



DISCLAIMER NOTICE

THIS LOW AND MODERATE RENTAL ASSISTANCE PROGRAM IS MADE AVAILABLE THROUGH LIMITED GRANT FUNDS PROVIDED BY THE CITY OF CHULA VISTA TO PROVIDE RENTAL ASSISTANCE TO LOW INCOME HOUSEHOLDS FACING UNDUE FINANCIAL HARDSHIP ATTRIBUTABLE TO THE COVID-19 PANDEMIC.

SUBMISSION OF THIS APPLICATION AND THE REQUIRED SUPPORTING DOCUMENTATION IN NO WAY GUARANTEES APPLICANT'S ACCEPTANCE INTO THE PROGRAM OR THE PROVISION OF ANY OTHER HOUSING ASSISTANCE BENEFITS, EVEN IF ALL ELIGIBILITY REQUIREMENTS ARE SATISFIED. ALL AWARDS ARE CONTINGENT ON AVAILABLE FUNDING. GIVEN THE HIGH DEMAND AND LIMITED FUNDING ASSOCIATED WITH THIS PROGRAM, APPLICANTS SHOULD NOT RELY SOLELY UPON THE SUBMISSION OF THIS APPLICATION FOR HOUSING ASSISTANCE BENEFITS AND ARE STRONGLY ADVISED TO SIMULTANEOUSLY PURSUE ANY AND ALL OTHER HOUSING OPPORTUNITIES WHICH MAY BE AVAILABLE.

IN ORDER TO BE CONSIDERED FOR ACCEPTANCE TO THIS PROGRAM, THIS APPLICATION MUST BE FULLY AND PROPERLY COMPLETED AND RECEIVED BY SOUTH BAY COMMUNITY SERVICES TOGETHER WITH ALL REQUIRED SUPPORTING DOCUMENTS NO LATER THAN BY 5:00 P.M. ON JUNE 18, 2020. LATE OR INCOMPLETE APPLICATIONS WITHOUT ALL SUPPORTING DOCUMENTATION WILL NOT BE CONSIDERED. APPLICATIONS WILL BE PROCESSED ON A "FIRST-COME, FIRST-SERVED BASIS" BASED ON SUBMISSION OF THIS FULLY AND PROPERLY COMPLETED APPLICATION AND ALL REQUIRED SUPPORTING DOCUMENTS.



**PERSONAL DECLARATION AND QUESTIONNAIRE FOR
LOW AND MODERATE RENTAL ASSISTANCE FUNDED BY THE CITY OF CHULA VISTA**

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

**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			
Address			City	State	Zip Code
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			
Relationship to Head of Household	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			
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				

3. 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. REASONABLE ACCOMMODATION:

Do you require a specific accommodation to fully utilize our agency's services? Yes No
 If YES, please specify how we may accommodate your disability:

C. INFORMATION ON INCOME: Please provide current proof of any household income reported below. Check 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 (including \$600 unemployment Stimulus money)	<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			
		<i>Do you have a Court Order for Child Support:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>What efforts have you taken to collect child support:</i>		
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			

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

D. ASSET INFORMATION: Must provide current proof of assets (bank statement, etc.) listed below.

Check YES or NO next to 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.

E. OTHER INFORMATION:

ASSISTANCE NEEDS

Is your need for assistance due to COVID-19? If yes, please explain below Yes No

COVID-19 Effect
<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

RENT

Were you current with your rent payments prior to COVID-19? Yes No

Are you in good standing with your landlord? Yes No

Did you notify your landlord that you were unable to pay rent and are following the City of Chula Vista's eviction moratorium? Yes No

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

What is your monthly rent: \$ _____



OTHER

Do you have a written lease agreement with your landlord? Yes No

Do the names on the lease match Section A? Yes No

Do you live in affordable housing? Yes No

Do you rent an Apartment, Condo, Townhome, Single Family Home, or Mobile home? Please list _____

Month	Amount of Back Rent Owed (if none put \$0)
March 2020	
April 2020	
May 2020	
June 2020	

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 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



Each household member 18 years or older must read and sign an Authorization Form for Release of Information. A separate form is included in this package for each adult. If you need additional Authorization forms, please contact South Bay Community Services (SBCS).



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (legal name), do hereby authorize any agencies, offices, groups organizations or business firms to release to SOUTH BAY COMMUNITY SERVICES (SBCS) and/or the CITY OF CHULA VISTA (CITY), and/or your current Landlord, any information or materials which are deemed necessary to complete and verify my application for participation and/or to maintain my continued assistance under SBCS' Low and Moderate Rental Assistance Program provided through a grant from the CITY . The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed, rental payment history, and residency. These organizations are to include, but are not limited to: the CITY, your current Landlord, financial institutions; Employment Security Commission; educational institutions; past or present employers; Social Security Administration; welfare and food stamps agencies; Veteran's Administration, court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities and credit providers. I further acknowledge and agree that this Authorization also expressly allows SBCS to release and share any of the information stated herein with the CITY and to your current Landlord to the extent necessary.

I understand that SBCS and/or the CITY may utilize third parties to verify information and other computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by SBCS and/or the CITY in the administration and enforcement of program rules and regulations and that SBCS and/or CITY may in the course of its duties obtain such information from other Federal State or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration; and State welfare and food stamp agencies and your current Landlord. If there is a discrepancy between the information provided by the above sources and the information that I have provided, I understand that SBCS and/or the CITY may take action to terminate my Rental Assistance will require the repayment of benefits I was not eligible to receive.

It is with my understanding and consent that a photocopy or electronic facsimile of this authorization may be used for the purposes stated above. This authorization is valid for two-years from the date of my signature.

Address City State Zip

Social Security Number Date of Birth Telephone Number

Signature Date Signed



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.