

## CARES RENTAL SERVICES ASSISTANCE CHECKLIST

---

Client Name \_\_\_\_\_

Phone# \_\_\_\_\_ Message# \_\_\_\_\_

Address: \_\_\_\_\_

The Completed applications will be accepted only during the application period from  
**Sept. 23-Nov. 6, 2020**  
and will be processed on a first come first serve basis

**The following completed documents and forms must be attached to the application within the application period of September 23-October 22, 2020. Please use the checklist below as a guide to assist you with the completion of the application.**

**The Following Documents Must be Submitted with the Application.**

**Click to upload**

- Picture ID (all adults in the household)  
Birthcertificates for ALL household members
- Proof of San Benito Co Residency for last 90 days (May provide mail envelopes from utility companies, school, employer...etc)
- Income Verification for all household members 18 years and over (past 30 days)
- Proof of COVID Impacted
- Copy of Utility Bill or shut-off notice (Water/Sewer and/or Garbage)
- Rental agreement (signed)
- Past due rent notification / Eviction notice (If applicable)
- W-9 Landlord/property management company

Application completed and signed



# SAN BENITO COUNTY

TRACEY BELTON  
DIRECTOR

Health & Human Services Agency

COMMUNITY SERVICES & WORKFORCE DEVELOPMENT

1111 SAN FELIPE ROAD, SUITE 107 • HOLLISTER, CA 95023

(831) 637-9293 • FAX (831) 637-0996

## RENTAL APPLICATION CARES Community Programs

Please complete one form PER HOUSEHOLD. The adult head of household must sign, date.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

If you have an email, please provide?: \_\_\_\_\_

What kind of assistance are you requesting?

- Rental Assistance
- Past Due
- Security Deposit
- Utility Assistance
- Food Voucher

### Part I: Eligibility Covid-19 Hardship Self-Certification

Have you lived in San Benito County 90-days or more?  YES  NO

I/we are experiencing COVID-19 financial hardship due to (check one)

**Check one or more that may apply (Supportive Documents will be required)**

- Loss of Employment
- Reduction in hours/wages
- I was sick with Covid-19 or caring for a household or family member who was sick with COVID-19
- I was laid off, lost hours, or had other income reduction from COVID-19 or the state of emergency
- I lost income due to compliance with government agency recommendations to stay at home, self-quarantine, or avoid congregating with others.
- I missed work to care for a home-bound school-age child.
- I missed work to care for a family member deemed high risk of severe illness from COVID-19.
- I suffered a decrease in household income and/or had substantial out-of-pocket medical expenses caused by COVID-19 pandemic, or by any local, state, or federal response to COVID-19.

### PART II: Household Information Please include all members in household

How many total members live in your household?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- Other \_\_\_\_\_

How many are under the age of 18?  1  2  3  4  5  Other \_\_\_\_\_

### \*We are requesting the following documents for each member of your family: (copies)

<input type="checkbox"/> Picture ID for all adults age 18 and over*	<input type="checkbox"/> Proof of Residency (Letter dated 90-day prior)
<input type="checkbox"/> Birth Certificates for all family members*	<input type="checkbox"/> Income verification for the past thirty (30) days
<input type="checkbox"/> Lease or Rental Agreement signed by Landlord	<input type="checkbox"/> Signed Letter of Past Due Rent (if applicable)



COMMUNITY ACTION BOARD & WORKFORCE Development BOARD

SERVING SAN BENITO COUNTY SINCE 1978

The County CSWD is an equal opportunity employer/program



The County of San Benito complies with the Americans with Disabilities Act (ADA) by assuring that auxiliary aids for services are available upon request to persons with disabilities. Persons with hearing disabilities can call the TDD/TTY phone (831) 637-3265. Persons requiring any special needs for access to should call the CSWD office at 831-637-9293 at least five business days before the needed date to arrange for the special accommodations.

**Part III: Annual Income** Report all current income (wages, child support, SSI, Unemployment, pension) received in the past 30 days. DO NOT INCLUDE: IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week) income. **\*\*Verification Required**

What is your/your family current source of income?

Family Member	Income Source	Monthly Income	Total Income Last 30 Days**

**Part IV: Duplication of Benefits** Please reply to the best of your knowledge. Are you receiving Section 8, HOME Tenant Based Rental Assistance (TBRA) or living in a subsidize Housing? **\*Not eligible if receiving Subsidized Housing.**

Mark all that apply.  Section 8  HOME TBRA  Other Subsidized Housing  None

**Rental/Utility Information:**

Monthly Rent: \_\_\_\_\_ Deposit: \_\_\_\_\_

Past Due Rent Owed: \_\_\_\_\_ Months Owed: \_\_\_\_\_

Are you behind with Utility bills, such as gas, electric, water/sewer or garbage?  Yes  No

If you are behind on your utilities, please identify service, \_\_\_\_\_, how much do you owe \$ \_\_\_\_\_ and, how many months you're behind? \_\_\_\_\_

**Part V: Demographic Information (This section is voluntary)**

**Ethnicity:** Select one:  Not Hispanic  Hispanic

**Race:** Select One:

- White
- Black/African American
- Asian
- Asian & White
- Nat. Hawaiian/Other Pacific Isl
- Am. Indian/Alaskan Native & White
- Black/African American & White
- Other: Multi-Racial

**Other Demographic Data (Select all that Applies)**

- Single Parent/Female
- Disabled
- Senior (65+)
- Single Parent/Male
- Veteran
- Single (under 65)

**PART VI: Applicant Certification** I certify that the information given on this form in true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal Funds, which may include immediate repayment of all Federal funds received and/or prosecution under the law. I attest, that all the answers, information, and documentation I provide for the application for this one-time disaster relief assistance are true and accurate to the best of my knowledge.

**Your application is not complete until you submit proof of income and other eligibility documentation.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker Signature

\_\_\_\_\_  
Date

**PLEASE READ CAREFULLY AND FILL IN ALL GREY AREAS OF THIS FORM ONLY**

**A. RELEASE OF INFORMATION AUTHORIZATION**

Initial \_\_\_\_\_  
The use of CSWD funds is limited to eligible applicants. CSWD regulations require verification of income/benefits and other information pertinent to the determination of eligibility for the programs. No applicant can be determined eligible or ineligible until all eligibility documentation is received by the Department of Community Services & Workforce Development.

Initial \_\_\_\_\_  
By signing this release form, I am hereby giving my permission to the Department of Community Services & Workforce Development to verify the accuracy of the information that I have provided which includes; income and benefits received, date of birth, citizenship, county residence, social security number, selective service registration, existence of family members, legal status (prior convictions, parole, probation), employment, education and other information required for purposes of determining my eligibility.

Initial \_\_\_\_\_  
I am also giving my permission to the Department of Community Services & Workforce Development to release information contained in my file to other social service agencies. All information and paperwork received during the eligibility determination process is maintained by the CSWD office and will not be returned to me. I understand that falsification of any item is grounds for termination from the CSWD program and may result in action to recover any moneys paid to me while participating.

**B. NEPOTISM STATEMENT**

1. Is a member of your immediate family (spouse, parent, child, brother, sister, uncle, aunt, niece, nephew, in law, step-parent or step-child) an elected City or County official, or member of the Community Services & Workforce Development Board? If yes, what is his/her name, elected title, and relationship to you?  Yes  No  
If yes, what is his/her name, elected title, and relationship to you?

2. Is a member of your immediate family (spouse, parent, child, brother, sister, uncle, aunt, niece, nephew, in law, step-parents or step-child) an employee of the City, County or a subcontractor of the San Benito county Community Services & Workforce Development? If yes, what are his/her name, position, and relationship to you?  Yes  No  
If yes, what is his/her name, elected title, and relationship to you?

3. **To the best of my knowledge, I have no relatives of any degree, working for San Benito County.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                 <input type="checkbox"/> C Corporation                 <input type="checkbox"/> S Corporation                 <input type="checkbox"/> Partnership                 <input type="checkbox"/> Trust/estate             </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____             </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____             </p>		<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;"><i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>	Requester's name and address (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
				-			-				
<b>or</b>											
<b>Employer identification number</b>											
						-					

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*