses ☐ Medication ☐ Childcare ☐ Other _____

Do you have health insurance?

☐ I have healthcare insurance ☐ I am enrolled in Medicare and/or Supplemental Insurance
☐ I am enrolled in the Affordable Care Act/Covered California ☐ I have no health insurance
☐ I have prescription insurance ☐ I do not have prescription insurance

☐ Comments on Health Insurance: _____

Are you receiving unemployment insurance? ☐ Yes ☐ No ☐ I have applied but am not yet receiving UI

Before March I was employed: ☐ Full time (40 hours/week) ☐ Part time (less than 40 hours/week)

My position at my employer before March 2020 was: _____

Since March 2020, I: ☐ Have been laid off ☐ Had my hours reduced ☐ Continue to work the same hours

Going forward, my employer has: ☐ Guaranteed my return to employment, after covid-19 restrictions lift

☐ Not guaranteed my return to employment once covid-19 restrictions lift ☐ Asked me to return to work

If applicable, my employer has contacted me to return to work by (date): _____

If applicable, my employer has asked me to work (hours/week): _____

Any other comments on that would help with understanding your rental assistance application?

Required Documentation

In order to be eligible for rental assistance, applicants will be asked to provide the following documentation:

1. Government Issued Photo ID.
2. Current residential lease agreement or other proof of tenancy.
3. Documentation of substantial decrease of household income, including but not limited to a termination notice, payroll check or pay stubs, bank statements, medical bills, unemployment award letter, signed letter from employer explaining your changed financial circumstances or self-certification of your inability to pay the next month's rent.
4. Signed affidavit affirming that you are not receiving rent assistance from any other sources (rental assistance programs, sub-lessees, roommates, etc.).

**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.

I declare under penalty of perjury that the information provided in this application is true and accurate to the best of my knowledge. I understand that willfully and knowingly making a false or fraudulent statement on this application is a felony that may be punishable by jail time and/or a fine. I also understand that the information provided on this form is subject to verification by Centro Legal de la Raza, the City of San Leandro, and the United States Department of Housing and Urban Development at any time.

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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