

Emergency Rental Assistance Program Guidelines

The City of Watsonville administers the Emergency Rental Assistance Program (ERAP). This program is designed to assist Watsonville low-income renters affected by the COVID-19 economic crisis.

The emergency housing assistance will be paid directly to the landlord on behalf of the individual or family.

Eligibility:

1. Low-income resident of Watsonville.
2. Rental housing unit must be located within the Watsonville city limits.
3. Experience a loss or reduction of income due to COVID-19.

Priority will be given to tenants who are unable to pay their rent in full because of one or more of the following:

- (a) Tenant was sick with COVID-19 or caring for a household or family member who is sick with COVID-19;
- (b) Tenant experienced a lay-off, loss of hours, or other income reduction resulting from COVID-19 or the state of emergency;
- (c) Tenant's compliance with a recommendation from a government agency to stay home, self-quarantine, or avoid congregating with others during the state of emergency; or
- (d) Tenant's need to miss work to care for a home-bound school-age child.
- (e) Tenant's need to miss work to care for a family member that is deemed high risk of severe illness from COVID-19.

Application:

Applications will be processed in the order they are received, and funded on a first come, first served basis, until funds are expended.

Documentation necessary with application:

- Documentation that you have experienced loss or reduction of income due to COVID-19 (recent/past pay stubs, unemployment filing, letter from employer, etc.)
- Copies of utility bills and or proof of residence (gas, water, electricity, cell [phone bills, bank statements, etc.)
- Copies of your current lease or rental agreement.
- Copy of applicant's driver license or California ID
- Backup documentation of household income

CHECKLIST

A. Complete Application

B. Documentation required with application:

- Documentation that you have experienced loss or reduction of income due to COVID-19 (recent/past pay stubs, unemployment filing, letter from employer, etc.)
- Proof of residence and/or copies of utility bills (gas, water, electricity, cell phone bills, bank statements, etc.)
- Copy of your current lease or rental agreement
- Copy of applicant's driver license or California ID
- W-9 form (completed by landlord)

Submit complete application and supporting documentation to:

Electronically: housing@cityofwatsonville.org

By mail or in person: City of Watsonville
Community Development Dept.
250 Main Street
Watsonville, CA 95076
Attn: Housing Program - ERAP

For further information, or questions, please call our office at (831) 768-3080.



City of Watsonville

"A Community of Opportunities"

APPLICATION FOR EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) FUNDED BY THE COMMUNITY DEVELOPMENT BLOCK GRANT COVID-19 PROGRAM (CDBG-CV)

I. Applicant Information	
Full Name:	Telephone Number:
Email:	Cell Phone Number:
Current Legal Address (Street, Apt./Unit#):	Mailing Address (if different):

II. Eligibility/Financial Hardship
<p><i>The City of Watsonville ERAP is limited to low-income renters experiencing financial hardship due to the COVID-19 economic crisis as it is funded by the CDBG-CV program.</i></p> <p><i>If the applicant has experienced financial hardship as a result of the COVID-19 pandemic, the applicant must describe how the household's financial situation has changed. Please describe whether household has lost employment or experienced reduced income, identify dates in which these incidents occurred, and indicate if these losses are expected to be temporary or permanent. Additionally, documentation supporting this impact will be required with this application</i></p> <p>Describe the financial hardship:</p> <p>Is the applicant household currently receiving or have you received any form of rental assistance (e.g. housing choice voucher/Section 8, state/local rent assistance, private assistance such as from a nonprofit, faith-based organization, etc.)?</p> <p><input type="checkbox"/> – Yes <input type="checkbox"/> – No</p> <p>DUPLICATION OF BENEFIT – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above, and would the total amount received exceed the total need for those costs?</p> <p><input type="checkbox"/> – Yes <input type="checkbox"/> – No</p> <p><i>If receiving rental assistance, please describe:</i></p>

Name or Organization	Name of Organization Contact Person	Phone number and email of Contact	Amount Awarded	Purpose for funds (state all uses if multiple)	Date funds Awarded
Housing is Key (example)	Ms. Jones	(560) 555-5555 Mjones@gmail.com	\$1,000	Rent for March and April	6/1/2020

III. Household Information *If more than 6 household members, please add additional sheets for Sections III through VI.*

Name List <u>all</u> household members, including yourself	Age	Relationship to Head of Household (spouse, child, etc.)	*Student		Annual Gross (Pre-tax) income	Source of income
			Y/N	Part/Full time		
		Head of Household			\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

IV. Household Income

Circle the number of Household Members, including yourself:

1	2	3	4	5	6	7	8+
\$78,050	\$89,200	\$100,350	\$111,500	\$120,450	\$129,350	\$138,300	\$147,200
Is your anticipated total household income LOWER or HIGHER than the \$ amount listed directly below the number of people circled above? If LOWER , attach proof of annual household income (such as latest tax return, recent pay stubs, unemployment filing, letter from employer, etc. with this application).						LOWER	HIGHER
						<input type="checkbox"/>	<input type="checkbox"/>

V. Current Lease or Rental Agreement & Landlord Information	
Property Owner/Landlord:	Lease Expiration (mm/dd/yyyy):
Property Management Company (if applicable):	Monthly Rent: \$
Telephone:	Back Rent Due: \$
➤ Please submit a copy of your lease or rental agreement with this application.	

VI. Utility Services				
<i>Indicate which utility services are used in the unit. If the utility service is included in the rent under the lease, check "owner paid." If the utility service is paid directly by the tenant, check "tenant paid."</i>				
	Owner Paid	Tenant Paid	Monthly Amount	Utility Service Provider
Electricity/Gas	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Water/Sewer/Garbage	<input type="checkbox"/>	<input type="checkbox"/>	\$	

VII. Ethnicity/Race			
Ethnicity <i>enter numbers to equal Household Members</i>	# ___ Not Hispanic		# ___ Hispanic
Race <i>enter numbers to equal Household Members</i>			
White	# ___	Asian	# ___
Black or African American	# ___	Native Hawaiian or Pacific Islander	# ___
American Indian or Alaskan Native	# ___	Asian and White	# ___
American Indian/Alaskan Native and White	# ___	Black/African American and White	# ___
American Indian/Alaskan Native and Black/African American	# ___	Other Multi-Racial	# ___

VIII. Applicant Declaration and Signature
<p>I am currently unable to pay my rent or other financial obligations under the lease in full because of one or more of the following:</p> <ol style="list-style-type: none"> 1. Loss of income caused by the COVID-19 pandemic. 2. Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic. 3. Increased expenses directly related to health impacts of the COVID-19 pandemic. 4. Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income. 5. Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic. 6. Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses. <p>Any public assistance, including unemployment insurance, pandemic unemployment assistance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.</p> <p>Signed under penalty of perjury under the laws of the State of California.</p>

Applicant Certification: *I certify information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize verification by city representatives, and I will provide additional supporting documentation upon request.*

_____ Head of Household Signature	Print Name	Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	Print Name	Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	Print Name	Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	Print Name	Date (mm/dd/yyyy)
_____ Other Adult Household Member Signature	Print Name	Date (mm/dd/yyyy)

For information, resources, and support visit: <https://cityofwatsonville.org/165/Housing>

or call (831) 768-3080