



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

CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

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

Section I. Tenant Identification	
1. Tenant 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)	
<input type="checkbox"/> I understand that my identity must be verified by a picture ID in order to participate in this program.	

Section II. Family Information (If more space is needed, use page 7)		
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. Did one or more individuals in the household qualify for the following programs? *If yes, please checkmark and attest below. If no, complete #2 and #3 and attest below.*

- Medi-Cal
- Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP) known as CalFresh in CA
- Food Distribution Program on Indian Reservations (FDPIR)
- Temporary Assistance for Needy Families (TANF) known as CalWORKS in CA
- Subsidized housing (not including housing choice, project- based, or Section 8 vouchers) that required income documentation as a condition of residency

• **Indicate Program Name:** _____

OTHER: Any household income-based state or federally funded assistance program for low-income persons or households

• **Indicate Program Name:** _____

OTHER: Any locally operated assistance program for low-income persons or households that requires household income verification and uses federal income limits

• **Indicate Program Name:** _____

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

Document Received by Organization

2. If you are not part of an above program please indicate you Current Total **Monthly** Family Income \$ _____

Must provide most current verification of income as listed below.

3. **Income Verification:** *Please select one if you do not participate in a program above*

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

Must provide 2020 Federal Tax Income Return, 1099(s), 1099G or W-2(s) for your household

Document Received by Organization

I will certify income for each household member (complete the below table)

Enter the Annual Household Income for your household

Household Member Name:	Individual Annual Income:
Household Member Name:	Individual Annual Income:
Household Member Name:	Individual Annual Income:
Household Member Name:	Individual Annual Income:

Must provide current verification of income in the form of a wage statement, interest statement, or unemployment compensation statement for each household member listed above

Document Received by Organization

I attest that the information provided 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.



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CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

Section IV. COVID-19 Impact Information

1. 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 April 1, 2020, related to the COVID-19 pandemic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If answered yes, please continue the application. If you check no, you do not qualify for the City of Fresno ERA Program

2. Please check the conditions that apply to anyone in your household related to the COVID-19 pandemic

- Currently unemployed for 90 days or more
- Laid off-receiving unemployment assistance
- Laid off-not receiving unemployment assistance
- Place of employment has closed
- Must stay home to care for child/children due to closure of daycare or school
- Self-employed, and business is no longer supplying 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 previous employment due to 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

3. 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? <i>If you answered yes, please contact the Eviction Protection Program at 559.621.8400</i> www.fresno.gov/epp	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I attest that the information provided 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.



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CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

Section V. Tenant Rental Obligation Information			
1. Are you requesting rental assistance? <i>If your answer is no, please skip to Section VI</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What is your monthly rent payment?			\$
<i>Must provide most current rental agreement between tenant and landlord/owner/business.</i>			
3. 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>			
4. How much is currently due to your landlord/owner after April 1, 2020?			
April 2020- \$	October 2020- \$	April 2021- \$	October 2021- \$
May 2020- \$	November 2020- \$	May 2021- \$	November 2021 - \$
June 2020- \$	December 2020- \$	June 2021- \$	December 2021 - \$
July 2020- \$	January 2021- \$	July 2021- \$	January 2022 - \$
August 2020- \$	February 2021- \$	August 2021- \$	February 2022 - \$
September 2020 - \$	March 2021 - \$	September 2021 -\$	March 2022 - \$
5. How much have you incurred in late fees?			
6. How much have you incurred in relocation fees?			
7. Have you received any COVID-19 federal, state, or local rental assistance since April 1, 2020? (e.g., Housing Rental Assistance)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answered yes, please provide:</i>			
Organization received from:		Amount: \$	Date:
8. 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 provide:</i>			
Organization received from:		<input type="checkbox"/> Monthly <input type="checkbox"/> One-time Amount: \$	Date:
9. My financial situation has not changed and I need additional help paying my future rent <i>I understand that future rent can only be applied in 3 month increments and that the maximum amount of assistance is 18 months total. If answered yes, please provide:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Month: Rent Amount:	Month: Rent Amount:	Month: Rent Amount:	
<input type="checkbox"/> I attest that the information provided above is true and correct to the best of my knowledge. Certifications and attestation are legal statements that testify to the truth of your statements in this application.			



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CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

Section VI. Utility Information		
<i>(Tenants Only – please upload rental agreement or rental affidavit)</i> <input type="checkbox"/> Document Received by organization		
<i>Must provide account information for each utility you are requesting assistance for (Utility Companies will be paid directly)</i>		
a.) Electricity		\$
<i>Provider Name</i>	<i>Acct#</i>	<i>Name on Acct</i>
b.) Gas		\$
<i>Provider Name</i>	<i>Acct#</i>	<i>Name on Acct</i>
c.) Internet		\$
<i>Provider Name</i>	<i>Acct#</i>	<i>Name on Acct</i>
d.) Water		\$
<i>Provider Name</i>	<i>Acct#</i>	<i>Name on Acct</i>
e.) Sewer		\$
<i>Provider Name</i>	<i>Acct#</i>	<i>Name on Acct</i>
f.) Solid Waste		\$
<i>Provider Name</i>	<i>Acct#</i>	<i>Name on Acct</i>
<p>By signing this form, I hereby certify that the information included in this application is factual, accurate and complete. I agree to immediately notify the City of Fresno, its contractors, consultants, and other federal or state agencies (City Partners) of any changes to this information. I understand that as a condition of participating in the Program, the City of Fresno and its City Partners are permitted to request additional verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation, it will be grounds for denying my participation in the Program. Further, I agree that I will indemnify, defend, and hold harmless the City of Fresno and its City Partners against any and all liability, losses, damages, or any expenses, including but not limited to attorney's fees, arising out of or resulting from negligence in connection with the Program. By accepting these Terms and Conditions, I give my consent (permission) to the City of Fresno, its City Partners, and to my utility company and its contractors to share information about my household's utility account, energy usage and/or other information needed to provide services and benefits, including the payment of funds to the utility provider on behalf of my household as described in this application. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under California law.</p>		
Applicant Name/Signature: _____		Date: _____



Last Name: _____
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 Filing Date: _____

CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

Section VII. Landlord Contact Information	
Landlord/Property Management Company Name	
Landlord Email Address	
Landlord Phone	
<i>For faster processing, please provide as much info as possible.</i>	

Section VIII. Tenant Payment Information – Only complete if Section X, Question 5 was marked “No”	
Payment accepted via	<input type="checkbox"/> ACH <input type="checkbox"/> Document Received by Organization <input type="checkbox"/> Check
<i>If you answered ACH, complete the attached ACH form. If you answered Check, complete the information below. Please ensure Section I. Applicant Identification matches the Tenant Payment Information for prompt payment.</i>	
Issue payment to:	
Mailing Address	
City, State, Zip Code	
Phone Number	
Alternate Phone Number	

- By submitting this Application, I certify that all information I provided 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.
- I give consent/authorization to the City of Fresno (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 Emergency Rental Assistance Program.
- I acknowledge that all rental assistance funds received from the Emergency Rental Assistance 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.

Tenant Signature

Name: _____ Please Sign: _____ Date: _____



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

CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

Section IX. 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"/> None	<input type="checkbox"/> Mixed-Use
8. Property Management Company		
9. Apartment Complex Name		

Section X. Landlord's Confirmation of Tenant's Rental Obligation Information			
1. What is the tenant's monthly rent payment?			\$
<i>Must provide most current rental agreement between tenant and landlord/owner/business.</i>			
<input type="checkbox"/> Document Received by Organization			
2. What is the tenant's total rent due after April 1, 2020 to September 30, 2021?			\$
<i>Must provide most current detailed verification of amount due to landlord/owner/business.</i>			
<input type="checkbox"/> Document Received by Organization			
3. How much is currently owed by your tenant after April 1, 2020? <i>Maximum of 18 months of assistance</i>			
April 2020- \$	October 2020- \$	April 2021- \$	October 2021- \$
May 2020- \$	November 2020- \$	May 2021- \$	November 2021 - \$
June 2020- \$	December 2020- \$	June 2021- \$	December 2021 - \$
July 2020- \$	January 2021- \$	July 2021- \$	January 2022 - \$
August 2020- \$	February 2021- \$	August 2021- \$	February 2022 - \$
September 2020- \$	March 2021- \$	September 2021- \$	Total Rent- \$
4. How much has tenant incurred in late fees?			\$
5. Do you agree to accept payment from the City of Fresno's Emergency Rental Assistance Program on behalf of tenant?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If answered yes, proceed to Section XI.</i>			
<i>If answered no, proceed to the signature portion at the bottom</i>			

Tenant Information:

Tenant Name	
Tenant Phone Number	
Tenant Email (if possible)	



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

CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE

Section XI. Landlord Payment Information – Only complete if Section X, Question 5 was marked “Yes”	
Payment accepted via	<input type="checkbox"/> ACH <input type="checkbox"/> ACH Document Received by Organization <input type="checkbox"/> Check <input type="checkbox"/> W9 Document Received by Organization
<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 VII. Landlord Identification matches the ACH and W-9 for prompt payment.</i>	
Issue payment to:	
Mailing Address	
City, State, Zip Code	
Phone Number	
Alternate Phone Number	

By submitting this Application, I certify that all information I provided 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.

I certify that, by accepting payment under the Program, such payment will be payment in full of the entire rental debt owed by the Tenant and the Tenant’s household to me for the specified time period. Furthermore, I hereby release any and all claims for nonpayment of rental debt owed for the specified time period, including a claim for unlawful detainer pursuant to paragraph (2) and (3) of Section 1161 of the Code of Civil Procedure, against the Tenant and the Tenant’s household.

Landlord Signature

Name: _____ Please Sign: _____ Date: _____



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

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

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



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

CITY OF FRESNO COVID-19 EMERGENCY RENTAL ASSISTANCE DOCUMENTATION BY CATEGORY

Identification:

- ANY FORM OF PICTURE IDENTIFICATION

Income Verification: (One or more may be required)

- 2020 FORM 1040
- EMPLOYER STATEMENTS
- INTEREST STATEMENTS
- UNEMPLOYMENT COMPENSATION STATEMENTS
- WAGE STATEMENTS
- 1099 FORM
- CHILD SUPPORT STATEMENT
- ATTESTATION AND INFORMATION COMPLETED ON APPLICATION

COVID-19 Impact:

- COVID AFFIDAVIT (If information under COVID Impact is not complete and acknowledgement is not signed)
- ATTESTATION AND INFORMATION COMPLETED ON APPLICATION

Rental Verification: (One or more may be required)

- LEASE AGREEMENT
- RENTAL STATEMENT
- RENTAL LEDGER
- RELOCATION FEES AFTER APRIL 2020
- RENTAL AFFIDAVIT
- ATTESTATION AND INFORMATION COMPLETED ON APPLICATION

Utility Verification:

- UTILITY AFFIDAVIT (If information under utilities is not complete and acknowledgement is not signed)
- ATTESTATION AND INFORMATION COMPLETED ON APPLICATION

Financial Information:

- ACH FORM
W9 (Landlord Only)

COVID-19 IMPACT AFFIDAVIT

This form is to be completed by the member reporting their COVID impact. One form may be used for any household member participating in the City of Fresno COVID-19 Emergency Rental Assistance program.

Applicant Information

Applicant Name (First name, M.I., Last name): _____

Applicant Date of Birth: _____

COVID-19 Impact Information

Has the tenant or other members of the tenant household qualified for unemployment benefits, experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due to the COVID-19 pandemic? Please check each condition that applies to the household who has lost income or incurred significant costs due to the COVID-19 pandemic (check all that apply):

- Currently unemployed for 90 days
- Laid off-Receiving unemployment assistance
- Laid off-Not receiving unemployment assistance
- Place of employment has closed
- Reduction in hours of work
- Must stay home for child/children due to closure of daycare or school
- Self-employed, and business is no longer supplying income or such income has been reduced
- Unwilling or unable to participate in previous employment due to high risk of severe illness from COVID-19
- Reduction or elimination of child or spousal support
- 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 brief description of the household member's reduction in household income or financial hardship experienced due to the COVID-19 pandemic. Please explain:

Household Member Signature: _____ Date: _____

Applicant Certification

By signing this form, I hereby certify that the above information is factual, accurate, complete, and true to the best of my knowledge. I agree to immediately notify the City of Fresno and its affiliated Administrators of any changes to this information. I understand that as a condition of participating in this program, the City of Fresno and its affiliated Administrators are permitted to request additional verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation it will be grounds for denying my participation in the Emergency Rental Assistance Program. In addition, my signature acknowledges my understanding and consent to the release of the information within this document to the City of Fresno Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under California law.

Applicant Signature: _____ Date: _____



COVID-19 RENTAL AFFIDAVIT

verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation, it will be grounds for denying my participation in the Emergency Rental Assistance Program. In addition, my signature acknowledges my understanding and consent to the release of the information within this document to the City of Fresno Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under California law.

Applicant Signature: _____ Date: _____



COVID-19 SELF-EMPLOYMENT AFFIDAVIT

This form is to be completed by individuals who are self-employed or paid in cash who cannot provide paystubs to establish annual household income (e.g., an individual who works for cash or contracts with organizations but does not have an employer). One form should be used for the member who is self-employed or is paid in cash and resides with the applicant receiving assistance through the City of Fresno COVID-19 Emergency Rental Assistance program.

Applicant Information

Applicant Name (First name, M.I., Last name): _____

Applicant Address: _____

Applicant Date of Birth: _____

Self-Employment Information

I, _____ (self-employed individual), am self-employed or paid in cash.

My self-employment or cash income for the previous 12 months is as follows:

	<u>Income</u>	<u>Type of Work</u>
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		
Mo: _____ 20__		

By signing this form, I hereby certify that the above information is factual and accurate.

Signature of Self-Employed Individual: _____ Date: _____

Applicant Certification

By signing this form, I hereby certify that the above information is factual, accurate, complete, and that I do not have proof of the income source listed above. I agree to immediately notify the City of Fresno and its affiliated Administrators of any changes to this information. I understand that as a condition of participating in this program, the City of Fresno and its affiliated Administrators are permitted to request additional verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation it will be grounds for denying my participation in the Emergency Rental Assistance Program. In addition, my signature acknowledges my understanding and consent to the release of the information within this document to the City of Fresno Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under California law.

Applicant Signature: _____ Date: _____



COVID-19 ZERO INCOME AFFIDAVIT

This form is to be completed by household members above the age of 18 who do not contribute to the household income. One form should be used for each member above the age of 18 who resides with the applicant receiving assistance through the City of Fresno COVID-19 Emergency Rental Assistance program.

Applicant Information

Applicant Name (First name, M.I., Last name): _____

Applicant Date of Birth: _____

Household Member Information

I, _____ (household member name), reside with the applicant at _____ (address), do hereby attest that I currently have no income of any kind and there is no imminent change expected in my financial or employment status.

I will be using the following sources of funds to pay for rent and other necessities: (Check all that apply)

- One or more of my family members are working or own their own business.
- One or more of my family members receive support other than work (Social security, Child support, Supplemental Security Income, Social Security Disability, spousal support, or retirement/pension income).
- One or more of my family members gets money from a friend, relative or organization.
- I receive support from another source. Please explain:

By signing this form, I hereby Certify that the above information is factual and accurate.

Household Member Signature: _____ Date: _____

Applicant Certification

By signing this form, I hereby certify that the above information is factual, accurate, complete, and that I do not receive income support from the household member listed above. I agree to immediately notify the City of Fresno and its affiliated Administrators of any changes to this information. I understand that as a condition of participating in this program, the City of Fresno and its affiliated Administrators are permitted to request additional verification if the information reported appears to be inconsistent or incorrect. I understand that if I provide any false information or misrepresentation it will be grounds for denying my participation in the Emergency Rental Assistance Program. In addition, my signature acknowledges my understanding and consent to the release of the information within this document to the City of Fresno Emergency Rental Assistance Program and its affiliated Administrators. I also understand and consent to the release of this information pursuant to the Public Records Act, to the extent required under California law.

Applicant Signature: _____ Date: _____