

# EMERGENCY RENTAL ASSISTANCE PROGRAM

PROGRAMA DE ASISTENCIA DE ALQUILER DE EMERGENCIA



## INTRODUCTION

The City of Riverside received a direct allocation of Emergency Rental Assistance (ERA) funding from the U.S. Department of the Treasury to assist low income (at or below 80% of area median income) renters with rental assistance and utilities to ensure housing stability.

As required by the ERA regulations, prioritization will be provided to households that:

- (1) Have incomes at or below 50% of area median income; or
- (2) One (1) or more individuals within the household are unemployed as of the date of the application for assistance and have not been employed for the 90-day period preceding such date.

To determine if you qualify for the City of Riverside's ERA Program, please proceed to the prequalification questionnaire.

## PREQUALIFICATION

Assistance with past due rent may be provided if you have a loss of income due to the COVID-19 pandemic. To qualify your household income must not exceed 80% of the area median income (AMI) for Riverside County. This application is intended to be the process of determining your eligibility and does not guarantee rental assistance. Please follow the directions and fill out the entire application. Households with incomes at or below 50% of AMI will be prioritized for assistance.

**Are you leasing a housing unit that is your primary residence? (Y/N) \_\_\_\_\_**

**Is your housing unit located in the City of Riverside city limits? (Y/N) \_\_\_\_\_**

\*Does not include properties with 92509 zip codes.

**To be eligible for ERA, you must have been financially impacted by the COVID-19 pandemic. Please select the boxes below that apply to you.**

- Qualified for unemployment benefits
- Experienced a reduction in income
- Incurred significant costs

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Experienced other financial hardship due directly or indirectly to COVID-19 that threaten the household’s ability to pay the costs of the rental property when due

**Do you have one (1) or more individuals within the household that are unemployed as of the date of the application for assistance and have not been employed for the 90-day period preceding such date? (Y/N) \_\_\_\_\_**

Your annual household income may not exceed 80% of area median income (AMI) for Riverside County as shown below.

**Number of Persons in Household (Annual)**

# of Persons	1	2	3	4	5	6	7	8
80% of AMI	\$42,200	\$48,200	\$54,250	\$60,250	\$65,100	\$69,900	\$74,750	\$79,550
50% of AMI	\$26,400	\$30,150	\$33,900	\$37,650	\$40,700	\$43,700	\$46,700	\$49,700

What is your household size? \_\_\_\_\_

What is your household monthly income? \$ \_\_\_\_\_

Have you received rental assistance previously?

If yes, agency that provided assistance? \_\_\_\_\_

Total amount provided: \$ \_\_\_\_\_

List months assisted: \_\_\_\_\_

## REQUIRED DOCUMENTS

The Emergency Rental Assistance Program applicant cannot be completed until the applicant has the following documents ready that must be attached to the application

1. Proof of Identification for head of household
2. Lease Agreement
3. Past due rent notifications
4. Utility bill(s) showing proof of residency and outstanding balance owed

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5. Proof of being financial impacted by the COVID-19 pandemic
  - a. A letter from an employer or other source of income citing COVID-19 as a reason for reduced work hours, termination, or other substantial reduction in pay.
  - b. Employer payroll checks or payroll stubs showing a reduction in pay following the COVID-19 outbreak.
  - c. Bank statements showing a reduction of income following the COVID-19 outbreak.
  - d. Documentation showing payment of substantial out-of-pocket medical expenses caused by COVID-19.
  - e. Documentation showing the closure of a school or childcare facility where a child in the tenant's care would otherwise be present during the tenant's normally working hours which, as a result, has caused the tenant to work reduced hours. You must still demonstrate the financial impact of a school closure and/or childcare facility closure.
  - f. Unemployment Insurance Benefits Letter
  - g. Other verifiable documentation that demonstrates a substantial hardship or inability to make timely rent payments caused by COVID-19.
6. Proof of monthly income by providing income source documents for each household member.

## ADDRESS INFORMATION

Please insert the property address for which you are applying for rental and/or utilities assistance and mailing address if different from the property address.

### Home Address

Street Address: \_\_\_\_\_ Apt/Suite/Unit No. \_\_\_\_\_

City: Riverside State: CA Zip Code: \_\_\_\_\_

Use Home Address as Billing Address

### Mailing Address (If different than Home Address)

Street Address: \_\_\_\_\_ Apt/Suite/Unit No. \_\_\_\_\_

City: Riverside State: CA Zip Code: \_\_\_\_\_

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## CONTACT INFORMATION

### Head of Household Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Confirm email address: \_\_\_\_\_

Primary phone number: \_\_\_\_\_, Secondary phone number: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a Social Security Number (SSN)? (Y/N) \_\_\_\_\_, SSN: \_\_\_\_\_

- Race:  American Indian or Alaskan Native       Asian  
 Black or African American       Native Hawaiian/Pacific Islander  
 White       Other multiple races

Are you Hispanic? (Y/N) \_\_\_\_\_

Veteran? (Y/N) \_\_\_\_\_

Gender? (M/F) \_\_\_\_\_

Disabled? (Y/N) \_\_\_\_\_

Last Grade Completed:

- No school completed     Grades 1 through 11     12<sup>th</sup> Grade     GED  
 Associates                       Bachelor's Degree     Master's Degree

## HOUSEHOLD INFORMATION

Please enter the data for each household member.

**Your annual household income may not exceed 80% of area median income (AMI) for Riverside County?**

Number of Persons in Household (Annual)

# of Persons	1	2	3	4	5	6	7	8
80% of AMI	\$42,200	\$48,200	\$54,250	\$60,250	\$65,100	\$69,900	\$74,750	\$79,550
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What is your household size? \_\_\_\_\_

What is your household monthly income? \$ \_\_\_\_\_

Have you received rental assistance previously?

If yes, agency that provided assistance? \_\_\_\_\_

Amount provided? \$ \_\_\_\_\_

List months assisted? \_\_\_\_\_

## Household Data

Household Member's Name	Social Security Number	Date of Birth	Gender (M/F)	Relation to Head of Household	Race (American Indian or Alaska Native, Black or African American, Native Hawaiian/Other Pacific Islander, White, other multiple races)	Hispanic (Y/N)	Veteran (Y/N)	Disabled (Y/N)
Head of Household								

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## Household Income Data

Household Member's Name	Monthly Income	Wages, Salaries, Tips	Alimony, Child Support, Unemployment	Social Security, AFDC or other income	How often are you receiving income? (Weekly, Bi-weekly, Monthly)
Head of Household					

## Employment Data

Household Member's Name	Currently Employed? (Y/N)	Laid off Due to COVID pandemic? (Y/N)	Employer's Name	Employer's Phone Number	Date Started	Date Ended

## RENTAL ASSISTANCE

If you are requesting rental assistance, please fill out the requested information below.

Landlord Name: \_\_\_\_\_ Landlord Company: \_\_\_\_\_

Landlord email: \_\_\_\_\_ Landlord Phone No.: \_\_\_\_\_

List months for which you are requesting rental assistance:

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No. of months of assistance needed: \_\_\_\_\_

Total amount of rental assistance being requested: \$ \_\_\_\_\_

## UTILITY ASSISTANCE

If you are requesting utility assistance, please fill out the requested information below.

Utility Company (Riverside Public Utilities, Southern California Gas Company, Wester Water Municipal District)	Account No.	Month(s) Seeking Assistance (list months)	Total Amount of Utility Assistance

## CERTIFICATION

I/we authorize the City of Riverside and the Fair Housing Council of Riverside County to share and verify all information provided on this application, including contacting my current and previous employer, my landlord, utility companies that include the Riverside Public Utilities and Western municipal Water District, Southern California Gas Company, and U.S. Department of the Treasury and make payments directly to my landlord and/or utility company on my behalf.

I/we certify that the answers/information given on this application including reference to household composition and income are accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/we also understand that false statements or information are grounds for termination of assistance. This application will not be valid unless completely filled out.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date