



City of Santa Ana CARES for Tenants Program Co-Signer Certification

If an applicant has a Co-Signer, but is not part of the Co-Signer's household, then the applicant can be treated as a stand-alone household without reference to the Co-Signer's income. Such applicants shall provide documentation to support their claim that they are not part of the Co-Signer's household. This documentation can include but is not limited to:

1. Tax returns identifying the applicant household as separate from the Co-Signer's household (applicant shall not be declared as a dependent on the Co-Signer's tax return), or
2. Applicant household participates in a public assistance program that verifies eligibility through household income – such as CalFresh or WIC, or
3. Affidavit from the applicant household indicating that the Co-Signer is an outside party that has agreed to take responsibility for the rent and is not part of the applicant's immediate household.

An applicant will be eligible for assistance if they (i) can demonstrate that they do not have a household relationship with their Co-Signer; and (ii) meet the program criteria for income by household size.

INSTRUCTIONS FOR APPLICANT: In order to certify that your Co-Signer is not part of your household, you (the primary signer) must provide documentation under the Co-Signer's name for a residential address separate from your own. At least one of the following types of documentation must be provided: a utility bill, a signed rental lease agreement, a mortgage / deed, or a photo ID in the Co-Signer's name.

Failure to complete this form and provide the accompanying documentation within the deadline set by your case manager will result in denial of your application for rental assistance.

Applicant Full Name: _____

Case ID #: _____
(If known)

Address: _____



APPLICANT CERTIFICATION:

By signing this document, I certify under penalty of perjury that I do not reside at the same address as the Co-Signer, and I acknowledge that such information is subject to verification. This organization 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 of time 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.

Full Name: _____
Signature: _____
Date: _____

PLEASE NOTE: Your signature must be hand-written, signed digitally by hand or through a verifiable electronic signature (i.e. DocuSign or Adobe E-Signature). A typed signature may not be accepted.

CO-SIGNER CERTIFICATION:

Full Name: _____
Phone: _____
Email: _____
Address: _____

Relationship to Applicant: _____

By signing this document, I certify under penalty of perjury that I do not reside at the same address as the Applicant and I acknowledge that such information is subject to verification. This organization 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 information in this document 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 of time or falsification of this information shall be grounds for 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.

Signature: _____
Date: _____

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Type of Documentation Attached: _____