



City of Santa Ana CARES for Tenants Program Recertification of Eligibility

Families who have already applied or been approved for emergency rental assistance since May 1, 2020 (previous participants), may be considered for additional assistance up to their total rent owed on or after April 1, 2020 after re-certifying their eligibility that they are still having difficulty paying rent because of a COVID-19 impact and submission of the additional verification of income and at risk of homelessness documentation. The City will provide assistance to eliminate rental arrears and pay up to three months of prospective rent for eligible households. The total amount of financial assistance an eligible household may receive must not exceed 18 months.

Additional forms will be required of the families to re-verify their income and at-risk of homelessness. The family must be currently eligible with all of the current program requirements provided in the Program Guidelines. The family will not need to resubmit a new application and can be re-certified separately from the standard application. Re-certification must be documented before an additional payment will be sent to the landlord or paid to the tenant.

INSTRUCTIONS FOR APPLICANT: To qualify for additional emergency rental assistance, you must complete the questions below to verify if your household continues to be eligible. This form must be completed by the same applicant who submitted the application for previous emergency rental assistance.

You are not guaranteed to receive additional rental assistance. Your household must meet all eligibility criteria (starting with this form) and both you and your landlord or property manager must conform to requests from your case manager for additional information and documentation. Failure to do so within the deadline(s) set by your case manager will result in a denial of your application for additional rental assistance.

Applicant Full Name: _____

Case ID #: _____
(If known)

Address: _____



Q1) Are you still living at the same address as your original application?

YES or NO

If you answered YES to **Q1**, please go to **Q3**.
If you answered NO to **Q1**, please go to **Q2**.

Q2) Do you still live in Santa Ana?

YES or NO

If you answered NO to **Q2**, do you owe past due rent at your previous address?

YES or NO

If you answered YES, please continue to **Q3**.
If you answered NO, please do not continue. You are no longer eligible for emergency rental assistance through the **CARES for Tenants Program**.

Q3) What is your household size?

Household size includes all individuals (including children) living at the same address under the same income. Please circle your household size:

1 2 3 4 5 6 7 8 9+

Q4) Is your household’s annual income less than 80% of the Area Median Income (AMI) according to the table below?

YES or NO

Household Size	1	2	3	4	5	6	7	8
Annual Income	\$75,300	\$86,050	\$96,800	\$107,550	\$116,200	\$124,800	\$133,400	\$142,000

If you answered YES, please continue to **Q5**.
If you answered NO, please do not continue. You are no longer eligible for emergency rental assistance through the **CARES for Tenants Program**.



Q5) Has your household continued to experience a COVID-19-related financial hardship since you were last assisted by the **CARES for Tenants** program?

YES or NO

If you answered NO, please do not continue. You are no longer eligible for rental assistance through the **CARES for Tenants Program**.

If you answered YES, please check all of the circumstances below that apply to your household:

- Loss of income caused by the COVID-19 pandemic.
- Increased out-of-pocket expenses directly related to performing essential work during the COVID-19 pandemic.
- Increased expenses directly related to health impacts of the COVID-19 pandemic.
- Childcare responsibilities or responsibilities to care for an elderly, disabled, or sick family member directly related to the COVID-19 pandemic that limit my ability to earn income.
- Increased costs for childcare or attending to an elderly, disabled, or sick family member directly related to the COVID-19 pandemic.
- Other circumstances related to the COVID-19 pandemic that have reduced my income or increased my expenses.
- Any public assistance, including previous rental assistance, unemployment insurance, pandemic unemployment assistance, state disability insurance (SDI), or paid family leave, that I have received since the start of the COVID-19 pandemic does not fully make up for my loss of income and/or increased expenses.

Q6) Has your household continued to be at-risk of homelessness due to COVID-19 since first being assisted by the **CARES for Tenants** program?

YES or NO

If you answered NO, please do not continue. You are no longer eligible for rental assistance through the **CARES for Tenants Program**.

If you answered YES, please check all circumstances below that apply to your household:

- I have a past due utility or rent notice.
- I have received an eviction notice.
- I live in unsafe or unhealthy living conditions.
- I am doubling or tripling up with other households in my current living situation.
- I have an accumulation of rent arrears that can be documented by a rent ledger from my landlord.
- I (and my household) lack the resources or support networks needed to obtain housing if my current housing is lost and I will become homeless.



Q7) Do you need assistance for past due rent owed and/or assistance with up to 3 months of prospective rent in order to ensure your housing remains stable?

YES or NO

Please sign below and complete the remaining forms included in this Recertification Packet. Attach all required supporting documentation. You must return all forms and documentation by the deadline(s) given to you by your case manager. If you do not, your application will be denied for additional emergency rental assistance.

APPLICANT 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 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.