

REVIVE SANTA ANA CORONAVIRUS EMERGENCY RENTAL RELIEF FUND FOR LANDLORDS

All Revive Santa Ana Coronavirus Emergency Rental Relief for Landlords applications and supporting documents must be submitted by e-mail to Maricela Marquez, Community Development Analyst, at mmarquez@santa-ana.org. If your e-mail is too large to send by e-mail, please use an on-line service such as Box or DropBox to upload your documents and send the link to Ms. Marquez.

Property Manager or Landlord Information

Name: _____

Business Address: _____

City, State, Zip Code: _____

Phone Number: _____ **E-mail:** _____

1. Is your tenant's household income below the 80% area median income level listed below?

Family Size	Maximum Family Income (80% AMI)	Family Size	Maximum Family Income (80% AMI)
1	\$75,300	5	\$116,200
2	\$86,050	6	\$124,800
3	\$96,800	7	\$133,400
4	\$107,550	8	\$142,000

Yes _____ No _____

2. Has your tenant experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak?

Yes _____ No _____

3. Does your tenant owe rental arrears/past-due rent for any portion of one or more months since April 1, 2020?

Yes _____ No _____

4. Do you agree to not charge or collect a late fee for past due rent paid by the Program?

Yes _____ No _____

5. Do you have a written lease agreement with each tenant listed below? Please provide one copy of a lease for each tenant listed on the Impacted Tenants List.

Yes _____ No _____

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6. Do you attest that each tenant on the Impacted Tenants List has been impacted by Coronavirus and have lost jobs, had their work hours reduced, or have experienced a loss of income due to the economic or health impacts of Coronavirus and who have been unable to maintain their rent payments under their lease agreements? These Impacted Tenants have been unable to pay their rent due to the Coronavirus and have notified you in writing. Please provide at least one copy of the documentation in writing that you have on file for each tenant listed on the Impacted Tenants List.

Yes _____ No _____

7. Do you attest that each tenant on the Impacted Tenants List occupied the applicable residence sometime between April 1, 2020 and the date of your application?

Yes _____ No _____

8. Do you attest that all property taxes on buildings associated with any tenant listed below are paid and up to date?

Yes _____ No _____

9. Will you accept electronic payment of funds via Direct Deposit?

Yes _____ No _____

10. Are you able to provide the required W-9 and banking information to receive the disbursement of Revive Santa Ana funds?

Yes _____ No _____

This program is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. By providing my signature below, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period or falsification of this information shall be grounds for my denial of assistance, and that I may be subject to prosecution under the law. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date. If I am a Property Management Company, I have authorization to sign this application on behalf of the Property Owner.

Landlord Name (Print): _____ Date: _____

Landlord Signature: _____ Date: _____

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Impacted Tenants List

Please ensure you have: 1) a signed copy of the Lease Agreement verifying occupancy for all tenants on the Impacted Tenants List for whom you are seeking assistance; 2) documentation on file for all tenants on the Impacted Tenants List that demonstrate that the tenant has been impacted by Coronavirus and have lost jobs, had their work hours reduced, or have experienced a loss of income due to the economic or health impacts of Coronavirus and who have been unable to maintain their rent payments under their lease agreements. Insufficient or missing documentation may cause a delay in processing or, in some cases, a denial of the application. Additional documentation may be requested during the review of your application.

*** The information below may be submitted in a separate spreadsheet attached to your application. Please include the minimum information below and name it Impacted Tenant List – Property Name. ***

Property Name: _____
Property Address: _____
Tax ID for Payment: _____

Full Name of Tenant (as stated on the Lease)	Address of Tenant's Rental Unit	Total Amount of Rent Arrears Owed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total Amount of Assistance Requested	\$

**Add additional pages if necessary. If you have multiple properties and you are unable to accept payment on behalf of all of them, please list each property separately and provide the name of the property at the top of each list.*