1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9500

COVID-19 EMERGENCY ASSISTANCE PROGRAM
RENTAL APPLICATION

The City of Gardena is accepting applications for COVID-19 Emergency Assistance beginning October XX until the funds are depleted. This checklist is being provided to assist you with preparing to apply for the City of Gardena COVID-19 Emergency Assistance Programs.

You will be asked to submit the following documents along with the application. If you are submitting the application electronically you will need to email the documents to **Emergencyservices@cityofgardena.org**. For paper applications please submit copies of the documentation or email them separately. Please make sure to include your first and last name in the subject line. The applications will be reviewed in the order they were received.

RENTAL ASSISTANCE

1. Head of Household (Applicant) and Co-Applicant: Will need to provide a valid Driver's License or Identification Card.
2. Copy of 2019 federal income tax (all pages).
3. Rent/lease agreement showing the applicant's name, address, and amount of rent.
4. Copies of social security card(s) or birth certificate(s) of minors that are not included on any household member federal income tax return.
5. One month of your most recent paystubs for employed and last paystubs (covering 1 month) for unemployed.
6. EDD Notification of Unemployment Insurance Award (showing name, date of claim, benefit amount, quarterly wages).
7. Employer furlough, layoff letter or EDD Notice Unemployment Insurance Claim Filed.
8. Copies of June 2020 asset account statements: checking, savings, CDs, stocks, bonds, 401k, IRA, etc.
9. Full-time student (18 years of age and older) -- evidence of registration with at least 12 units.

CITY OF GARDENA RENTAL ASSISTANCE PROGRAM DETAILS

The City of Gardena is providing the COVID-19 Rental Assistance Program to address the adverse repercussion of the Novel Coronavirus to the economy, to jobs, and therefore to housing.
This program will assist qualified City of Gardena residents undergoing financial hardship due to loss or reduction in wages from COVID-19.

- Awardees will receive up to 3 months of rental assistance of up to $5,000 total to pay for the cost of rent.
- Funding assistance will be provided as payment made directly to a landlord. No cash will be provided directly to the awarded household.
- All applications will be reviewed to establish qualification for the program.
- Because the City anticipates receiving a substantial response to this program, funding awards will be provided based on the financial need of the household.
- You need to provide a list of all bills/expenses to determine your financial need.
- You will need to provide a copy of all pages the primary income earner(s) 2019 federal income tax return (2018 if 2019 not filed yet).
- You will need to provide a copy of first page all other household member 2019 federal income tax return(s) (2018 if 2019 not filed yet).
- All awardees will be contacted and provided with further information regarding the award.
- Qualified applications not randomly selected for award will be retained by the City and revisited should additional funding become available for this program.

To qualify for this assistance, you must be able to answer **"Yes"** to the following questions:
- I reside within the limits of the City of Gardena (see map for reference)?
- My household has been negatively affected by COVID-19?
- My total household income is less than limit set by HUD (updated August 2023)

HH Size	1	2	3	4	5	6	7	8
60% AMI	$52,980	$60,540	$68,100	$75,660	$81,720	$87,780	$93,840	$99,900

CITY OF GARDENA RENTAL ASSISTANCE APPLICATION

APPLICANT INFORMATION/ INFORMACION DEL SOLICITANTE	
Primary Applicant First & Last Name/ Nombre y Apellido:	
Co-Applicant First & Last Name/ Nombre y Apellido:	
Address/ Domicilio:	
City/Ciudad: **GARDENA** State/Estado: **CA** ZIP/Código Postal:	
E-Mail/ Correo Electrónico:	
Cell Phone/ Número de Celular:	Home Phone/ Número del Hogar:
Are you an employee, agent, consultant, elected official or appointed official of the City of Gardena or an immediate family member to someone who is? **Yes** **No**	¿Es usted un empleado, agente, asesor, funcionario electo o nominado de la Ciudad de Gardena o un familiar directo de alguien que lo es? **Yes** **No**
If Yes, Who?	Si, Quien es?

HOUSEHOLD INFORMATION/ INFORMACIÓN DEL HOGAR				
Household Size/ Numero de Miembros en el Hogar:				
Please list ALL individuals, related and unrelated, currently living in the home (adults and children). The number should coincide with the household size listed above. Household chart must be completed in its entirety. Do not leave any blank spaces or it will be considered incomplete.			Por favor, indique a TODOS los individuos, parientes y sin parentesco, que viven actualmente en el hogar (adultos y menores). El número debe coincidir con la cantidad de personas que viven en el hogar indicados arriba. La gráfica del hogar deberá completarse completamente. No deje ningún espacio en blanco o será considerado como incompleto.	
Name/Nombre	**Date of Birth/ Fecha de Nacimiento**	**Age/ Edad**	**I am able to submitted copies of our SSN, ITIN or Birth Certificates for all members listed/ Puedo presentar copias de nuestro número de Seguro Social, ITIN o Certificado de Nacimiento (Yes or No/ Sí o No)**	**List school if enrolled in full-time College/ Indique la universidad si está inscrito tiempo completo**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Attach additional sheets with information if more room is needed/ Adjunte páginas adicionales con información de ser necesario más espacio

HOUSEHOLD INCOME/INGRESO DE HOGAR	
All adults (18 yrs +) must submit proof of income or provide a signed income self-certification (enclosed) explaining the reason why they are unable to submit their proof of income and the amount of income they are receiving. Total household (all persons that live in the house) yearly income from all sources is:	Todos los adultos (mayores de 18 años) deberán presentar una comprobante de ingresos o proporcionar un auto certificación de ingresos firmada (adjunto) Que explique el motivo por el cual no pueden presentar su comprobante de ingresos y la cantidad de ingresos que reciben. El total de ingresos anuales de hogar, de todos los adultos es:
What is your current yearly household income?/¿Que es su total de ingresos anuales del hogar?	
$	**$**
Note: Household income is defined as the income of all the people who occupy a housing unit. A household includes the related members AND all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household.	Atención: El ingreso de la familia se define como el ingreso de todas las personas que ocupan una unidad de vivienda. Un hogar incluye a los miembros familiares Y todas las personas sin parentesco, si las hay, como los inquilinos, los hijos adoptivos, los pupilos o los empleados que comparten la unidad de vivienda. Una persona que vive sola en una unidad de vivienda, o un grupo de personas no relacionadas que comparten una unidad de vivienda, como compañeros o inquilinos, también se cuenta como un hogar.

HUD Income Limits for the County of Los Angeles (July 1, 2020) Límites de ingresos del H.U.D. para el condado de Los Ángeles en el año 2020 (A partir del 1º de julio del 2020)

HH Size	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
60% AMI	**$47,340**	**$54,060**	**$60,840**	**$67,560**	**$73,020**	**$78,420**	**$83,820**	**$89,220**

Household income chart must be completed in its entirety. Do not leave any blank spaces or it will be considered incomplete. Use a separate line for each source of income for each adult.	La lista de ingresos de hogar deberá completarse completamente. No deje espacios en blanco o será considerada como incompleto. Use un renglón para cada fuente de ingresos para cada adulto.

Adult Name/ Nombre del Adulto	**Occupation/ Ocupación**	**List all sources of income/ Lista todas las fuentes de ingresos**	**Frequency (weekly, monthly annually)/ Frecuencia de pago (seminal, mensual, anual)**	**Annual Amount/ Cantidad Anual**
1.				**$**
2.				**$**
3.				**$**
4.				**$**
5.				**$**
6.				**$**
7.				**$**
8.				**$**

Attach additional sheets with information if more room is needed/ Adjunte páginas adicionales con información de ser necesario más espacio

HOUSEHOLD INFORMATION/ INFORMACION DE FAMILIA	
Is this a female-headed? **¿Este hogar es dirigida por una mujer como cabeza de familia?** **Yes/Si** **No**	
ETHNICITY/ ETHINICIDAD	
Select any one out of the single-race OR Multi-race. NOTE: Ethnicity and Race information collected is federally mandated for reporting purposes and is kept strictly confidential.	Seleccione solo una de las categorias de una sola raza o de multiracial NOTA: La informacion sobre etnia y raza recopilada se mantiene estrictamente confidencial, solo se utiliza para complir con requisitos federales.
Do you identify as Latino/a or Hispanic? / ¿Identificas como Latino/a o Hispano? **Yes/ Si** **No**	
Single Race Category / Categoría de una sola raza: **Caucasian / Caucásico/a** **Asian/ Asiático/a** **African American/Afroamericano/a** **Native Hawaiian or Other Pacific Islander/ Nativo de Hawaii o Otras Islas del Pacifico** **American Indian or Alaskan Native/ Indio Americano o Nativo de Alaska**	
Multi-Race Category/ Categoría Multiracial:	
American Indian or Alaskan Native & Caucasian/ Indio Americano o Nativo de Alaska y Caucásico	**American Indian or Alaskan Native & African American/ Indio Americano o Nativo de Alaska y AfroAmericano**
Asian & White/ Asiático y Caucásico	**African American & White/ Afroamericano y Caucásico**
Other multi-race (ONLY if none of the above categories identifies you)/ Otro multi-racial (SOLO si ninguna de las categorías anteriores lo identifica)	
ASSISTANCE REQUESTED/ SOLICITACION DE ASISTENCIA	
I am seeking assistance with/ Yo necessito asistencia con mi:	Rent/Renta Utilities/Utilidades Nutrition/Nutricion
Monthly Rent Amount/Cantidad Renta Mensual?	**$**
Attention: No Duplication of Benefits: The applicant must not have received any form of assistance or subsidy from other sources, including federal, state and county government.	Atención: No Se Permite Duplicación de Asistencia: El solicitante no debe haber recibido ningún tipo de asistencia o subsidio de otras fuentes, incluido el gobierno federal, estatal, local y del condado.
RENTAL INFORMATION/ INFORMACIÓN DE ALQUILER	
Submit a copy of your lease agreement.	Envie una copia de su contracto de arrendamiento.
Name Rental Company or Landlord/ Nombre de la Compañia de Alquiler o Proprietario:	
Rental Company or Landlord Address/ Dirrecion de la Compañia de Alquiler o Proprietario:	
Are you behind in your payments? ¿Está atrasado en sus pagos? **Yes/Si** **No**	
*NOTE: Assistance can be provided starting for your April 2020 rent.	*NOTA: Se puede proporcionar asistencia a partir de su facture de Abril 2020

Name(s) on the Rental Agreement/ Nombre(s) en el Contrato de Renta:	
1.	
2.	
3.	
Please attach proof of your most recent rent payment	Por favor adjunte su mas receinte recibo de renta
SIGNATURE/FIRMA	
I/WE, Certify that the information provided in this application is true and correct to the best of my/our knowledge and belief, and if fraud is proven, I will repay funds spent on my/our behalf. Certify that all documents deemed necessary to substantiate my eligibility is subject to review and verification by the City and the Department of Housing and Urban Development	Yo, Certifico que la información proporcionada en esta solicitud es verdadera y correcta a lo mejor de mi / nuestro conocimiento y creencia, y si se demuestra el fraude, voy a pagar los fondos gastados en mi / nuestro nombre. Certifico que todos los documentos que se consideren necesarios para fundamentar mi elegibilidad están sujetos a revisión y verificación por parte de la Ciudad y el Departmento de Vivienda y Desarollo Urbano.
APPLICANT(S) NAME/ NOMBRE DE SOLICITANTE:	APPLICANT(S) SIGNATURE/ FIRMA DE SOLICITANTE:
1.	**1.**
2.	**2.**
DATE/FECHA:	