



CITY OF SAN JOAQUIN CARES ACT RENTAL ASSISTANCE APPLICATION

Complete the entire application and provide the following items before you submit it to the City of San Joaquin

Documenting Economic Impact during COVID-19 pandemic period - March 27, 2020 to present

(Must check at least one (1) box of the following)

- Workplace closure or reduced hours resulting from employer economic impacts of COVID-19:
 - Household member(s) notification of job loss/termination from employer
 - Household member(s) notification of furlough from employer
 - Household member(s) notification confirming reduction in hours and/or pay
 - Household member(s) application or approval for Unemployment Insurance benefits
 - A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period
 - Caring for a household or family member who is sick with COVID-19
 - Provide medical statement indicating your household or family member have been treated for COVID-19
 - Signed Verification declaring you have contracted the COVID-19 virus
 - Provide medical statement indicating you have been treated for COVID-19
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**THE APPLICATION IS DUE BY NOVEMBER 20, 2020 by 4:30pm
AN INCOMPLETE APPLICATION CAN DELAY BENEFITS OR
DISQUALIFY YOUR FROM RECEIVING BENEFITS**

PERSONAL INFORMATION

FULL LEGAL NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

1. Have you applied for, expect to apply for or have been approved for a Home Assistance Disaster Loan (HADL)? Yes No
2. Have you applied for, expect to apply for, or have been approved for Unemployment/Disability/Financial Assistance? Yes No
3. Does your household have any unpaid local, state, federal tax liens, judgements or municipal code violations?
 Yes No
4. Do you have Income Verification documentation? Yes No
 Check Stubs Unemployment Statements State/Federal Assistance
5. Do you have proof of residency within the City of San Joaquin City Limits, such as a PG&E bill, Water Bill or any other documentation with physical address?
 Yes No
6. Do you
 Rent place of residency
 Have a Mortgage on your place of residency?

Applicant Signature _____ Date: _____

CITY OF SAN JOAQUIN

COVID-19 Emergency Rental Assistance Household Income Self-Certification Form

INSTRUCTIONS: This is a written statement documenting the Annual Income, the number of beneficiary members in the family or household, and relevant characteristics of every member of the household for the purposes of income determination. Only those 18 and above that are not full-time students need to sign, but all household members need to be listed, with the appropriate boxes corresponding to their ages checked.

To complete this statement, fill in the blank fields below using information from the attached Individual Annual Income Self-Certification Form complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except fulltime students. The applicant Head of Household(s) must then sign this statement to certify that the information is complete and accurate and that source documentation will be provided upon request.

Applicant:		
Address:	City:	
Telephone:	State:	Zip Code:

Household Member Income Information

Name:	Total Annual Income:	HH	CH	DIS	S≥18	<18	<15

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

Annual gross income (total of all members) = \$ _____

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of San Joaquin Rental Assistance Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
CO-HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

INDIVIDUAL ANNUAL INCOME SELF-CERTIFICATION

Household Member (Print Name): _____

INSTRUCTIONS: To complete this statement, fill in the blank fields below using information from the COVID-19 Emergency Rental Assistance Household Income Self-Certification Form (Page 6) complete and signed by EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except fulltime students. The Household Member must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Source of Income	Annual Income in Dollars
Salary	
Self-Employed Profits <i>(Complete Exhibit A for each household member if applicable)</i>	
Social Security (SS)	
Supplemental Security Income (SSI)	
Social Security Disability (SSD)	
California Work Opportunity and Responsibility for Kids (CalWORKs)	
Temporary Assistance for Needy Families (TANF)	
Pension	
Alimony	
Child Support	
Unemployment Insurance	
Interest from Bank Accounts and Cash Funds	
Rental Property Income	
Other Income Not Shown Above Sources:	
Total Gross Annual Income:	

Check here if you are a HOUSEHOLD MEMBER AGE 18 OR OLDER with no income and certify by signing below.

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of San Joaquin Emergency Rental Assistance Program Administrator.

Signature	Printed Name	Date
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SECTION II - COMPLETED BY AGENCY STAFF

LANDLORD/LLEGAL PROPERTY OWNER MANAGEMENT COMPANY (if applicable) TELEPHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

City's staff has verified the lease/rental agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive Emergency Rental Assistance. This program is funded by the City of San Joaquin and provides monthly rental and/or monthly rental arrears payments directly to the landlord/property management company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. City of San Joaquin will issue these payments on behalf of the applicant. This agreement and a completed *W-9, Request for Taxpayer Identification Number and Certification* must be returned to the City of San Joaquin staff in order to process the payment(s). Payment(s) will be issued on a monthly basis to the landlord as defined below:

RENTAL ASSISTANCE PROVIDED

ANTICIPATED TERMS OF ASSISTANCE

Amount \$ _____

For _____ consecutive month beginning _____

AGENCY STAFF NAME (PLEASE PRINT)

AGENCY STAFF SIGNATURE

DATE

TELEPHONE NUMBER

Exhibit A

Signed Self-Certification Form

Name of the household member who is self-employed:

Name and nature of the business:

Narrative confirming economic impact on self-employment during eligible pandemic period (March 27, 2020)

Signature

Date