



Last Name: _____
 Birth Date: _____
 Filing Date: _____

SELF-CERTIFICATION OF ELIGIBILITY FOR CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

Sections I, II, III, IV & VIII (highlighted in blue) are to be completed by the Tenant. Sections V, VI & VII (highlighted in yellow) are to be completed by the Landlord.

Section I. Applicant Identification	
1. Applicant Name (Full name, including middle initial)	
2. Address	
3. City, State, Zip Code	
4. Email	
5. Phone Number	
6. Alternate Phone Number	
7. Birth Date (MM/DD/YYYY)	
8. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State
9. Ethnicity	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Decline to State
10. Race	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Multiple Categories <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Decline to State <input type="checkbox"/> American Indian or Alaskan Native
11. Tribal Information (if applicable)	

Section II. Family Information		
Number of individuals in the household (Complete for all individuals residing in the home. Include children 18 and under)		
Full name (including middle initial)	Age	Birth Date (MM/DD/YYYY)



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Section III. Family Income and Eligibility	
1. Current Total Monthly Family Income	\$
<i>Must provide most current verification of income in the form of a wage statement, interest statement, unemployment compensation statement, most recent W-2, or a copy of Form 1040 as filed with the IRS for the household. If monthly wage income verification is provided, it must be within two months prior to the submission of the application for assistance and will be redetermined every three (3) months for the duration of assistance.</i>	
2. Did one or more individuals in the household qualify for the following programs? <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) known as CalFresh in CA <input type="checkbox"/> Food Distribution Program on Indian Reservations (FDPIR) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) known as CalWORKS in CA <input type="checkbox"/> Subsidized housing (not including housing choice, project- based, or Section 8 vouchers) that required income documentation as a condition of residency <ul style="list-style-type: none"> • Indicate Program Name: _____ <input type="checkbox"/> OTHER: Any household income-based state or federally funded assistance program for low-income persons or households <ul style="list-style-type: none"> • Indicate Program Name: _____ <input type="checkbox"/> OTHER: Any locally operated assistance program for low-income persons or households that requires household income verification and uses federal income limits <ul style="list-style-type: none"> • Indicate Program Name: _____ 	
<i>Must provide most current verification of participation in the program in the form of a determination letter from the government agency that verified the applicant's household income made on or after January 1, 2020</i>	
3. Did one or more individuals in the household qualify for unemployment benefits, experience a reduction in household income, incur significant costs (e.g., child home on distance learning, increase in child care costs, incurred medical costs related to COVID-19, increase in household expenses due to COVID-19), or experience other financial hardship after March 13, 2020, related to the COVID-19 pandemic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answered yes, please complete the COVID-19 Impact Affidavit</i>	
4. Can one or more individuals in the household demonstrate a risk of experiencing homelessness or housing instability due to COVID-19 related factors after March 13, 2020, which may include a past due utility or rent notice or an eviction notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answered yes, please explain which situation applies and explain how the above was related to COVID -19.</i>	



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Section IV. Tenant Rental Obligation Information	
1. What is your monthly rent payment?	
<i>Must provide most current detailed verification of amount due to landlord/owner/business.</i>	
2. How many months do you owe in back rent after April 1, 2020?	
<i>Must provide most current detailed verification of amount due to landlord/owner/business.</i>	
3. How much is currently due to your landlord/owner after April 1, 2020 to March 31, 2021?	
<i>Must provide most current detailed verification of amount due to landlord/owner/business.</i>	
4. How much is due for utilities, not already covered by rent after April 1, 2020 to March 31, 2021?	
a.) Electricity	
b.) Gas	
c.) Internet	
d.) Water	
e.) Sewer	
f.) Solid Waste	
5. How much have you incurred in relocation fees?	
6. How much have you incurred in late fees?	
<i>Must provide March statement and most current verification of amount due to landlord/owner/business. If applicant is eligible, rental arrears will be considered priority payment followed by other expenses as listed above.</i>	
5. Have you received any COVID-19 federal, state, or local rental assistance since March 13, 2020? (e.g., Housing Rental Assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answered yes, please identify the source and amount of assistance received. Provide supporting documentation of assistance received.</i>	
6. Do you currently receive any federal, state, or local rental assistance? (e.g., Housing Choice Voucher or Project-Based Rental Assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answered yes, please identify the source and amount of assistance received. Provide supporting documentation of assistance received.</i>	



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Section V. Landlord Identification	
1. Landlord/Owner/Business Name	
2. Address	
3. City, State, Zip Code	
4. Email	
5. Phone Number	
6. Alternate Phone Number	
7. Is the property registered under any of the following categories?	<input type="checkbox"/> Federally Subsidized Residential <input type="checkbox"/> Mixed-Use <input type="checkbox"/> None
8. Property Management Company	
9. Apartment Complex Name	

Section VI. Landlord's Confirmation of Tenant's Rental Obligation Information	
1. What is the tenant's monthly rent payment?	
<i>Must provide most current detailed verification of amount due to landlord/owner/business.</i>	
2. What is the tenant's total rent due after April 1, 2020 to March 31, 2021?	
<i>Must provide most current detailed verification of amount due to landlord/owner/business.</i>	
3. Do you agree to accept payment from the City of Fresno's Emergency Rental Assistance Program on behalf of tenant?	
<ul style="list-style-type: none"> ▪ Yes, Landlord agrees to participate. Landlord receives 80% of unpaid rent and waives 20% of back rent. ▪ No, Landlord does NOT agree to participate. Tenant receives 25% of unpaid rent. Landlord cannot evict tenant if 25% of unpaid rent is received and tenant provides monthly update on COVID impact toward making complete payment of owed rent. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answered yes, proceed to Section VII. Skip Section VIII.</i> <i>If answered no, proceed to Section VIII. Skip section VII.</i>	



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Section VII. Landlord Payment Information – Only complete if Section VI, Question 3 was marked “Yes”	
Payment accepted via	<input type="checkbox"/> ACH <input type="checkbox"/> Check
<i>If you answered ACH, provide completed W-9 form and complete the attached ACH form. If you answered Check, provide completed W-9 form. Please ensure VI. Landlord Identification matches the Landlord self-certification, ACH, and W-9 for prompt payment.</i>	
Issue payment to:	
Mailing Address	
City, State, Zip Code	
Phone Number	
Alternate Phone Number	

Section VIII. Tenant Payment Information – Only complete if Section VI, Question 3 was marked “No”	
Payment accepted via	<input type="checkbox"/> ACH <input type="checkbox"/> Check
<i>If you answered ACH, complete the attached ACH form. If you answered Check, complete Section VIII. Please ensure I. Applicant Identification matches the Tenant self-certification and VIII. Tenant Payment Information for prompt payment.</i>	
Issue payment to:	
Mailing Address	
City, State, Zip Code	
Phone Number	
Alternate Phone Number	



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I understand that this self-certification is a requirement for my household, as identified in Section II. Family Information, to receive Emergency Rental Assistance.

I hereby affirm that the information provided in the Emergency Rental Assistance 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 it will be grounds for denying my application to the Emergency Rental Assistance Program.** I understand in submitting this application, I am not guaranteed financial assistance from the City of Fresno's Emergency Rental Assistance Program.

In addition, my signature acknowledges my understanding and consent to the release of the information and supporting documents in this application to the City of Fresno Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this application pursuant to the Public Records Act, to the extent required under California law.

Tenant Name

Signature

Date



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SELF-CERTIFICATION OF ELIGIBILITY FOR CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

I understand that this self-certification is a requirement for my entity, as identified in Section V. Landlord Identification, to receive Emergency Rental Assistance.

I hereby affirm that the information provided herein is true and complete to the best of my knowledge. **I understand that providing false information will be grounds for denying this application.** I understand this application is not a guarantee of financial assistance from the City of Fresno’s Emergency Rental Assistance Program. **I agree not to increase Tenant’s rent or charge late fines during the state of emergency.**

In addition, my signature acknowledges my understanding and consent to the release of the information and supporting documents in this application to the City of Fresno Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this application pursuant to the Public Records Act, to the extent required under California law.

Authorized Agent

Title

Company

Signature

Date



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SELF-CERTIFICATION OF ELIGIBILITY FOR CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

REQUIRED DOCUMENTATION

TENANT

- ANY FORM OF IDENTIFICATION
- COMPLETED ACH FORM (to accept direct deposit, only if landlord does not accept payment)
- COMPLETED EMERGENCY RENTAL ASSISTANCE APPLICATION
- FEDERAL, STATE, OR LOCAL RENTAL ASSISTANCE RECEIVED AFTER MARCH 13, 2020
- RENT STATEMENT
- RENTAL AGREEMENT
- RENTAL LEDGER

LANDLORD

- COMPLETED ACH FORM (if accepting direct deposit on behalf of tenant)
- COMPLETED EMERGENCY RENTAL ASSISTANCE APPLICATION
- RENT STATEMENT (if tenant is unable to provide)
- RENTAL AGREEMENT (if tenant is unable to provide)
- RENTAL LEDGER (if tenant is unable to provide)
- W-9



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SUPPORTING DOCUMENTATION – If applicable (at least one is needed)

TENANT

Annual Verification Method

- 2020 FORM 1040
- COVID-19 IMPACT AFFIDAVIT
- EMPLOYER STATEMENTS
- INTEREST STATEMENTS
- INTERNET BILLS FROM APRIL 2020 AND MOST CURRENT (late or unpaid)
- RELOCATION FEES AFTER APRIL 2020
- UNEMPLOYMENT COMPENSATION STATEMENTS
- UTILITY BILLS FROM APRIL 2020 AND MOST CURRENT (late or unpaid)
- WAGE STATEMENTS

Monthly Verification Method (will be redetermined every 3 months, if approved for additional funding)

- COVID-19 IMPACT AFFIDAVIT
- EMPLOYER STATEMENTS
- INTEREST STATEMENTS
- INTERNET BILLS FROM APRIL 2020 AND MOST CURRENT (late or unpaid)
- PAYCHECK STUBS (must be within two months prior to APRIL 13, 2020 and application filing date)
- RELOCATION FEES AFTER MARCH 2020
- UNEMPLOYMENT COMPENSATION STATEMENTS
- UTILITY BILLS FROM APRIL 2020 AND MOST CURRENT (late or unpaid)
- WAGE STATEMENTS



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Section II. Family Information – Continued		
Number of individuals in the household (Complete for all individuals residing in the home. Include children 18 and under)		
Full name (including middle initial)	Age	Birth Date (MM/DD/YYYY)



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ADDITIONAL INFORMATION TO SUPPORT CLAIM