



About the Program

1. The CDBG Emergency Rental Assistance (ERA) Program will provide rental (including security deposits) and utility assistance payments for eligible **low- and moderate-income** residents of the Town of Apple Valley who are experiencing an economic hardship as a result of the COVID-19 pandemic (loss or reduced wages as a result of job loss, furlough or reduction in hours or pay that resulted in a reduction of monthly household income of at least 20% or more).

FY 2020 Income Limits				
Household Size	1 Person	2 People	3 People	4 People
≤80% AMI	\$42,200	\$48,200	\$54,250	\$60,250
Household Size	5 People	6 People	7 People	8+ People
≤80% AMI	\$65,100	\$69,900	\$74,750	\$79,550

Effective July 1, 2020 for the Riverside-San Bernardino-Ontario, CA MSA

2. Program funding is limited. Resources may not be available to assist all qualified low and moderate-income residents experiencing an economic hardship.
3. Households may be eligible to receive security deposit assistance of no more than 2 months of rent.
4. Households may be eligible to receive rental and utility assistance for a period not to exceed three (3) consecutive months to a service provider. There is no commitment of continued assistance. The lessee will be responsible for the full rent and utilities after receiving Town assistance.
5. The Town’s contribution toward rent shall be up to 100 percent of your household’s monthly rent not to exceed the HUD Fair Market Rent (FMR) limits:

FY 2020 Fair Market Rents – Effective starting 4/1/2020					
Unit Size	Efficiency	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms
FMR	\$875	\$1,030	\$1,289	\$1,789	\$2,216

Effective April 10, 2020 for the Riverside-San Bernardino-Ontario, CA MSA

6. Rental, security deposits and utility assistance are determined based on need to achieve affordability.
7. ERA assistance may only be used for a rental housing unit located in the Town limits (unincorporated areas are not eligible).
8. Households that are receiving subsidized housing assistance (i.e. Section 8 rental housing assistance) payments are ineligible for assistance under the ERA Program. Households receiving any other assistance to address the COVID-19 pandemic must provide the source and amount of assistance received. Receiving other assistance does not disqualify you from participating in the ERA Program.
9. An existing lease is required, and the rental unit must comply with the Lead Disclosure Rule.
10. The Program Guidelines are subject to change without notice.



Program Application

All applicants must complete the application. If you are receiving any other rental assistance through any other resource, you must also complete the Other Sources of Assistance section of this application. Please provide applicant(s) information and information on the property being leased/rented.

(All cells must be answered, if a cell is not applicable, please report "N/A". Applications with cells left blank will be deemed incomplete and returned to sender.):

APPLICANT		SPOUSE/CO-APPLICANT	
Name:		Name:	
SSN (complete nine-digits):	Date of Birth (mm/dd/yyyy):	SSN (complete nine-digits):	Date of Birth (mm/dd/yyyy):
Phone Number (Home):	Phone Number (Mobile):	Email Address:	
Mailing Address:			

Please complete the following demographic information, which will be strictly confidential and is requested for statistical reporting purposes only. Select the most appropriate category.

Ethnic Background (only select one):

- Hispanic Non-Hispanic

Racial Background (only select one):

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

Head of household:

- Male Female

Are any members of your household disabled? YES NO

Is this a single-female headed household? YES NO

Please answer the following questions:

Do you or any members of your household receive public assistance for housing costs? YES NO

Is your household currently receiving Section 8 Rental Assistance? YES NO

Have you applied for rental assistance from another federal, state, local or non-governmental organization? YES NO

How have you or a household member been affected by COVID-19 Pandemic during the period commencing March 13, 2020 (list those household members who were affected in the space provided):

- | | | | |
|------------------------------|-----------------------------|---|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Notification of Job Loss/termination: | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Notification of furlough/reduction in hours: | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Notification of reduction in pay: | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Request/Approval for unemployment benefits: | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Cared for household member who exhibit symptoms associated with COVID-19: | |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Reduce your hours for childcare purposes due to school/daycare closures. | |

RENTAL PROPERTY

Property Address:		
Landlords/Property Management Co. Name:		Landlord/Property Management Co. Address:
Landlord/Property Management Phone Number (Day):	Landlord/Property Management Phone Number (Evening):	Email Address:
Household Size:	Number of Bedrooms:	Monthly Rent:
Date of First Occupancy (mm/dd/yyyy):	Date of Current Lease (mm/dd/yyyy):	Expiration Date of Current Lease (mm/dd/yyyy):
Monthly Gas Bill (if paid by tenant):	Monthly Electric Bill (if paid by tenant):	Monthly Water Bill (if paid by tenant):
Monthly Renter's Insurance (if paid by tenant):	Comments:	

Employment and Income

APPLICANT		SPOUSE/CO-APPLICANT	
Current Employer:		Current Employer:	
Employer Address:		Employer Address:	
Business Phone:		Business Phone:	
Position:		Position:	
Length of Time Currently Employed (X Years & Y Months):	Current Annual Gross Income:	Length of Time Currently Employed (X Years & Y Months):	Current Annual Gross Income:
List and Explain any Additional Sources of Income within the Household:			

Household Income Information

Complete the following for **ALL** persons residing at the property to receive rental, security deposit and/or utility assistance (attach additional sheets if necessary).

Applicant Name (Head of Household):	Age:	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Gross Income:
Name:	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant:	Annual Gross Income:
Name:	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant:	Annual Gross Income:
Name:	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant:	Annual Gross Income:
Name:	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant:	Annual Gross Income:
Name:	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant:	Annual Gross Income:
Name:	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant:	Annual Gross Income:
Enter Household Size: _____ persons		Enter Total Annual Household Gross Income: \$ _____		

List all applicable savings and checking account information for each account held. Copy of bank statements (all pages) will be required for accounts listed below.

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Current Account Balance:	

For additional room, please enter any miscellaneous information in the Notes Section at the end of the application.

Other Sources of Assistance

If you have previously or are currently receiving rental, security deposit and/or utility assistance through any other federal, state, local government funding or other source such as a non-profit, you must **also complete** this part of the application document.

Please answer the following questions with respect to other rental, security deposit and/or utility assistance you are receiving or have received in the past 12 months:

Entity Providing Assistance	Amount/Type of Assistance	Period of Assistance
Entity 1:		
Entity 2:		
Entity 3:		

Acknowledgement of Receipt of Lead-Based Paint Pamphlet

- I have received a copy of the pamphlet, "Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.
- I did not receive the Lead-Based Paint Pamphlet.
- Not applicable, as housing unit was built in 1978 or after.

I hereby certify, under penalty of perjury, that the information provided on this application 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 state to a department of the United States Government. If at any time this information is found to be false or incorrect and it is then determined that I do not qualify for the Emergency Rental Assistance Program, I understand that I am liable for all costs incurred through the program.

Applicant's Signature

Date

Co-Applicant's Signature

Date



Please remember to attach all information requested on the Application Submittal Checklist (see page 7)

PLEASE DO NOT SEND ORIGINALS.

Release of Information

I/we, _____, the undersigned hereby authorize
_____, to release without liability to the Town of Apple Valley or
its agents, any and all information they may request.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household income or rental/utility payments may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment/Self-Employment Income
Medical or Child Care Allowance	Current Assets
Residences and Rental Activity	Tax Returns/IRS Transcripts

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in the Emergency Rental Assistance Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

Current Landlords/Property Management Company	Transitional Assistance Programs
State Unemployment Agencies	Social Security Administration
Support and Alimony Providers	Banks and other Financial Institutions
Veterans Administration	Retirement Systems
Utility Companies	Home Inspection Report

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization will be retained by the Town of Apple Valley and remain in effect for one year from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

_____ Signature (Applicant)	_____ Print Name	_____ SSN	_____ Date
_____ Signature (Co-Applicant)	_____ Print Name	_____ SSN	_____ Date

Application Submittal Checklist

In order to evaluate your application for eligibility in our program, our office requires the submission of the following documents:

- 1. PROGRAM APPLICATION**
Included in this packet. Please fill out all information requested. Any application with blank cells will be deemed incomplete and returned to sender.
- 2. COPY OF CURRENT LEASE AGREEMENT AND UTILITY BILLS**
The lease agreement, and any amendments, is required to verify amount and term of the lease/rent, security deposit and residency. The utility bills should be submitted for the same period of three (3) consecutive months for which rental assistance is provided to the applicant.
- 3. COPY OF INCOME TAX FORMS FOR PRIOR YEAR**
*Submit a complete copy, inclusive of all attachments, forms, schedules, W-2's and/or 1099's of the most recent federal income tax return for all income producing household members. Please ensure that the submission is **signed** by all taxpayers. If self-employed, please provide the last two (2) years of your complete federal tax returns.*
- 4. SIGNED IRS FORM 4506-T**
Included in this packet. Please fill out all information requested. For Property Management Companies, please submit a copy of the companies W-9.
- 5. COPY OF INCOME VERIFICATION DOCUMENTATION**
This includes consecutive payroll stubs, social security award letters (payments) and SSI award letters (payments), TANF assistance, pension and retirement payments, alimony and child support payments, or other income documentation from all other income sources for all members of the household from January 2020 to present.
- 6. COPY OF ASSET VERIFICATION DOCUMENTATION**
This includes bank accounts, investment accounts, or other asset holdings for all members of the household from January 2020 to present.
- 7. COPY OF PHOTO IDENTIFICATION**
Provide photo identification (i.e., driver's license or CA I.D.) for every person who is on the lease/rental agreement.
- 8. COPY OF PREVIOUS/CURRENT ASSISTANCE AWARD LETTERS**
This includes any previous or current rental, security deposit and/or utility assistance award letters from federal, state, local government funding or other source such as a non-profit.
- 9. COPY OF BUSINESS LICENSE AND PROPERTY MANAGEMENT CERTIFICATE**
All Property Management Companies must submit a copy of their Town Business License, Property Management or Property owner must also submit a copy of the Town's Annual Property Management Certificate.
- 10. PROOF OF ECONOMIC HARDSHIP**
Provide unemployment letters, furlough letters, loss, or reduction of hours from employer. Any supporting documentation that reflects the economic hardship that has occurred due to COVID-19.

When submitting documentation - DO NOT SEND ORIGINALS - please provide photocopies.

