

The list of items below must be submitted in order for FHCRC to consider your application for Riverside CARES Rental Assistance. Applications are processed on a first come, first served basis once complete and all documentation is received. Please note the following qualifications must be met in order for your application to be considered:

1. You must live inside City of Riverside city limits
3. This program only covers back rent; it will not pay for future or current rent payments
4. You must provide documentation that your loss of income is COVID-19 related
5. You must provide current income information for the last 30 days and meet the income requirement based on this period (combined household income can't exceed 80% of Adjusted Median Income for Riverside County): <https://www.harivco.org/Program/IncomeLimits/tabid/72/Default.aspx>

This program only covers **up to three months' late rent (no future rent)** and the total will be paid directly to your landlord or property manager. Applications are reviewed and funding disbursed biweekly.

Please ensure these items are attached before submitting; your application will not be processed without them:

- Application filled out COMPLETELY - do not leave items blank
- Landlord Contact and Release of Information form (you only need to fill out the top section)
- Photo ID for adults 18 and older in household
- Proof of income for all household members 18 and older - pay stubs or bank statements in case of self-employment
- Proof of loss or reduction of income related to COVID-19 - **if your job loss or reduction in income are not related to COVID-19, you do not qualify for this program**
To prove loss of income, you must submit a document from your employer or bank statements that show your prior income and your current reduced income. Employer information MUST be provided for verification. If you took medical leave due to your own or a family member's COVID-19 diagnosis, medical documentation is required.
- Copy of your complete original lease agreement

The following must be provided if you currently receive benefits from these programs:

- Social security or VA: benefit award letters showing gross monthly award for all household members
- Pension: current benefit statement with gross monthly benefit amount listed
- Unemployment: print out current gross weekly rate from online or paper statement
- Child support: last 30 days' statement
- TANF: submit current month award notice
- Food stamps: award letter showing your current monthly benefit and household members

Please return completed application to: rentassist@fairhousing.net or fax to 951-682-0262

STAFF USE ONLY

- All documentation included - Date: _____
- List missing docs: _____
- Combined Annual Income based on 30 days' documentation: _____
- Income level under: 30% AMI 50% AMI 80% AMI
- Verified COVID-19 related loss of income
- Employer information verified
- Lease attached
- Landlord info confirmed
- Job referral: Y N/Will use the following source to continue to pay rent after assistance: _____
- Notes: _____
- Phone number or contact email address: _____

Approval date: _____ Payment date: _____

Dashboard entry: _____ Fund: COVID ESG CARES

APPLICATION FOR RENTAL ASSISTANCE

APPLICANT NAME: _____

Current Address (include apt#), City, State, Zip: _____

Phone: _____ Email Address: _____ How long have you lived at this residence: _____

Type of home: Apartment/Townhome Mobile Home Single Family Home Other _____

HOUSEHOLD COMPOSITION

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship to Head of Household	Date of Birth	Age	Race	Hispanic Y/N	Gender	Veteran Y/N	Disability Y/N

Total number of people living in your household: _____

How did you hear about this program? Family/Friend 211 City of Riverside United Way Salvation Army
 Other _____

Are you behind on your rent due to COVID-19 related income loss? Yes No

If you are at risk of being evicted or displaced from your housing due to non-payment of rent related to COVID-19 income loss, you are not eligible for assistance with this program. If you are, please briefly explain your situation:

SELF DECLARATION OF INCOME AND EXPENSES

What is the total average current monthly income of **all household members over the age of 18?** (fill in Monthly Total line using calculations below)
 Use the **last thirty days income** to calculate average current monthly income, including wages, salaries and tips; other income such as, alimony, child support; and unemployment, Social Security, AFDC or other benefits. Make sure ALL income sources are listed below and employer name is complete for every member of your household over the age of 18.

Monthly Total (add all income sources listed below): \$ _____

Household Member's Full Name	Employer name and/or other source(s) of income	Employed full or part time?	Enrolled in school? Y/N	Payment Basis (weekly, monthly, etc.)	Current monthly income before taxes	Last date worked if unemployed	If you receive family assistance, how often/how much?

If your income does not cover your expenses, what income source do you use to pay for necessities, such as food, transportation and housing?

For any members that are listed as unemployed, are you looking for work? Yes No Doesn't apply

If yes, name(s) of unemployed household member(s): _____

If you are unemployed and not looking for work, we are required to refer you to employment assistance.

EMPLOYMENT INFORMATION

Please provide information for all employers listed in the income section above or former employers if laid off due to COVID-19.

Member's Full Name	Occupation, Dates Employed	Employer Name, City, State	Employer Phone Number	Contact Name for Employment Verification

Which, if any, of the above household members had layoff, reduced hours or lost wages related to COVID-19? Please list the employer and other relevant information as well as attaching written confirmation from employer. If you are self-employed, please include name of business and bank statements from a prior period showing self-employment income and statements from current period showing loss of income with explanation below:

CURRENT MONTHLY EXPENSE INFORMATION

Payment Type	Name of Creditor	Balance	Monthly Payment
Rent			
Auto			
Credit Card			
Utility: Natural Gas			
Utility: Electricity			
Utility: Water/Sewer			
Phone			
Insurance			
Other			
Other			
Other			
Total current monthly expenses			

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the Fair Housing Council of Riverside County to verify all information provided on this application and to make benefit payments directly to my landlord.

FRAUD STATEMENT: The information above is true, accurate and complete.

Head of Household Signature	Date
Co-Applicant Signature	Date

Landlord Contact and Release of Information

Applicant Information (applicant must fill out top section of form completely)

How much is your monthly rent? \$ _____

Are utilities included in your rent? Yes No How many **total months behind** are you? _____

What are the dates of unpaid rent for which you request assistance? (three months max, cannot predate 3/21/2020)

Total amount of unpaid rent for which you are requesting assistance: \$ _____

Type of Housing: Apartment Mobile Home Private/Single Family Home

Number of people living in housing: No. of adults _____ + No. of children _____ = Total _____

Do you live in: Private Housing Subsidized/Section 8 Housing

Landlord/Property Manager's Name: _____

Landlord/PM's Address: _____

Landlord/PM's Phone Number: _____

Landlord/PM's Email Address: _____

I _____, certify that the above information is true and give permission for Fair Housing Council of Riverside County to contact my landlord to verify the information above is correct.

Applicant signature: _____ Date: _____

Landlord/Property Manager Verification (only landlord should fill out information below)

I am the landlord/PM listed above, and I verify the above information is correct to the best of my knowledge.

Print name: _____ Signature: _____

Name of the person or management company the check should be made out to: _____

Physical address where check can be delivered: _____

Landlord Certification of Payment To be filled out when payment is delivered to landlord.

I received payment in the amount of: \$ _____

Landlord signature: _____ Date: _____

ED Approval _____