



**City of Santa Ana CARES for Tenants Program  
Landlord Verification of Rental Arrears**

Low-income renters who are struggling to pay their rent due to the Coronavirus can receive assistance in the form of a payment to their landlord for 100% of their rental arrears / past due rent owed since April 1, 2020, up to a maximum of 15 months of rental arrears. The City will not make payments for prospective rent payments (current or future rent), but will provide assistance to eliminate rental arrears (maximum of 15 months) for eligible households.

**Requirements Include:**

1. All payments must be used to satisfy the renter’s rental arrears / past due rent (unpaid rent) since April 1, 2020. **A rent ledger must be attached verifying the rental arrears / past due rent.**
2. Your renter must meet eligibility requirements.
3. Your renter’s household income must be at or below 80% of the Area Median Income (AMI) to be determined by the designated service provider.

**Tenant Full Name:** \_\_\_\_\_

**Tenant Address:** \_\_\_\_\_  
\_\_\_\_\_

**THE TOTAL AMOUNT OWED IN RENTAL ARREARS / PAST DUE RENT (UNPAID RENT) FOR THE TENANT LISTED ABOVE IS \$\_\_\_\_\_.**

**NO SECURITY DEPOSITS, LATE FEES, OR LEASE VIOLATION PENALTIES ARE ELIGIBLE FOR PAYMENT. A RENT LEDGER MUST BE ATTACHED VERIFYING THE RENTAL ARREARS / PAST DUE RENT.**

**THE CURRENT MONTHLY RENTAL PAYMENT FOR THE TENANT LISTED ABOVE IS \$\_\_\_\_\_.**

**Landlord 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 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 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.

Landlord or Property Manager Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_