



City of Santa Ana CARES for Tenants Program Hotel / Motel Owner or Manager Certification of Rental Assistance

The cost of a hotel or motel room occupied by an eligible household may be covered using funds within the category of "other expenses" related to housing incurred due, directly or indirectly, to the COVID-19 outbreak provided that:

- The household can demonstrate that it has been temporarily or permanently displaced from its primary residence or does not have a permanent residence elsewhere; and
- The total amount of financial assistance an eligible household may receive must not exceed 18 months; and
- Documentation of the hotel or motel stay is provided and their applicable requirements provided in the statute are met

The cost of the hotel or motel stay would not include expenses incidental to the charge for the room. The cost of the hotel or motel shall be reasonable. If a household is eligible to receive rental assistance for hotel/motel stays from an existing program with narrower eligibility criteria, such programs should be utilized prior to providing similar assistance under ERAP.

INSTRUCTIONS FOR CASE MANAGER: In the table on the next page please input each type of assistance that the tenant or occupant received or is eligible to receive in order of the month to which it applies: PREVIOUS ERA ASSISTANCE FOR ARREARS, RECERTIFIED ERA ASSISTANCE FOR ARREARS & ERA ASSISTANCE FOR PROSPECTIVE RENT.

INSTRUCTIONS FOR HOTEL/MOTEL OWNER OR MANAGER: Please carefully review the information and table below to ensure you fully understand, agree and accept the TOTAL APPROVED ASSISTANCE for which your occupant is eligible. Please note that the balance of hotel/motel arrears on your hotel/motel ledger may be different from the TOTAL APPROVED ASSISTANCE because your occupant may be eligible for up to three months of prospective rental assistance. The total number of months to which assistance is applied cannot exceed 18 months and certain fees charged to the occupant's ledger may not be eligible for assistance under the **CARES for Tenants Program** guidelines.

Occupant Full Name: _____

Case ID #: _____
(If known)

Address: _____

(Include Hotel Name and Room #)

TOTAL APPROVED ASSISTANCE: \$ _____

- ❖ Assistance is limited to the cost of the hotel or motel stay and does not include expenses incidental to the charge for the room.
- ❖ Prospective rental assistance payments cannot exceed 3 months of assistance.
- ❖ The total number of months to which assistance is applied cannot exceed the maximum of 18 months and the TOTAL APPROVED ASSISTANCE cannot exceed the current monthly rental amount multiplied by 18.
- ❖ All calculations must be verifiable by the occupant's hotel/motel rental ledger and other documentation.



MONTH	PREVIOUS ERA ASSISTANCE FOR RENTAL ARREARS	RECERTIFIED ERA ASSISTANCE FOR RENTAL ARREARS	ERA ASSISTANCE FOR PROSPECTIVE RENT
Apr-20			
May-20			
Jun-20			
Jul-20			
Aug-20			
Sep-20			
Oct-20			
Nov-20			
Dec-20			
Jan-21			
Feb-21			
Mar-21			
Apr-21			
May-21			
Jun-21			
Jul-21			
Aug-21			
Sep-21			
Oct-21			
Nov-21			
Dec-21			
Jan-22			
Feb-22			
Mar-22			
Apr-22			
May-22			
Jun-22			
Jul-22			
Aug-22			
Sep-22			
# MONTHS ASSISTED <i>(cannot exceed 18 mos. total)</i>			
TOTAL ASSISTANCE			
TOTAL COMBINED ASSISTANCE		<i>CANNOT EXCEED 18 x CURRENT MONTHLY CHARGE</i>	
TOTAL APPROVED ASSISTANCE		<i>RECERTIFIED ERA ASSISTANCE + PROSPECTIVE ERA ASSISTANCE</i>	



HOTEL/MOTEL OWNER OR MANAGER CERTIFICATION:

By providing my signature below, I am certifying that all information in this document is true and correct. I am also certifying that the TOTAL APPROVED ASSISTANCE will be used for the sole purpose of paying the occupant’s outstanding balance and will be applied to the appropriate month(s) in accordance with the table above. I am also attesting that prospective rental payments will be used for the sole purpose of paying the occupant’s forthcoming rent. I am also attesting that if the occupant vacates their hotel/motel room prior to all prospective rent being applied, I will remit the remaining funds to the City of Santa Ana. Failure to comply with any of the above guidelines will result in recapture of funds paid and possible prosecution by state and federal authorities.

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.

Hotel/Motel Owner or Manager 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.

CASE MANAGER CERTIFICATION:

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 signing this Document, 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.

Full Name: _____

Agency: _____

Signature: _____

Date: _____