



City of Montebello Fire Department

Montebello Community Assistance Program (MCAP) COVID-19
Emergency Rental, Mortgage, and Utilities Assistance Program



APPLICATION

1. APPLICANT INFORMATION

1a. Applicant Name: _____

Address: _____

Telephone No.: _____ Email Address: _____

1b. Applicant Demographics

Race/Ethnicity

- | | |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Latina/o | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> African American | <input type="checkbox"/> Black/ African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other multi-racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |

1c. Is your household currently receiving subsidized housing assistance (i.e., Section 8, Senior Housing Section 202, Disabled Housing Section 208, etc.)? Yes No

If yes, please describe the type of assistance:

2. RENTAL/MORTGAGE INFORMATION

Landlord/Property Management or Mortgage Company: _____

Contact Person: _____ Telephone No.: _____

Email Address: _____

2a. Please check which best describes your housing. Rent Own

2b. When is your payment due: _____ 2c. Amount of monthly payment: _____



City of Montebello Fire Department
 Montebello Community Assistance Program (MCAP) COVID-19
 Emergency Rental, Mortgage, and Utilities Assistance Program



2d. Are you currently behind on your rent/mortgage? Yes No

If yes, please list the month/year followed by the month for which you are behind:

3. UTILITY INFORMATION

Eligible utilities include electricity, gas, water, internet, and phone

3a. Do you need assistance with past due utility bills? Yes No

3b. If you do need assistance with past due utility bills, please complete the table below.

Utility Company Name	List Month(s) Past Due	Total Amount Past Due	Due Date
Total Utility Assistance			

4. COVID-19 IMPACT

4a. Have you (or someone in your household) been impacted by the COVID-19 pandemic, which has affected your housing? Yes No

4.b In what ways have you or your household been impacted by the COVID-19 pandemic? Please check all responses that apply. Additional supporting documentation may be requested by staff. In what way(s) have you or your household been impacted by the COVID-19 pandemic? Please check all responses that apply. *Please note that if you are selected, you will be asked to submit supporting documentation.*

- Workplace closure or reduced hours resulting from employer (i.e., job loss, furlough, work hours or pay reduction, now receiving unemployment insurance benefits)
- Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19. Please explain economic impact below. Please do not include any confidential or medical information.



City of Montebello Fire Department

Montebello Community Assistance Program (MCAP) COVID-19
Emergency Rental, Mortgage, and Utilities Assistance Program



- Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the application of household member who is ill with COVID-19. Please explain below.

- Other. Please explain below.

5. HOUSEHOLD INCOME

5a. What is the total number of household members that occupy this address as their primary residence? _____

5b. Please complete the table below all household members, including yourself.

	Name	Age	Relationship to Applicant	Employment Status
1	Applicant:		Self	
2				
3				
4				
5				
6				
7				
8				

5c. Please complete the “Household Income Worksheet (attached),” including signatures for all household members over the age of 18 and submit it with your application.

6. DUPLICATION OF BENEFIT

6a. Are you now, or since March 27,2020, receiving/have received financial rental, mortgage, and/or utility assistance? Yes No



City of Montebello Fire Department
 Montebello Community Assistance Program (MCAP) COVID-19
 Emergency Rental, Mortgage, and Utilities Assistance Program



If yes, please complete the table below:

Funding Source (i.e., company, foundation)	Type of Assistance (Rent, Mortgage, Utility)	Total Amount Received	Dates/Periods Assistance Covered

7. ASSURANCES & CERTIFICATION

I understand and by signing agree that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. I authorize the City to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.

The information supplied is used strictly for establishing eligibility for the Montebello Community Assistance Program COVID-19 Emergency Housing Assistance Program. Applicant(s) acknowledge that personal and financial information may be subject to public disclosure under the California Public Records Act. Applicant will be required to provide financial documentation, including but not limited to tax returns, paystubs, EDD information, copy of lease or rental agreement, letter from employer stating reduction of hours or job loss, and/or other applicable documentation.

I understand that my participation in this program is wholly voluntary for me and my household. I further understand that my eligibility to receive direct financial assistance and/or services from the City of Montebello-funded programs are strictly time-limited (non-permanent) and based on eligible criteria. I must maintain satisfactory participation in the program and may be asked to participate in an evaluation to qualify for the one-time limited assistance. Also, I understand that I may be subject to complete a Housing Needs Assessment to assist me in obtaining additional services.

Applicant Name

Date

Applicant Signature

Date



City of Montebello Fire Department

Montebello Community Assistance Program (MCAP) COVID-19
Emergency Rental, Mortgage, and Utilities Assistance Program



HOUSEHOLD INCOME WORKSHEET

TENANT(S) HOUSEHOLD MEMBERS AGE 18 AND OVER INCOME INFORMATION - To complete this statement, fill in the **ALL MONTHLY/PROJECTED ANNUAL INCOME EARNINGS** for **EACH TENANT AND HOUSEHOLD MEMBER AGE 18 OR OLDER**. Each Household Member must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Please include all current income and income expected to be received in the next 12 months including long-term unemployment compensation and all hazard pay. **DO NOT INCLUDE** IRS Economic Impact Payments (stimulus checks) or Federal Pandemic Unemployment Compensation (the additional \$600 per week).

SOURCE OF INCOME	HM # 1 Name:	HM # 2 Name:	HM # 3 Name:	HM # 4 Name:	HM # 5 Name:	HM # 6 Name:
Employment Income [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<ul style="list-style-type: none"> • Copies of current paychecks (not older than 6 mos.) 						
Employer						
Type of Business						
Job Title						
Self-Employed Profits [Monthly or Annually]	\$	\$	\$	\$	\$	\$
Social Security [Monthly or Annually]	\$	\$	\$	\$	\$	\$
Supplemental Security Income (SSI) [Monthly or Annually]	\$	\$	\$	\$	\$	\$
Social Security Disability (SSD) [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<p><i>The Social Security documents must not be older than 6 mos. Unless noted:</i></p> <ul style="list-style-type: none"> • Copy of applicant's monthly award check; or • Copy of applicant's benefit verification letter (applicant can request from local Social Security office); or • Form SSA-2458 (from local Social Security office); or • Form SSA-1099 (yearly benefit statement that may not be older than one (1) year); or • Written certification from awarding agency verifying monthly benefits; or • Copy of bank statement showing direct deposit of applicant's award check. 						



City of Montebello Fire Department

Montebello Community Assistance Program (MCAP) COVID-19
Emergency Rental, Mortgage, and Utilities Assistance Program



SOURCE OF INCOME	HM # 1	HM # 2	HM # 3	HM # 4	HM # 5	HM # 6
California Work Opportunity and Responsibility for Kids (CalWORKs) [Monthly or Annually]	\$	\$	\$	\$	\$	\$
Temporary Assistance for Needy Families (TANF) [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<ul style="list-style-type: none"> Award letter stating the amount of applicant's benefit; or Copy of applicants most recent bi-monthly award check(s); or Written statement from Caseworker stating the applicant's benefit amount; or Written certification from awarding agency verifying monthly benefits. 						
Pension [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<ul style="list-style-type: none"> Copy of applicant's most recent pension check/payment stubs; or Copy of pension award letter showing monthly benefits; or Bank statement showing direct deposit of applicant's award check. 						
Alimony [Monthly or Annually]	\$	\$	\$	\$	\$	\$
Child Support [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<ul style="list-style-type: none"> Copy of applicant's tenant's weekly or monthly check; or Court decree establishing payments, (divorce papers); or Notarized affidavit of child support certifying amount received. 						
Unemployment Insurance [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<ul style="list-style-type: none"> Copy of award notice stating tenant's benefits; or Payment booklet; or Unemployment notarized affidavit signed by applicant. 						
Income from Assets [Monthly or Annually]	\$	\$	\$	\$	\$	\$
Interest from Bank Accounts and Cash Funds [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<ul style="list-style-type: none"> Current bank statement showing interest earned year to date. 						



City of Montebello Fire Department

Montebello Community Assistance Program (MCAP) COVID-19
Emergency Rental, Mortgage, and Utilities Assistance Program



Rental Property Income [Monthly or Annually]	\$	\$	\$	\$	\$	\$
<i>At least two (2) from the following:</i> <ul style="list-style-type: none"> • Copy of property rental agreement signed by current tenant showing monthly rent; or • Copy of rent check; or • Copy of tenant's income tax return declaring earned rental income (not older than one year); or • Rent receipt book. 						
Other Income Not Shown Above Sources:	\$	\$	\$	\$	\$	\$
NO Income from ANY Source Please Check						

**IF YOU NEED TO INCLUDE ADDITIONAL INFORMATION, PLEASE PROVIDE
ADDITIONAL PAGES**

TENANT(S) CERTIFICATION

By signing below, I understand that making a false statement or providing false information is subject to civil and criminal penalties, including confinement and fines under the laws of the State of California (including but not limited to California Penal Code § 115, 118, 487, & 532 and Welfare and Institution Code § 11054) and the laws of the United States of America (including but not limited to 18 U.S. Code 1001). Criminal charges may include but are not limited to: perjury, grand theft, filing false documents with a public office, and obtaining money under false pretenses.

I understand that providing false information or incomplete statements are sufficient and good cause to terminate contracts and debarment and may affect any current and future contracts. Any false information and incomplete statements are sufficient and good cause to terminate my current participation or prohibit my future participation in any future City of Montebello programs and may subject me to further liability and actions.

If I am determined to be eligible for this program, I will be required to submit documentation to prove my eligibility at a later time. I acknowledge understand that the City of Montebello have provided no warranty or guarantee as to who will be selected as an award recipient and waive any responsibility and liability of the City of Montebello, and all of its departments, employees, and elected officials, from damages and losses caused by my non-selection of the requested renter's relief and waive all errors and failures occurring during the application processing and transmissions using my selected method of service.



City of Montebello Fire Department

Montebello Community Assistance Program (MCAP) COVID-19
Emergency Rental, Mortgage, and Utilities Assistance Program



Also, you will need authorization from all household members to authorize the City of Montebello to share any information and obtain any verification of information that is necessary to process the participant's application for assistance. This includes obtaining verification of information from and sharing information with the following parties: Property Owner (including owner, agent, and/or property management company), organizations providing assistance with this Program pursuant to an agreement with the City of Montebello, and others, as necessary to implement the goals and requirements of the Program. Information will only be shared as necessary to the above mentioned in order to effectuate the timely and full processing of the application.

APPLICANT		
HM #1 Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
HM #2 Signature	Printed Name	Date
HM #3 Signature	Printed Name	Date
HM #4 Signature	Printed Name	Date
HM #5 Signature	Printed Name	Date
HM #6 Signature	Printed Name	Date



City of Montebello Fire Department
 Montebello Community Assistance Program (MCAP) COVID-19
 Emergency Rental, Mortgage, and Utilities Assistance Program



Zero Income Certification Form

(To be completed by adult household members who are claiming zero income from any source, if appropriate)

This form should only be completed by family/household members are claiming **zero income** from any source. A separate Zero Income Self Certification must be completed for **each** family/household member that is claiming zero income.

Zero Income Self-Certification	
Print Name	Address (No., Street, City, Zip) :
<p>1. I hereby certify that I do not individually receive income from any of the following sources:</p> <ul style="list-style-type: none"> a. Wages from employment (including commissions, tips, bonuses, fees, etc.); b. Net income from operation of a business or income from self-employment (i.e. sales of Avon, Mary Kay, Shaklee, etc. or other business income); c. Rental income from real or personal property; d. Interest or dividends from assets; e. Social Security payments (SS)/Supplemental Security (SSI) payments, annuities, insurance policies, retirement funds, pensions, or death benefits; f. Unemployment or disability payments; g. Public assistance payments (i.e. welfare, TANF, CAPI payments, etc.); h. Periodic allowance such as alimony, child support, or gifts received from persons not living in my household; and/or i. Any other source not named above. <p>2. Choose the statement below that most closely applies to your situation:</p> <p><input type="checkbox"/> Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer currently.</p> <p><input type="checkbox"/> Currently, I have no income and I am a part-time or full-time student.</p>	

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 statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

 Signature (Applicant)

 (Print Name)

 Date