



COVID -19 EMERGENCY RENTAL ASSISTANCE PROGRAM

APPLICATION PACKET

Administered by:
The City of Fullerton
Community and Economic Development Department
Economic Development and Housing Division

DOCUMENTS NEEDED FOR THE APPLICATION

You will need to gather and submit the following documents along with the application form:

1. Completed and signed application form.
2. Applicant's valid California driver's license or identification card.
3. Applicant's 2019 federal income tax return transcript from the IRS or 2018 if 2019 has not been filed yet (<https://www.irs.gov/individuals/get-transcript>)
4. First page of federal income tax return for all other household members over the age of 18.
5. Copy of current rent/lease agreement.
6. Proof of deferred rent/lease payments or delinquencies.
7. Unemployment benefits letter or employer furlough or layoff letter reflecting reduced wages.
8. Copies of account statements: checking, savings, CD's, stocks, bonds, 401k, IRA etc.(if requested)
9. Full-time student – evidence of registration with at least 12 units.

APPLICANT / HEAD OF HOUSEHOLD INFORMATION

First Name _____ Last Name _____

Street Address _____

City, State and Zip Code _____

Daytime Telephone Number _____ Date of Birth _____

E-Mail Address _____

Number of People in Household _____ Number of Bedrooms in Housing Unit _____

Please check any of the following impact to applicant's income that have resulted from COVID-19. Attach documentation demonstrating the indicated impacts to income to application.

- Loss of employment
- Furlough/Reduction of work hours
- Reduced work hours due to caring for sick family member related to COVID-19
- Reduced work hours due to providing childcare for children unable to attend school
- Reduced work hours due to illness related to COVID-19

Provide a brief description of the impacts to your household income due to COVID-19.

Use the table below to provide information for each member of your household. Provide income information for all household members over the age of 18. Attach copies of one-month of current income documentation for all household members. Print or type clearly. If additional space is needed, please attach a separate sheet.

Name	Relationship to HOH	Age	Full Time Student (Y/N)	Gross Monthly Income	Source of Income (Wages, SSI, SSD, TANF, Disability, Annuities, Retirement etc.)

Please provide a summary of rent/lease payments that have been deferred as a result of reduced household income due to COVID-19. Supporting documentation must be provided to reflect the information provided, such as a copy of the current rental or lease agreement, payment agreements or requests for rent deferral.

Demographic Information:

The following information will be kept confidential and only used to provide aggregate data for program analysis. Completion of this page is optional and will not be used to evaluate your application for the Rental Assistance Program.

Applicant's Information:

RACE

- | | | |
|---|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American-Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> American-Indian/Alaskan Native & White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African-American & White | <input type="checkbox"/> American-Indian/Alaskan Native & Black/African-American | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian/ Other Pac Islander | <input type="checkbox"/> Other |

GENDER

- Female Male Other

Self-Certification:

By signing this application, the applicant hereby certifies the following statements to be true and correct:

- Applicant's household has had an impact to its household income as a result of COVID-19.
- Applicant's household had deferred rent/lease payments as a result of impacts to income due to COVID-19.
- Applicant has provided complete household and income information to support this application

I DECLARE UNDER PENALTY AND PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT.

Signature

Date

Print Name