



ALAMEDA COUNTY
HOUSING SECURE

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Program Requirements

To be eligible for this program, landlord applicants must:

- Apply for properties in Alameda County, California outside of Oakland and Fremont.
- Have one or more eligible tenants who owe back rent in the period of March 13, 2020 to the present.

Landlords must provide the following documentation:

The following documentation is required to verify eligibility:

- IRS W-9 Form
- Documentation of property ownership such as property tax record, mortgage statement, property deed, mortgage note, property insurance statement, or other proof of ownership
- Landlords may be asked for additional documentation to verify tenancy and amount of rent owed.

For more information on eligibility & required documentation, please visit ac-housingsecure.org

Please attach copies of any of the above documents you have available to assist in the processing of your application

Funding is limited, and application will be prioritized based on need, severity of COVID-19 impact, and funding availability. Eligibility does not guarantee that an applicant will be approved.

Owner of Record

Name of Owner of Record _____

Does the owner of record named above own five or fewer rental units? Yes No

How many rental units does the owner of record above own? _____

Are any of the rental units you own subsidized affordable housing (such as LIHTC)? Yes No

Landlord Representative Information

Representative Full Name _____

Representative Address _____

City _____ State _____ Zip _____

Representative Phone _____ Best time to call _____

Representative Email _____

Is the owner of record for this property retired? Yes No

Does the owner of record of this property receive Social Security retirement or disability benefits?
 Yes No

Has the Covid-19 pandemic led to a risk of foreclosure? Yes No

Property Address

Property Address _____

City _____ State _____ Zip _____

How many units are on this property? _____

Tenant Information

For landlords with 5 or fewer units only: Please Include the names and contact information only of tenants who need rental assistance.

Tenant 1

Name _____ Unit Number _____

Phone Number _____ Email Address _____

Tenant 2

Name _____ Unit Number _____

Phone Number _____ Email Address _____

Tenant 3

Name _____ Unit Number _____

Phone Number _____ Email Address _____

Tenant 4

Name _____ Unit Number _____

Phone Number _____ Email Address _____

Tenant 5

Name _____ Unit Number _____

Phone Number _____ Email Address _____

Payment information

Please note that there will be an opportunity to register for electronic payment when an application is approved. Electronic payments will be expedited.

Name of Payee _____

Payee Mailing Address _____

Apartment/ Suite Number _____ City _____

State _____ Zip Code _____

Authorization for Release of Information & Verification:

By submitting this Application for Alameda County Housing Secure Emergency Rental Assistance Program (the "Program"), I, as an authorized representative of the Landlord, hereby certify that:

A. Tenant and Unit Information.

1. The Tenant named in this Application is one of the persons that is currently occupying the Unit for whom assistance is being requested and Tenant has occupied and will occupy the Unit for all periods for which assistance is being requested.
2. Tenant and I entered into a residential lease for the housing unit specified within this Application (the "Unit").
3. The Unit is located at an address within the County of Alameda, excluding Oakland and Fremont.
4. I am the property owner of the Unit or have entered into a management/agency agreement that gives me the authority to lease the Unit and participate in the Program. I will provide the Program with proof of ownership or a Notice of Owner Management Agreement signed by the property owner.
5. The information provided in the Application regarding the terms of the lease with Tenant, the rent amount, and any utility amounts are true and accurate. I will provide a copy of Tenant's lease or written agreement to the Program or, if there is no current written lease, I will provide documentation regarding the rent owed by the Tenant.

B. Assistance Payments. Tenant requires financial assistance to pay the rental arrears that have accumulated and are owed under the lease, Tenant requires assistance to pay current or future rental payment(s), and/or Tenant requires assistance to pay the arrearages that have accumulated for utility payments that are owed to me or a Utility Provider. I agree to accept financial assistance on behalf of Tenant subject to the requirements herein.

1. Payments made under the Program for late rent, utilities, and fees may only cover amounts that became due after March 13, 2020 and may not cover any amounts incurred prior to that date.
2. I am not requesting assistance for any amount that became due prior to March 13, 2020.
3. I acknowledge that in no case am I entitled to a payment for a month that Tenant did not or does not reside at the Unit. I shall return any such payment to the Program immediately.
4. I will accept payment from the Program via check for the benefit of Tenant, unless the Program approves another form of payment in writing.
5. I shall not apply for or receive any private or federal assistance that is duplicative of the financial assistance provided under the Program.
6. I shall repay any duplicate payment or overage to the Program immediately.
7. I shall apply payments to Tenant's account(s) as directed by the Program.

C. Application of Payments. If Tenant is eligible for assistance under the Program, the Program shall provide me, as Landlord, a breakdown of the amount(s) of assistance being provided and I shall apply the assistance provided accordingly.

D. Recapture of Funds. If I receive any payment in excess of what is owed to me, I shall immediately return the excess funds to the Program. I shall mail all refund payments to Centro Legal de la Raza at 3400 E. 12th Street, Oakland, CA 9460 in the form of a check, cashier's check, or money order made payable to Centro Legal de la Raza. Payment must reference Tenant's name and address.

E. I shall maintain documentation for all payments received and activities conducted under this Agreement. I shall maintain all books, records, and documents containing such documentation for a period of five (5) full years from the date of the final payment I receive under this Agreement, if any. I shall allow audit of such documentation by the State, the Federal Government,, the Comptroller of the Treasury, or their duly appointed representatives at any reasonable time upon reasonable notice. If applicable, financial statements must be prepared in accordance with generally accepted accounting principles.

F. Information Sharing. I authorize the Program 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 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 five full years from the date of any final payment made from this Program.

G. Text Messaging. Your signature below states that you recognize that electronic communications (text message) are not secure; you hereby authorize the Program to communicate with you regarding 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 for 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.

By submitting this Application, I certify that all information I provided to the Program 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 to any U.S. Department or Agency.

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.

Signature

Name

Date

How to submit your application:

Mail or drop off completed application to 3400 East 12th St., Oakland, CA 94601
Email your application to **achs-erap@centrolegal.org**

*If you are unable to fill out this application form, please call 211
Si tiene dificultad en llenar la solicitud, por favor llame al 211*