



UPDATED - NATIONAL CITY COVID-19 TENANT BASED RENTAL ASSISTANCE

PERSONAL DECLARATION AND QUESTIONNAIRE FOR RENTAL ASSISTANCE

DISCLAIMER NOTICE

THIS COVID-19 RENTAL ASSISTANCE PROGRAM IS MADE AVAILABLE THROUGH LIMITED GRANT FUNDS PROVIDED BY THE CITY OF NATIONAL CITY UNDER THE HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME) WILL ASSIST LOW INCOME HOUSEHOLDS IN NATIONAL CITY WHO HAVE SUFFERED A LOSS IN INCOME AND ARE UNABLE TO PAY THEIR PAST DUE RENT BECAUSE OF FINANCIAL PROBLEMS RELATED TO COVID-19.

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.

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.

APPLICATION ASSISTANCE, PICKUP, AND SUBMITTAL

Family Resource Center (304 W. 18th St., National City) Monday-Friday, 8 am-12 pm and 1pm-5 pm.
South Bay Community Services at 430 F. Street Chula Vista, CA 91910 (Monday- Friday 8:30am-5:00pm)
Email: rentalassistance@csbcs.org (Be sure to attach all supporting documents.)

PERSONAL DECLARATION AND QUESTIONNAIRE FOR NATIONAL CITY COVID-19 TENANT BASED RENTAL ASSISTANCE

ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY FOR ALL PERSONS
RESIDING OR INTENDING TO RESIDE 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. EMPLOYMENT HISTORY:

1. Household member who currently works or worked prior to March 13, 2020:

Last Name, First Name			Self-Employed?	Date of Hire	If currently not working, last day of employment
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hours Worked Weekly	Hourly Pay	Weekly Tips	How often paid?	Employer's Name	
	\$	\$			
Employer's Address (Street, City, State, Zip)				Employer's Phone #	Employer's Fax #
				()	()

2. Household member who currently works or worked prior to March 13, 2020:

Last Name, First Name			Self-Employed?	Date of Hire	If currently not working, last day of employment
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hours Worked Weekly	Hourly Pay	Weekly Tips	How often paid?	Employer's Name	
	\$	\$			
Employer's Address (Street, City, State, Zip)				Employer's Phone #	Employer's Fax #
				()	()

If necessary, use blank paper to provide additional information.

D. INFORMATION ON OTHER INCOME: Please provide current proof of any income reported below. Check YES or NO for each type of income.

If YES, complete all required information for income received or expect to receive 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	Monthly Amount \$
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			

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

E. ASSET INFORMATION: Must provide current proof of asset (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	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	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$		

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

F. 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 had to resign/take a leave of absence or reduce my hours due to lack of childcare/school closures due to COVID-19
<input type="checkbox"/> I had to resign/take a leave of absence due to having [or someone in my household having] a serious underlying medical condition [such as heart disease, chronic lung disease, diabetes or cancer] and as a result am unable to continue to work due to COVID-19

RENT

Have you received rental assistance from any agency from January 2020 to the present day? ☐Yes ☐No

If YES, Who? (List Name)	Date (last assistance received)	City, State/US Territory	Amount

-Are you renting from a relative? ☐Yes ☐No

-Are you in good standing (current with rent payments, no eviction proceedings, etc.) with your Landlord prior to March 13, 2020?
☐Yes ☐No Comment: _____

-What is your monthly rent (must match lease agreement or most recent rental statement):\$ _____

-Number of individuals residing in unit: _____

-Number of bedrooms in unit: _____

-Landlord's name: _____ Landlord's phone number: _____

-Have you submitted a letter to your landlord explaining your inability to pay rent due to COVID-19? ☐Yes ☐No

South Bay Community Services' funder maintains a policy of zero tolerance for drug-related or violent criminal activity. Per the funder, household members may not engage in drug-related or violent criminal activity, nor may household members engage in any criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and person residing in the immediate vicinity of the premises (see 24CFR 982.553). Per the funder, prior narcotics or drug abuse offenses must be reported even if the applicant/participant has successfully completed a narcotics or drug abuse diversion program. (Penal Code Section 1000). Per the funder, the record pertaining to the arrest resulting in *successful completion of a diversion program* shall not, without the divertee's consent, be used in any way that could result in the denial of any benefit.

DRUG RELATED CRIMINAL ACTIVITY: "The illegal manufacture, sale, distribution, use or the possession with the intent to manufacture, sell, distribute or use, of a controlled substance (as defined in the Controlled Substance Act, 21 U.S.C. 802(6))."

VIOLENT CRIMINAL ACTIVITY: Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

Have you or any household member ever been arrested or involved in any drug related criminal activity? ☐Yes ☐No

If YES, Who? (List Name)	Date Involved?	City/State or Country (where arrested or involved)	Type of Drug involved/arrested for

Have you or any household member ever been arrested or involved in any violent criminal activity, including threatened use of physical force against a person or property of another? ☐Yes ☐No

If YES, Who? (List Name)	Date Involved?	City/State or Country (where arrested or involved)	List Brief Description of Activity

Have you or any household member ever been arrested or involved in any alcohol abuse activity? ☐Yes ☐No

If YES, Who? (List Name)	Date Involved?	City/State or Country (where arrested or involved)	List Brief Description of Activity

Are you, or any current or future household member subject to a lifetime sex offender registration requirement? ☐Yes ☐No

If YES, Who? (List Name)	City/State of Registration	Date of Registration as Sex Offender

Have you or any household member ever been arrested or taken to jail or prison for any reason? ☐Yes ☐No

If YES, Who? (List Name)	Date Arrested	City/State or Country where arrested	Brief Reason for the Arrest



I. 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

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 Specialist

Signature of Specialist

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.



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 NATIONAL CITY (CITY) 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' HOME funded Tenant Based 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, and residency. These organizations are to include, but are not limited to: the CITY, your 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.

I understand that SBCS and/or the CITY and/or the Department of Housing and Urban Development (HUD) 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 and/or HUD in the administration and enforcement of program rules and regulations and that SBCS and/or CITY and/or HUD 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. 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 HOME Tenant Based 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	