



City of Santa Ana CARES for Tenants Program Hotel/Motel Duplication of Benefits Analysis

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.

A duplication of benefits happens when a household receives assistance in excess of documented need. Federal grant funds from the **CARES for Tenants Program** cannot be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

INSTRUCTIONS FOR CASE MANAGER: Please complete each table below using the occupant’s hotel/motel ledger as reference. All calculations must be verifiable by the rental ledger and other relevant documentation.

INSTRUCTIONS FOR HOTEL/MOTEL OWNER OR MANAGER: Please carefully review the information and tables below to ensure all charges and credits from the provided ledger, as well as all forms of previous assistance, are accurately reflected and that no duplication of benefits has occurred.

The balance of rental arrears on the rental ledger may be different from the TOTAL APPROVED 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 #)



HOTEL / MOTEL OUTSTANDING BALANCE:

How much hotel / motel rent do you owe as of the date of this application? The cost of the hotel / motel stay cannot include expenses incidental to the charge for the room. Please indicate the amount owed for each month below:

April 2020	\$	July 2021	\$
May 2020	\$	August 2021	\$
June 2020	\$	September 2021	\$
July 2020	\$	October 2021	\$
August 2020	\$	November 2021	\$
September 2020	\$	December 2021	\$
October 2020	\$	January 2022	\$
November 2020	\$	February 2022	\$
December 2020	\$	March 2022	\$
January 2021	\$	April 2022	\$
February 2021	\$	May 2022	\$
March 2021	\$	June 2022	\$
April 2021	\$	July 2022	\$
May 2021	\$	August 2022	\$
June 2021	\$	September 2022	\$
Total Rental Arrears Owed:			

Previous Rental Assistance from CARES for Tenants, CARES for Landlords and/or Housing is Key (State Program) including Emergency Rental Assistance (ERA1 and ERA2), Community Development Block Grant – Coronavirus Funds, and/or State Coronavirus Relief Funds:

April 2020	\$	July 2021	\$
May 2020	\$	August 2021	\$
June 2020	\$	September 2021	\$
July 2020	\$	October 2021	\$
August 2020	\$	November 2021	\$
September 2020	\$	December 2021	\$
October 2020	\$	January 2022	\$
November 2020	\$	February 2022	\$
December 2020	\$	March 2022	\$
January 2021	\$	April 2022	\$
February 2021	\$	May 2022	\$
March 2021	\$	June 2022	\$
April 2021	\$	July 2022	\$
May 2021	\$	August 2022	\$
June 2021	\$	September 2022	\$
Total Rental Assistance Provided:			



Previous Rental Assistance / Forgiveness through other Federal, State or Local assistance including the Santa Ana Vital Eviction Solution (SAVES) Program:

April 2020	\$	July 2021	\$
May 2020	\$	August 2021	\$
June 2020	\$	September 2021	\$
July 2020	\$	October 2021	\$
August 2020	\$	November 2021	\$
September 2020	\$	December 2021	\$
October 2020	\$	January 2022	\$
November 2020	\$	February 2022	\$
December 2020	\$	March 2022	\$
January 2021	\$	April 2022	\$
February 2021	\$	May 2022	\$
March 2021	\$	June 2022	\$
April 2021	\$	July 2022	\$
May 2021	\$	August 2022	\$
June 2021	\$	September 2022	\$
Total Rental Assistance or Forgiveness:			

Please provide any additional information about the rental assistance that was provided such as the source and the type of assistance:



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 any funds I receive from the CARES for Tenant Program on behalf of my hotel / motel occupant does not duplicate/replace any other funds received from any other source including federal, state or local assistance (i.e. CARES for Landlords, Housing is Key, SAVES). 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: _____