



ALAMEDA COUNTY
HOUSING SECURE

COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

General Information:

Are You Eligible?

Applicants must be:

- A current tenant in unincorporated Alameda County
- Behind on rent for any time period between March 1, 2020 - December 30, 2020 because of a documented hardship resulting from COVID-19, including but not limited to one of the following: loss of or reduction in employment or wages, increased medical or childcare costs, or loss of childcare.
- Low-income

After You Apply

Funding is limited, and applications will be prioritized based on need, severity of COVID-19 impact, and funding availability. If your application is selected for assistance, you will be asked to provide documentation to verify eligibility, including but not limited to:

- Valid government issued identification
- Proof of residency in unincorporated Alameda County, such as a utility bill
- Proof of income, such as pay stubs
- Current lease or other evidence of tenancy, such as rent receipts
- Documentation of COVID-19 related loss of income or increased expenses

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Telephone (Circle: Home / Mobile) _____ Best time to call _____

Email _____

Primary language spoken at home: _____

Gender: Male Female Transgender Non-Binary

Marital status: Married Single Divorced Domestic Partner

Race (Please select one): American Indian/Alaska Native Asian Black or African-American
 Native Hawaiian/Other Pacific Islander White American Indian/Alaska Native & White
 Asian & White Black/African American & White American Indian/Alaska Native & Black/African American Other Multi-Racial

Hispanic/Latino: Yes No

Do you have a disability? No Physical Psychological Cognitive/Developmental

Have you ever been homeless? Never I have been homeless once I have been homeless more than once

How recently have you been homeless? Never Within the past year More than one year ago

List each member of the household:

Name	Date of Birth	Disability? (Y/N)

Current Monthly Income for your household as a whole \$ _____

Monthly Income for your household before March 2020 \$ _____

Are you receiving unemployment insurance?

Yes No I applied for unemployment insurance but am not yet receiving it

COVID-19 Hardship:

If you have experienced a documented hardship due to the effects of the COVID-19 pandemic, please check all that apply:

- Loss of or reduction in employment wages
- Increased medical costs

- Increased childcare costs
- Loss of childcare
- Other (please explain) _____

Please describe in detail the need for assistance and how the household has been affected by the COVID-19 pandemic:

Financial Assistance Needed

My monthly rent is: _____ My rent is due on: _____

Please complete for all months you are behind on rent:

Month	Rent Due	Rent Paid
March 2020		
April 2020		
May 2020		
June 2020		
July 2020		
August 2020		
September 2020		
October 2020		
November 2020		

December 2020		
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Do you owe back rent from before March 1, 2020? Yes No

Have you applied for and/or received rental assistance from another program? Yes No

Do you have a housing subsidy? Yes No

If yes, please specify: Public Housing Housing Choice Voucher/Section 8 Low-Income Housing Tax Credit Project Based Section 8 Other Housing Subsidy

Landlord Information:

Landlord/Owner Name: _____

Name of Apartment Complex: _____

Address: _____

City: _____ Zip: _____ Telephone: _____

Landlord's email address: _____

Additional Information:

The following questions are optional and will not affect your eligibility.

Is anyone in your household currently pregnant? Yes No

Have you or anyone in your household reentered the community from jail or prison within the last 12 months? Yes No

Are you working with Child Protective Services? Yes No

Please include any additional comments to help us understand your application here.

Required Documentation:

Funding is limited and applications will be prioritized based on need, severity of COVID-19 impact, and funding availability. If your application is selected for assistance, you will be asked to provide documentation to verify eligibility, including but not limited to:

1. Valid government issued identification

2. Proof of residency in unincorporated Alameda County, such as a utility bill
3. Proof of income, such as pay stubs
4. Current rental agreement or other evidence of tenancy, such as rent receipts
5. Documentation of COVID-19 related loss of income or increased expenses

Please attach copies of any of the above documents you have available to assist in the processing of your application

Authorization for Release of Information & Verification:

_____(Initial Here): I authorize Centro Legal de la Raza to release the information contained in this application to any funder of this program in order to verify my eligibility for the program. This may also include any other agency or property management company/property owner who could be helpful in understanding my situation. Upon approval of my application I further authorize the release and sharing of information between Centro, the funding agency, and the landlord. I understand information shared will be necessary and appropriate for administering the financial assistance program provided and for coordinating and verifying services on my behalf. I understand that information that I share will remain confidential, and will only be used for the purposes described above.

_____(Initial Here): I hereby swear under penalty of perjury that the information provided in my application is true and complete to the best of my knowledge. I understand that if I provide any false information or misrepresentation during the application process that it will be grounds for denying my application to the Program.

_____(Initial Here): I understand in submitting this application I am not guaranteed financial assistance from the Program. In addition, my signature below acknowledges my understanding and consent to the release of information as described above. I understand that I have the right to revoke this consent in writing at any time, except for information already released, and that unless I decide to revoke it sooner, this consent will terminate two years after receipt of assistance from the program.

_____(Initial Here): If my application is selected for processing, I agree to provide tenancy information to a representative of Centro Legal through means such as text messages, phone, or email for the purposes of evaluation. I understand that in order for Centro to continuously improve its services and understand the effectiveness of the Program, they may follow up after services have been provided.

_____(Initial Here): Your signature below states that you recognize that electronic communications (text message) are not secure; you hereby authorize Centro to communicate with you regarding services received from the Program using electronic communications as indicated below and have provided the phone number above to text message. Additionally, you understand that text messaging is to be used to the purposes of communicating on a limited basis and text messages are not intended to provide additional support. If you are in need of additional support when you receive a text message, you understand that you should not text your concerns; rather, you should contact Centro via phone. You understand that you can end ("revoke") this waiver at any time during service.

Applicant Signature

Applicant Name

Date

How to submit your application:

Mail or drop off completed application at 3400 East 12th St., Oakland, CA 94601

Email your application to tenantsrights@centrolegal.org

Fax your application to (510) 437-9164

*If you are unable to fill out this application form, please call us at 510-422-5669
Si tiene dificultad en llenar la solicitud, por favor llámenos al número 510-422-5669*