



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 skip to Section IV. If no, complete #2 and #3.*

- 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	\$
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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*

<input type="checkbox"/> 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)	\$
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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

<input type="checkbox"/> I will certify income for each household member (complete the below table) <div style="text-align: center;"><i>Enter the Annual Household Income for your household</i></div>	\$
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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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Section IV. COVID-19 Impact Information	
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If answered yes, please continue the application. If you check no, you do not qualify for the City of Fresno ERA Program</i></p>	
<p>2. Please check the conditions that apply to anyone in your household related to the COVID-19 pandemic</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently unemployed for 90 days or more <input type="checkbox"/> Laid off-receiving unemployment assistance <input type="checkbox"/> Laid off-not receiving unemployment assistance <input type="checkbox"/> Place of employment has closed <input type="checkbox"/> Must stay home to care for child/children due to closure of daycare or school <input type="checkbox"/> Self-employed, and business is no longer supplying income or such income has been reduced <input type="checkbox"/> 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 <input type="checkbox"/> Unwilling or unable to participate in previous employment due to high risk of severe illness from COVID-19 <input type="checkbox"/> Provided a financial distress form to landlord <input type="checkbox"/> Reduction or elimination of child or spousal support <input type="checkbox"/> I or someone in my household had an unexpected COVID-19 related medical or funeral expense <input type="checkbox"/> Child or Adult dependent care expenses increased due to COVID-19 <input type="checkbox"/> 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 <hr/> <hr/>	
<p>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</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><input type="checkbox"/> 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.</p>	



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Section V. Tenant Rental Obligation Information			
1. Are you requesting rental assistance? <i>If you 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 detailed verification of amount due to 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- \$	September 2020- \$	February 2021- \$	August 2021- \$
May 2020- \$	October 2020- \$	March 2021- \$	September 2021- \$
June 2020- \$	November 2020- \$	April 2021- \$	
July 2020- \$	December 2020- \$	June 2021- \$	
August 2020- \$	January 2021- \$	July 2021- \$	Total Rent- \$
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:
<input type="checkbox"/> I attest that the information provided above is true and correct to the best of my knowledge and that the costs identified in this request were incurred after April 1, 2020 as per California Law.			



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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: _____



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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 VIII, Question 3 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

Please Sign: _____ Date: _____



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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?			
April 2020- \$	September 2020- \$	February 2021- \$	August 2021- \$
May 2020- \$	October 2020- \$	March 2021- \$	September 2021- \$
June 2020- \$	November 2020- \$	April 2021- \$	
July 2020- \$	December 2020- \$	June 2021- \$	
August 2020- \$	January 2021- \$	July 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 IX. Skip Section X</i>			
<i>If answered no, proceed to Section VIII. Skip section VII.</i>			

Section XI. Landlord Payment Information – Only complete if Section VI, Question 3 was marked "Yes"			
Payment accepted via	<input type="checkbox"/> ACH <input type="checkbox"/> Check	<input type="checkbox"/> ACH Document Received by Organization <input type="checkbox"/> W9 Document Received by Organization	
<i>If you answered ACH, provide completed W-9 form and complete the attached ACH form.</i>			
<i>If you answered Check, provide completed W-9 form.</i>			
<i>Please ensure VII. Landlord Identification matches the ACH and W-9 for prompt payment.</i>			



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Section XI. Landlord Payment Information – Only complete if Section VI, Question 3 was marked “Yes”	
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

Please Sign: _____

Date: _____



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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)