

**Fair Housing Council of Riverside County  
CARES Act Rental Assistance Program**

**Application Checklist**

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 serve basis; the process begins once 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.
2. This program only covers back rent (including current month), but does not cover future payments.
3. You must provide a declaration that your loss of income is COVID-19 related.
4. You must declare annual income (please make adjustments as needed for COVID related losses).

This program covers up to six months of past due or current month 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
- Declaration of COVID-19 Related Financial Distress *(signed and dated)*
- Photo ID for adults 18 and older in household
- Lease/Rental Agreement *(provided by Landlord or Property Manager in most cases)*
- Tenant Account Ledger showing past due balance *(provided by Landlord or Property Manager in most cases)*
- W-9 Form for Landlord or Property Manager

**Please send your completed application to [rentassist@fairhousing.net](mailto:rentassist@fairhousing.net)**

<p>All documentation included - Date: _____</p> <p>List missing docs: _____</p> <p>Combined Annual Income based on 30 days' documentation: _____</p> <p>Income level under:    30% AMI    50% AMI    80% AMI</p> <p>Verified COVID-19 related loss of income _____</p> <p>Employer information verified _____</p> <p>Lease attached _____</p> <p>Landlord info confirmed _____</p> <p>Notes: _____</p> <p>Phone number or contact email address: _____</p> <p>Approval date: _____                      Payment date: _____</p> <p>Dashboard entry: _____                      Fund:    COVID    ESG    CARES</p>	STAFF USE ONLY
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------

**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 \_\_\_\_\_

## APPLICATION FOR RENTAL ASSISTANCE

APPLICANT NAME (Co-Applicant if necessary): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ How long have you lived at this residence: \_\_\_\_\_

How much is your rent: \_\_\_\_\_ Total \$ amount of assistance you are requesting? \_\_\_\_\_

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

How did you hear about this program?  Family/Friend  211  City of Riverside  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

Are you behind on your rent due to COVID-19 related income loss?  Yes  No (Please give brief explanation of your circumstances)

---



---



---



---



---

**SELF DECLARATION OF INCOME AND EXPENSES**

What is the total annual income of all household members over the age of 18? *Include wages, salaries and tips; other income such as, alimony, child support; and unemployment, Social Security, AFDC or other benefits.*

Annual Total (add all income of every adult in the household): \$ \_\_\_\_\_

**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

**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

**DECLARATION OF COVID-19-RELATED  
FINANCIAL DISTRESS**

*Code of Civil Procedure Section 1179.02(d)*

I am currently unable to pay my rent or other financial obligations under the lease in full because of one or more of the following:

1. Loss of income caused by the COVID-19 pandemic.
2. Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.
3. Increased expenses directly related to health impacts of the COVID-19 pandemic.
4. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income.
5. Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.
6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.

Any public assistance, including unemployment insurance, pandemic unemployment assistance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.

Signed under penalty of perjury under the laws of the State of California.

---

Signature

---

Dated

For information about legal resources that may be available to you, visit <https://lawhelpca.org/>.

For information, resources, and support visit [www.LandlordTenant.dre.ca.gov](http://www.LandlordTenant.dre.ca.gov).