



**CITY OF SAN JOAQUIN COVID-19 EMERGENCY RENTAL  
ASSISTANCE PROGRAM**

**Applicant Intake Form**

Applicant Tenant:		
Tenant Address:		
Tenant Phone:		Tenant Email:
Monthly Rent:	Monthly Due Date:	Months Past Due:
Have you provided notice to your property owner of your inability to pay rent due to COVID-19 emergency? ___ YES      ___ NO		
If yes, please submit the notice with your application.		
LANDLORD/LLEGAL PROPERTY OWNER MANAGEMENT COMPANY (if applicable) TELEPHONE NUMBER		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____