



ALAMEDA COUNTY
HOUSING SECURE

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Program Requirements

Are You Eligible?

Applicants must be:

- Tenants of **Alameda County**, California outside the cities of Oakland and Fremont
- Experiencing financial hardship directly or indirectly due to COVID-19
- Experiencing housing instability or a risk of homelessness
- A low-income individual or household

What documentation is required?

The following documentation is required to verify eligibility:

- Valid government issued identification (Only for household members over the age of 18)
- Current lease or rental agreement **or**
 - a. Evidence of paying utilities for the unit **and**
 - b. Documentation that establishes a pattern of paying rent such as receipts, bank statements, etc.
- Documentation of COVID-19 related impact
 - a. Documentation that one or more members of the household qualified for unemployment benefits **or**
 - b. Documentation of hardship such as termination notice, layoff notice, pay stubs, signed statement from employer, receipts, bank statements, medical bills, or self-reported declaration explaining changed financial circumstances.
- Proof of income, such as pay stubs, 2020 W-2s, signed attestation from employer, or other wage statements
- Documentation of risk of experiencing homelessness or housing instability such as past due utility bills, rent notice, eviction notice or documentation of unsafe or unhealthy living conditions

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. If you are eligible for assistance, you will be contacted by an Alameda County Housing Secure partner organization to verify the contents of your application.

General Information

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone (Circle: Home / Mobile) _____ Best time to call _____

Email _____

Primary language spoken at home: _____

Gender: Male Female Transgender Non-Binary

Marital status: Married Single Divorced Domestic Partner Widow/ Widower

Race (Please select one): American Indian/Alaska Native Asian Black or African-American

Native Hawaiian/Other Pacific Islander White American Indian/Alaska Native & White
 Asian & White Black/African American & White American Indian/Alaska Native & Black/African American Other Multi-Racial

Hispanic/Latino: Yes No

Do you have a disability, whether diagnosed or not? None Physical Psychological
 Cognitive/Developmental No answer.

Have you ever been homeless? (Meaning that you slept outside, your car, or another place not for people to sleep, or in a shelter.) Never I have been homeless once
 I have been homeless more than once I decline to answer

How recently have you been homeless? Never Within the past two years.
 More than two years ago I decline to answer

Current Monthly Income for your household as a whole \$ _____

Annual income for your household in 2020 \$ _____

Approximate annual income for your household in 2019 \$ _____

Source of Income (Please all that apply): Earned Income/Employment Unemployment
 Alimony CalWORKS Child Support Disability (SSDI, SDI, Other) SSI
 Food Stamps/SNAP/WIC GA Pension/Retirement Social Security TANF

- Temporary Disability
 Veterans Benefits
 Workers' Compensation
 None
 Other

Are you, or anyone in your household, receiving unemployment insurance?

- Yes
 No
 I applied for unemployment insurance but am not yet receiving it

List each member of the household: (**Do not repeat applicant's information here**)

Name	Date of Birth	Disability? (Y/N)	Source of Income

COVID-19 Hardship

Has anyone in the household been unemployed for 90 days or more since the pandemic started?

- Yes
 No

I experienced a documented hardship due to the effects of the COVID-19 pandemic, select all that apply:

- Loss of or reduction in employment wages
- Increased medical costs
- Increased childcare costs
- Loss of childcare
- Other (please explain) _____

Please describe in detail the need for assistance and how the household has been affected by the COVID-19 pandemic:

Financial Assistance Needed

My monthly rent is: _____ My rent is due on (day): _____

I have a housing subsidy, please specify: Public Housing Housing Choice Voucher/Section 8
 Project Based Section 8 Other Housing Subsidy None

Please indicate how much you have paid in rent for the following months:

Month	Rent Paid (by tenant or past rental assistance)
March 2020	
April 2020	
May 2020	
June 2020	
July 2020	
August 2020	
September 2020	
October 2020	
November 2020	
December 2020	
January 2021	
February 2021	
March 2021	

Do you need assistance with utility payments, such as water, gas, electricity, and internet? If yes, list the amount you owe from March 2020 - Present.

\$ _____

If you have been displaced due to Covid-19, do you need assistance for a security deposit or initial move-in costs? If yes, please list the amount needed here.

\$ _____

I have applied for and/or received rental assistance since March of 2020 from another program?

Yes No

If you have received assistance from any other program since March 2020, please describe the Amount and the months covered: _____

Landlord / Property Manager Information

Landlord/Owner Name: _____

Property Management Company Name: _____

Landlord Address: _____

City: _____ Zip: _____ Landlord phone: _____

Landlord email address: _____

Housing Stability

The questions below assess if you might benefit from additional services. They will not affect your eligibility for rental assistance.

Has your landlord asked you to move out, either verbally or in writing, since March 2020?

Yes No

Do you owe back rent from before March 2020?

Yes No

Are there serious problems that need repair in your unit?

Yes No

Please describe any serious problems that need repair in your unit: _____

Has your rent been raised by more than 5% since March 2020? Yes No

Have you experienced harassment from your landlord since March 2020? Yes No

Are you currently living or staying with someone whose landlord does not know you're there?
 Yes No

Are you worried that your landlord might lock you out of your unit? Yes No

Have you ever had a landlord file an eviction lawsuit against you in court which resulted in you having to leave?
 Yes No

Additional Information:

Is anyone in your household currently pregnant? Yes No

Have you or anyone in your household reentered the community from jail or prison within the last 12 months? Yes No

Have you or any adult in your household been discharged from a hospital, mental health facility or substance abuse treatment facility in the last year? Yes No

Have you had a major change of who's a part of your household (e.g., divorce, death, accepting a minor into your home) in the past 12 months? Yes No

Are you working with Child Protective Services? Yes No

Is your household ineligible for certain federal subsidies or assistance, such as unemployment assistance? Yes No

Please include any additional comments to help us understand your application here.

How did you hear about this program? Advertising (social media, radio, etc.)
 Community or faith based organization A friend or family member Elected Official Other

Authorization for Release of Information & Verification:

By submitting this Application for Alameda County Housing Secure emergency Rental Assistance Program (the "Program"), I, the Tenant applying hereunder, hereby certify that:

A. Tenant and Unit Information.

1. I am the Tenant named in this Application and I am one of the persons that is currently occupying the Unit for whom assistance is being requested and I have occupied and will occupy the Unit for all time periods for which assistance is being requested.
2. Landlord 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 Alameda County, excluding Fremont and Oakland.
4. The information provided in this Application regarding the terms of the lease with Landlord, the rent amount, and any utility amounts are true and accurate. I will provide a copy of my lease or rent agreement to the Program or, if there is no current written lease, I will provide other documentation to verify the terms of the lease and rent amount.

B. Assistance Payments. I certify that I am in need of financial assistance to pay the rental arrears that have accumulated and are owed under the lease, to pay current or future rental payment(s), and/or to pay the arrearages that have accumulated for utility payments that are owed to Landlord or a Utility Provider.

1. I understand that rental assistance will be paid directly to my Landlord and any utility assistance will be paid directly to my Utility Provider.
2. Payments made under the Program for late rent and fees will only cover rent that became due after March 13, 2020 and will not cover any fees incurred prior to that date. 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 I did not or do not reside at the Unit. I shall return any such payment to the Program immediately.
4. I shall not apply for or receive any private or federal assistance that is duplicative of the financial assistance provided under the Program.
5. I shall repay any duplicate payment or overage to the Program immediately.

C. 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 94601 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.

D. 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. I further authorize the release and sharing of information between the Program, the funding agencies, 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.

E. 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 give consent/authorization to the Program 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 Program.

I agree to participate in the evaluation of this program, which will help improve the Program’s service delivery and potentially expand resources for rent support and affordable housing. This may involve filling out follow up surveys. (Note: Your willingness to be contacted for program evaluation purposes will not affect your eligibility or selection for this program in any way.)

(Check) I certify that the information submitted in this application is true and correct to the best of my knowledge.

Applicant Name

Applicant Signature

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*