



PERSONAL DECLARATION AND QUESTIONNAIRE FOR STATE CARES

ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY FOR ALL PERSONS RESIDING IN THE ASSISTED UNIT



Notice of Reasonable Accommodations: Persons with Disabilities may request reasonable accommodations with the completion of this application or to fully utilize the services of our Agency.

The application period is open from 11/12/2020-11/30/2020. Funding is limited and completed applications will be accepted on a first come first serve basis. SBCS reserves the right to shorten the submittal period based on available funding. Time is of the essence, please submit your completed applications as soon as possible.

Did you apply for the County of San Diego's COVID-19 Rental Assistance Program between September 24, 2020 – October 8, 2020?
☐ Yes ☐ No

If yes, what is the status of your application? _____

You can view your status by following the link: Log on to the [ERAP Application Portal](#) to check on the status of your application

A. HOUSEHOLD COMPOSITION:

INFORMATION ON ADULTS IN YOUR HOUSEHOLD

1. Head of Household – List your name and personal information:

Last Name, First Name, MI		Gender	Soc Sec Number	Date of Birth	Place of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Best Contact Phone Number	Driver's Lic or ID #	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other			
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Physical Address			City	State	Zip Code
<input type="checkbox"/> Apartment <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Single Family Home, or <input type="checkbox"/> Mobilehome					
Check all that apply:					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student					

2. List your spouse or other adult's name and personal information:

Last Name, First Name, MI		Gender	Soc Sec Number	Date of Birth	Place of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Best Contact Phone Number	Driver's Lic or ID #	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other			
()					
Relationship to Head of Household					
Check all that apply:					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student					

If necessary, use blank paper to provide the same information above for each additional adult in the household.

INFORMATION ON CHILDREN IN YOUR HOUSEHOLD

1. List each child, under 18 years old, who lives/stays with you:

Last Name, First Name, MI		Gender	Soc Sec Number	Date of Birth	Place of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Relationship to Head of Household	Foster Child?	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

2. List each child, under 18 years old, who lives/stays with you:

Last Name, First Name, MI		Gender	Soc Sec Number	Date of Birth	Place of Birth
		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Relationship to Head of Household	Foster Child?	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If necessary, use blank paper to provide the same information above for each additional child in the household.

B. INFORMATION ON INCOME: Please provide 2019 federal tax return and skip to Question D.

If you did NOT file a 2019 federal tax return, please complete the following for household income. Check either YES or NO for each type of income. If YES, complete all required information for income received by or for any household member, including children. If necessary, report any other additional sources on a separate sheet of paper.

Type of Income	Do you have this income?	Who Receives Funds	Name and Address of Provider/Employer	Monthly Amount \$
Earned Income/Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social Security Benefits - SSA and/or SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CALWORKS	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Food Stamps/ CalFresh	<input type="checkbox"/> Yes <input type="checkbox"/> No			
State Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Military Pay/Allotment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pensions or Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Gifts or Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rental Property Income	<input type="checkbox"/> Yes <input type="checkbox"/> No			
School Financial Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No			

C. ASSET INFORMATION: Please provide 2019 federal tax return and skip to Question D. If you have NOT filed a 2019 federal tax return, please provide current proof of assets (bank statement, etc.) listed below.

Check either YES or NO to each Type of Asset. If YES, complete all information for any asset owned or held by or for any household member, including children.

Type of Asset	Do you have this asset?	Name(s) on Account	Balance/Value	Interest Earned	Account/Policy #	Name and Address of Institution
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$			
Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$			
Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$			
Other Accounts 401, stocks, bonds, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$			

If necessary, report any other additional assets on a separate sheet of paper.

D. RENTAL INFORMATION:

Were you current with your rent payments as of March 1, 2020 ? ☐ Yes ☐ No

Are you facing eviction proceedings for issues other than non-payment of rent from March 1 to the present? ☐ Yes ☐ No

Have you received any of the following from March 1, 2020 to the present? If yes, please explain.

☐ 3-Day or 10-Day Notice ☐ 30-60-90 Day Notice ☐ Nuisance Notice

Comment: _____

What is your monthly rent: \$ _____

Describe your current unit and rent history:

Monthly Rental Amount	Number of Bedrooms	Good Standing Prior to COVID-19	How many months behind of rent	Total Arrears Amount	Landlord Name	Landlord Phone number & Email
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Month	Amount of Back Rent Owed (if none put \$0)
March 2020	
April 2020	
May 2020	
June 2020	
July 2020	
August 2020	
September 2020	
October 2020	
November 2020	
December 2020	

E. OTHER INFORMATION:

COVID-19 Effect
<i>Please check all that apply</i>
<input type="checkbox"/> I had a reduction in work hours due to COVID-19
<input type="checkbox"/> I lost my job due to COVID-19 (i.e. business closure temporary, business closure permanent)
<input type="checkbox"/> I am unable to work due to lack of childcare and/or school closures due to COVID-19
<input type="checkbox"/> I [or my children] have a serious underlying medical condition such as heart disease, chronic lung disease, diabetes or cancer and am unable to work due to COVID-19

Is the above named individual or household currently receiving assistance from another CAREs Act funding sources?

☐ No

☐ Yes

If Yes please list which funding sources: _____

F. REPORTING RESPONSIBILITIES:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. MAKING FALSE STATEMENTS IS A FELONY UNDER CALIFORNIA STATE LAW (PENAL CODE SECTIONS: 115, 118, 487 AND 532) AND MAY RESULT IN CRIMINAL CHARGES INCLUDING PERJURY, GRAND THEFT, FILING FALSE DOCUMENTS WITH A PUBLIC OFFICE OR AGENCY, AND OBTAINING MONEY UNDER FALSE PRETENSES.

I/We understand that false statements and misrepresentations are punishable under both federal and state laws. Additions to the household must be approved in advance unless they are due to birth, adoption, or court-awarded custody.

I/We also understand that I/we may be liable for any claims for unpaid rent, damages or vacancy loss paid by South Bay Community Services on my/our behalf, or for the entire housing assistance payment.

I understand funding is limited and there is no guarantee that assistance will be provided. Applicants that have provided true and complete information (including supporting documentation) will be processed first. Incomplete information and/or unverifiable information may result in denial of assistance.

I declare, under penalty of perjury under the laws of the United States of America and of the State of California, that the information contained in this questionnaire is true, correct, and complete.

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse/Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date



SOUTH BAY COMMUNITY SERVICES USE ONLY

I certify I have reviewed this Personal Declaration and Questionnaire for Rental Assistance and all verifications and supporting documents provided as required by program guidelines.

Print Name of Associate

Signature of Associate

Date

South Bay Community Services will not deny any resident the equal opportunity to apply for or receive assistance under any program administered on the basis of race, color, sex, religion, creed, national or ethnic origin, age, familial or marital status, disability, income source, or sexual orientation.