

City of San Dimas

COVID-10 Emergency Rental Assistance Program

APPLICATION

The City of San Dimas in partnership with the Los Angeles County Development Authority (LACDA) is offering an Emergency Rental Assistance Program funded by the CDBG-CARES Act and is designed to assist eligible residents, impacted by the COVID-19 Pandemic. The program will be open to individuals whose households' income has been reduced as a result of COVID-19 and that are not receiving rental assistance through other organizations. Applicants will be required to provide documentation of their hardship.

The program will begin with approximately \$66,000 which may be increased as more funding becomes available. The program is expected to serve as many households as possible, with an average grant amount of \$500 per household per month, and is expected to last not more than three (3) months. Priority assistance is provided to the neediest residents and not on a first come first serve basis. Eligible applicants will be placed on a wait list and be notified if additional funding becomes available.

Participants must live within the City of San Dimas and have a maximum household income at or below 80% of the area median income (AMI) for Los Angeles County.

Program Guidelines:

- The program is designed to benefit low to moderate income households impacted by COVID-19.
- Residents in Mobile Home parks are eligible if you cannot pay your space rent.
- Priority will be given to families with children and lower income earning households. Consideration may be given to other vulnerable populations.
- Eligible tenants will have the grant paid to the landlord directly, benefiting the tenant and the landlord.
- Must communicate with your landlord and let them know that you are applying for assistance and provide the landlords contact information and email.
- The rent must be considered current by the landlord after receipt of the grant payment.
- The grant will be calculated based on the amount of rent owed and the tenant's ability to pay a portion of the past due rent.
- Applicants will be required to provide documentation of their income and eligibility which may include check stubs, bank statement and/or a letter from your employer. Alternate documentation may be considered for individuals whose income was based on cash compensation.
- Documentation must show an impact on their employment or income beginning March 10, 2020 or later that is attributed to the COVID-19 pandemic.

Examples of Impact by COVID-19 (not limited to the following):

- Job loss, furlough or layoff
- Reduction in hours of work or pay
- Store, restaurant or office closure
- The need to miss work to care for a home-bound, school age child or elderly person

Instructions: Please complete and return the attached checklist and application along with the Supplemental Worksheets. All forms must be completed in full.

Copies of recent documents as indicated on the attached Program Checklist must be submitted with your application. Mail your application:

City of San Dimas
245 E. Bonita Avenue
San Dimas, CA 91773
Attn: Ann Garcia
Housing and Special Projects
(909) 394-6282

City of San Dimas

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM CHECKLIST

The following documents are required in order to determine your program eligibility. Please check all boxes that apply and attach copies of applicable documents to your application and submit them along with the Program Application and Supplemental Worksheets. All forms must be completed in full.

Documentation Required:	Types of Verification
<i>Proof of Age</i>	Copy of current driver's license or CA Identification Card
<i>Employment</i>	Proof of employment / Loss of employment
<i>Proof of Income for everyone in the household</i>	2019 Tax return(s) OR Two (2) months paystubs from most recent job for everyone in the household
<i>Rental Occupant</i>	Copy of your rental agreement
<i>Release of Information Approval</i>	Sign & Dated "Release of Information" with landlord's name and information
<i>Monthly Utility Costs</i>	Copy of most recent utility bills. (do not include phone, cable or satellite TV bills) You can include internet service if you have a school age or college student at home and if you are working from home.

CERTIFICATION

I certify that I am providing the above information documentation as part of this application and it is true and accurate.

Applicant's Signature **Date** **Applicant's Signature** **Date**

2020 INCOME LIMITS

Number of Persons	Extremely Low-Income	Low-Income	Moderate-Income
1	\$23,700	\$39,450	\$63,100
2	\$27,050	\$45,050	\$72,100
3	\$30,450	\$50,700	\$81,100
4	\$33,800	\$56,300	\$90,100
5	\$36,550	\$60,850	\$97,350
6	\$39,250	\$65,350	\$104,550
7	\$41,950	\$69,850	\$111,750
8	\$44,650	\$74,350	\$118,950

*Please note that the 2020 median family income for Los Angeles County is \$77,300.

APPLICATION COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

The information you supply on this questionnaire will determine your eligibility for the COVID-19 Emergency Rental Assistance Program. All information in this form is confidential.

APPLICANT(s)

(Please print in ink)

Head of Household: Name _____ DOB: _____

Address: _____ Household Size _____

Driver's License # _____ Female Male

Telephone # (Home) _____ (Cell) _____

Rent Subsidy From Any Source (family support, public assistance) no yes \$ _____

Current Rent Amount: _____ Your last rent payment (amount/month): _____

HOUSEHOLD OCCUPANTS (List head of household first) **PLEASE PRINT**

Name	Date of Birth (DD/MM/YYYY)	Occupation	Student (Yes/No)

MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS (Attach pages if needed for each family member)

Head of Household:

Employment	\$	Disability Benefits	\$	Veteran's Benefits	\$
Social Security	\$	Unemployment	\$	Other:	\$
SSI	\$	General Assistance	\$		

Family Member:

Employment	\$	Disability Benefits	\$	Veteran's Benefits	\$
Social Security	\$	Unemployment	\$	Other:	\$
SSI	\$	General Assistance	\$		

AVERAGE MONTHLY UTILITY COSTS

Electric	Gas	Water	Sewer	Trash	Internet	Total
\$	\$	\$	\$	\$	\$	\$

APPLICANT CERTIFICATION

- I/We certify that the information provided in this application is accurate, complete to the best of my/our knowledge and belief and is subject to verification.
- I/We give consent to have the City of San Dimas to obtain any information or documentation required to verify program participation.
- I/We understand any attempt to obtain COVID-19 Emergency Rental Assistance by false information, impersonation, failure to disclose or other fraud is a crime under Federal law.
- I/We also understand that I/we agree and are to notify the City of San Dimas, if I/we change my/our contact information or my/our financial or living conditions.

Applicant's Signature Date Applicant's Signature Date

APPLICANT CERTIFICATION:

I/We understand that the COVID-19 Emergency Rental Assistance Program is designed to be emergency assistance in the form of a grant toward my/our monthly rental or space rent.

I/We further understand that I/We authorize the City of San Dimas to utilize my/our information provided in this application for that purpose.

Applicant Signature Date Applicant Signature Date

CITY OF SAN DIMAS

COVID-19 Emergency Rental Assistance

Household Income – Self-Certification Form

INSTRUCTIONS: Fill in the blank fields below, add income from EACH HOUSEHOLD MEMBER AGE 18 OR OLDER except full-time students. The applicant or Head of Household(s) must then sign this statement to certify that the information is complete and accurate and that source documentation will be provided upon request.

Table with 2 columns: Source of Income, Annual Income in Dollars. Rows include Salary, Self-Employed Profits, Social Security (SS), Supplemental Security Income (SSI), Social Security Disability (SSD), California Work Opportunity and Responsibility for Kids (CalWORKS), Temporary Assistance for Needy Families (TANF), Pension, Alimony, Child Support, Unemployment Insurance, Rental Property Income, Other Income Not Shown Above Sources, and Total Gross Annual Income.

Check here if YOU are Self-Employed and certify by signing below. Please provide us with the name and nature of the business, and a narrative confirming economic impact on self-employment during the eligible pandemic period.

Four horizontal lines for providing business details.

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of San Dimas Emergency Rental Assistance Program Manager.

Signature, Printed Name, and Date fields.

IMPORTANT NOTICE: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

CITY OF SAN DIMAS
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

Applicant Intake Form

DATE: _____

Applicant Name:		
Applicant Address:		
Applicant Phone:		Applicant Email:
Monthly Rent \$:	Monthly Due Date:	Months/Rent \$ Past Due:
Landlord/Legal Property Owner Management Company:		Landlord Phone #:
Landlord Address:	City/State:	Zip Code:

Documenting Economic Impact during COVID-19 pandemic period - March 10 to present:

- Workplace closure or reduced hours resulting FROM employer economic impacts of COVID-19:
 - Household member(s) notification of job loss/termination from employer
 - Household member(s) notification of furlough from employer
 - Household member(s) notification confirming reduction in hours and/or pay
 - Household member(s) application or approval for Unemployment insurance benefits
 - A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period.

- Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19: (Describe)

- Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the applicant or member of the household who is ill with COVID-19: (Describe)

- Any additional factors relevant to the applicant's reduction in income as a result of the COVID-19 pandemic: (Please List)

THIS IS A FEDERALLY FUNDED PROGRAM. FOR REPORTING PURPOSES ONLY, PLEASE PROVIDE THE FOLLOWING DEMOGRAPHIC INFORMATION. COMPLETE ALL BOXES.

1. Check the appropriate box for your household size.
2. In the same row, circle the income level in the adjacent columns that apply to your annual income.

Household Size	2020-21 Annual Income Levels		
<input type="checkbox"/> 1	\$0 - \$23,700	\$27,701 - \$39,450	\$39,451 - \$63,100
<input type="checkbox"/> 2	\$0 - \$27,050	\$27,051 - \$45,050	\$45,051 - \$72,100
<input type="checkbox"/> 3	\$0 - \$30,450	\$30,451 - \$50,700	\$50,701 - \$81,100
<input type="checkbox"/> 4	\$0 - \$33,800	\$33,801 - \$56,300	\$56,301 - \$90,100
<input type="checkbox"/> 5	\$0 - \$36,550	\$36,551 - \$60,850	\$60,851 - \$97,350
<input type="checkbox"/> 6	\$0 - \$39,250	\$39,251 - \$65,350	\$65,351 - \$104,550
<input type="checkbox"/> 7	\$0 - \$41,950	\$41,951 - \$69,850	\$69,851 - \$111,750
<input type="checkbox"/> 8	\$0 - \$44,650	\$44,651 - \$74,350	\$74,351 - \$118,950

2. What is the applicants' race?
 Please also answer question 3.
 Mark **X** next to the category that best describes your origin.

Single Categories

American Indian / Alaska Native
 Asian
 Black / African American
 Native Hawaiian / Other Pacific Islander
 White

Double Categories

American Indian or Alaska Native *and* White
 Asian *and* White
 Black or African American *and* White
 American Indian or Alaska Native *and* Black or African American
 Other –

Print race → _____

3. Ethnic Background

1. Is the applicant Spanish/Hispanic/Latino? Mark **X in the "No" box if **not** Spanish/ Hispanic/Latino.**

No, not Spanish/Hispanic/Latino
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino –

Print Group → _____

4. Household Information

A female heads the household where the applicant resides.

A male heads the household where the applicant resides.

I certify that the above information is true and accurate and that supporting documentation can be provided upon request.

 Applicant's Signature (Head of Household)

 Date

CITY OF SAN DIMAS
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM
Landlord Program Participation
Payment Acceptance Agreement

Applicant Tenant:
Tenant Address:

SECTION I - COMPLETED BY CITY OF SAN DIMAS STAFF			
LANDLORD/LEGAL PROPERTY OWNER	MANAGEMENT COMPANY (if applicable)	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
<p>The City of San Dimas administers this program and has verified the lease/rental agreement and other eligibility documentation by the Applicant identified above and determined that this household is eligible to receive Emergency Rental Assistance. The City of San Dimas will issue monthly rental and/or monthly rental arrears payments directly to the landlord/property management company on behalf of eligible households economically impacted during the COVID-19 pandemic through job loss, furlough or reduction in hours or pay. This agreement and a completed <i>W-9, Request for Taxpayer Identification Number and Certification</i> must be completed by the landlord/property management company and returned to the City of San Dimas staff in order to process the payment(s). Payment(s) will be issued on a monthly basis to the landlord as defined below:</p>			
RENTAL ASSISTANCE PROVIDED	ANTICIPATED TERMS OF ASSISTANCE		
Amount \$ _____	For _____ consecutive month beginning _____		
AGENCY STAFF NAME (PLEASE PRINT)	AGENCY STAFF SIGNATURE	DATE	TELEPHONE NUMBER

SECTION II - COMPLETED BY THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY			
<p>The landlord (legal owner of the residence reference above) must complete this Section.</p> <p><input type="checkbox"/> I do not want to participate in the City of San Dimas COVID-19 Emergency Rental Assistance Program; or</p> <p><input type="checkbox"/> I would like to participate in the City of San Dimas COVID-19 Emergency Rental Assistance Program. To receive payment, I will provide this signed agreement a W-9 Request for Taxpayer Identification Number and Certification.</p>			
TENANT'S MONTHLY RENT IS DUE ON THE _____ OF EACH MONTH.			
LANDLORD/LEGAL OWNER'S NAME/MGT. COMPANY (PLEASE PRINT)		APPLICANT (TENANT) NAME (PLEASE PRINT)	
MAILING ADDRESS		PROPERTY ADDRESS	
CITY	STATE	ZIP CODE	CITY
			STATE
			ZIP CODE

LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY CERTIFICATION

I UNDERSTAND AND CERTIFY THAT: In no case am I entitled to a payment for a month that the applicant does not reside at my property. If I receive a direct rent payment for a month that the applicant did not reside at my property, I shall remit to the City of San Dimas an amount that represents the overpaid rent. To return such amounts or payments, I shall call the City of San Dimas at (909) 394-6282 and mail payment to City of San Dimas, 245 E. Bonita Avenue, San Dimas, CA 91773. I must not cash a direct rent payment if the applicant has moved. I may be prosecuted if I commit fraud or knowingly assist an applicant to commit fraud. If I am found guilty of committing fraud, I will no longer be entitled to receive direct rent payments. I may not acquire rights to sue [Agency] for payment of rent or for a breach of any obligations by the tenant.

I also understand and certify that I receive no other subsidy and/or assistance from or on behalf of this applicant for full or partial monthly rental payment.

Rental assistance is limited and the duration of assistance as stated in Section 1 of this agreement. The City of San Dimas will make every effort to make rental assistance payments as required by the lease agreement but will only be responsible for late fees due to administrative errors by the City of San Dimas staff. I understand that assistance may be terminated if a participant is determined to be no longer eligible, was never eligible, has not been fully engaged in the program, and/or has not been fully compliant with program requirements as determined by the City of San Dimas. Examples non-compliance include failure to return phone calls or e-mails and failure to disclose all income or expenses.

In addition, I understand and agree that during the term of this agreement, I must give the City of San Dimas a copy of any notice to the program participant to vacate the housing unit, or any complaint used under state or local law to commence an eviction action against the program participant.

THE LANDLORD/LEGAL OWNER/MANAGEMENT COMPANY MUST SIGN AND DATE:

LANDLORD/LEGAL OWNER/MGT. CO. NAME (PLEASE PRINT)	LANDLORD/LEGAL OWNER/MGT.CO. SIGNATURE:	DATE:	TELEPHONE NUMBER:
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PLEASE COMPLETE AND SUBMIT THE W-9 Request for Taxpayer Identification Number and Certification ATTACHED BELOW

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,