

PLEASANTON EMERGENCY RENTAL ASSISTANCE APPLICATION

THE FIELDS HIGHLIGHTED IN YELLOW ARE REQUIRED

APPLICANT INFORMATION

Are you current residents of Pleasanton with a valid residential lease with a third-party landlord for at least 6 continuous months? Yes No Other

First Name MI Last Name

Date of Birth Ethnicity Gender M F

Status Single Married Divorced Widow

Phone Email

CURRENT ADDRESS

1. Current Address

Address Line 2

2. Please select one of the following options that best describes your residence.

Apartment House Duplex Condominium Townhouse Mobile Home

3. Are you renting a room in a single-family/town home residence? Yes No

HOUSEHOLD DEMOGRAPHICS

1. How many people are in your household? (including yourself)

1 2 3 4 5+

2. How many children under the ages of 18 years?

1 2 3 4 5+ None

3. How many people are between the ages of 18-24 years?

None 1 2 3 4 5+

4. How many people are between the ages of 25-61 years?

None 1 2 3 4 5+

5. How many seniors are 62 years and older?

None 1 2 3 4 5+

6. Are you participating in the City's Rapid Re-Housing program?

Yes No

7. Are you or anyone in your household disabled?

Yes No

8. Are you or any other adult in your household a veteran?

Yes No

HOUSEHOLD INCOME

1. Find your household size and the 80% Area Median Income (AMI) under it in the chart below. Before the March 16th, 2020 Shelter in Place Order, was your household income less than the 80% AMI for your household size? Yes No Other

Exp: If you are a 2-person household and made \$65,000, you would answer YES to the above question.

2. Select the household size and AMI you selected for the previous question, below.

- 1 Person; \$73,100 2 Person; \$83,550 3 Persons; \$94,000 4 Persons; \$104,400
 5 Persons; \$112,150 6 Persons; \$121,150 7 Persons; \$129,500 8 Persons; \$137,850 Other

3. Household Income

4. Can you provide pay stubs showing household income? Yes No

TASK: Attach Pay Stubs

Please provide pay stubs from January 2020 to date of application submission. We require pay stubs for all household members contributing to income. If you are submitting Unemployment (UI) income, please provide us with your payment history. Documents must clearly show the name of the household member.

RENTAL HISTORY

1. Have you applied for and/or received rental assistance since March of 2020 through Alameda County or any other resources?

Yes No

2. Before the March 16th, 2020 Shelter in Place Order, were you in good standing with your landlord and lease terms? In other words, were your rent payments up-to-date and no lease violations? Yes No

3. Rent Amount

4. Please list the months you are behind in rent: JAN FEB MAR APR MAY JUN JUL
 AUG SEP OCT NOV DEC

1. How many bedrooms does your residence have?

2. Do you have recently acquired late fees?

Yes No

3. Do you currently have a Section 8 Voucher?

Yes No

4. Do you have your Current Residential Lease Agreement in Pleasanton?

Yes No

TASK: Attach Copy of Current Residential Lease Agreement

Please provide your current Residential Lease Agreement in Pleasanton. If your lease does not show the current year OR 6 continuous months at residence, please see Landlord Information upload section.

LANDLORD INFORMATION

Landlord (First & Last) or Company Name

Phone

Email

Landlord Address

Address Line 2

1. Is your Landlord an immediate relative through blood or marriage? Yes No
2. Do you have Landlord verification that tenant's rent was current prior to the March 16th Shelter in Place order? Yes No

TASK: Attach Copy letter of verification from Landlord

Please provide a Rental payment ledger with names OR a statement on company letterhead from your landlord stating that you were in good standing before the Shelter in Place Order on March 16th, 2020.

If your lease does not show you currently live at residence (Ex: Lease from 2015-2016) or it shows lease than 6 months due to recent renewal: Ask landlord for full rental ledger to show full length of time at residence OR add dates at residence to good standing letter.

PROOF OF HARDSHIP

1. Do you have proof of financial impact that has reduced your household income by at least 20 percent during Covid-19? Yes No

TASK: Attach Copies Proof of Hardship

Please provide a proof of hardship: Letter from employer or Unemployment Award letter Please make sure your name is on the documentation and dates reflect your decrease in income.

Pay stubs or bank statements reflecting a reduction in salary may be submitted as supporting documentation.

OTHER

How did you hear about us?

Comments/Questions

SUBMIT APPLICATION

Applicants may submit an application:
Email: renthelp@cityservecares.org
Mail: PO Box 1613, Pleasanton, CA 94566
Online Form: cityservecares.org/renthelp

CONTACT US

You can contact us by phone **(925) 208-0660**, or by email **renthelp@cityservecares.org**.



RELEASES OF INFORMATION AND LIABILITY

CLIENT INFORMATION

First Name **MI** **Last Name**
Date of Birth **SS#** **Phone #**
Current Address
City **St** **Zip**

Note: Attach Picture/Copy of ID

CITYSERVE RELEASE OF INFORMATION

In order to most effectively provide our service, we request your permission to share details of your need/situation with faith-based communities, nonprofits, schools, businesses, local city staff and government agencies, as deemed necessary.

I hereby authorize that my Personal Information be shared by CityServe of the Tri-Valley to community organizations, including, but not limited to: Cities of Dublin, Livermore, Pleasanton, Abode Services, Axis Community Health, Echo Housing, Eden I&R (211), Valley Community Church, St. Vincent de Paul (Dublin, Livermore, Pleasanton).

PURPOSE OF INFORMATION SHARING

- Care Coordination
 Referral
 Other _____

I understand that the resources may not be conditioned on obtaining authorization and that I am entitled to receive a copy of this authorization and want and have received a copy: Yes No

REVOCATION: This authorization may be revoked at any time unless prior action has been taken as a result of this form.

WARNING: Prohibitions on usage, transfer or redisclosure of information, except as required by state or federal laws, user of information release for other than the states purpose, or redisclosure or transfer of this information to any person or entity not named herein is **PROHIBITED**. An additional written authorization must be obtained for any proposed new use of information or for its redisclosure or transfer of such information.

_____ **Signature of Participant/Guardian** _____ **Print Name** _____ **Date**

Relationship to Client

EXPIRATION: This authorization expires twelve (12) months from the creation date of this form.



RELEASES OF INFORMATION AND LIABILITY

RESTRICTED RELEASE OF INFORMATION

Some types of information require a specific authorization to be released to other organizations and agencies because of federal or state law. They are identified below.

By signing, I specifically authorize the release of the following confidential information (please check the appropriate box(es)).

- HIV Test & Test Results
- Psychotherapy Notes
- Mental Health Records
- Drug/Alcohol Program Records**

Signature of Participant/Guardian
Print Name
Date

****MINORS:** If a minor aged 12-18 years old has consented to the Drug/Alcohol Abuse Program treatment, as permitted under California law, ONLY the minor's signature should be obtained. If the parent/guardian's consent was required for the treatment of the minor, Federal regulations applicable to Drug-Alcohol Abuse Program records require the signature of BOTH the patient and the parent, guardian, or other person authorized to act by State law in his/her behalf.

LIABILITY RELEASE FOR PROGRAM PARTICIPATION

Organization: CityServe of the Tri-Valley, PO BOX 1613 Pleasanton, CA 94566

In consideration of being allowed to participate in any way in the program, whether related events and activities, case management, or referral, I the undersigned, acknowledge and agree that:

1. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES** or others and assume full responsibility for my participation.
2. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention to the nearest official immediately
3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** CityServe of the Tri-Valley, it officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct business and/or events (RELEASES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DIASABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**RELEASES OF INFORMATION AND LIABILITY****HEALTH STATEMENT**

I will notify CityServe of the Tri-Valley ownership or employees if I suffer from any medical or health condition that may cause injury to myself, others, or may require emergency care during my participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITH ANY INDUCEMENT.

Signature of Participant/Guardian_____
Print Name_____
Date

Applicant's Age

FOR PARENT/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF ENTRY):

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Signature of Participant/Guardian_____
Print Name_____
Date

Emergency Phone Number

*Signature Agreement – By selecting the "I Accept" checkbox, you are acknowledging submittal of your Application and Release of Information (ROI) by email. You agree that by selecting the "I Accept" checkbox you grant CityServe of the Tri-Valley permission to enter and mark signatures with an "X" in our online database on your behalf. You agree that selecting the "I Accept" button means that the online database version is equivalent to your emailed Application and ROI and legally binding. If you do not wish to "sign" this way, you may use our online form to complete your application and ROI by visiting our website at <https://cityservecares.org/renthelp/>.

 I Accept Do not Accept