



# CITY OF CUDAHY EMERGENCY RENTAL ASSISTANCE PROGRAM Application

City of Cudahy  
(323) 773-5143  
www.cityofcudahy.com

The City of Cudahy has launched the Emergency Rental Assistance (ERA) program to help residents who have been financially impacted by the COVID-19 pandemic. The ERA program offers eligible applicants one-time rental assistance up to \$1,300.00 to help renters in the City of Cudahy. Financial assistance will be offered to eligible, low-income households who rent in the City and have been economically impacted by the COVID-19 pandemic. The program is made possible with federal Community Development Block Grant CARES Act (CDBG-CV) funds from the Department of Housing and Urban Development (HUD), therefore applicants must meet all requirements to be eligible for the program. Applications will be assessed, and rental assistance will be awarded based on need and available funds. **Payments will be made directly to landlords.**

**Please type or use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly. All blanks must be completed or have N/A written.**

## 1. APPLICANT INFORMATION

DATE: \_\_\_\_\_

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

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## 2. LANDLORD/PROPERTY MANAGER INFORMATION

Landlord/Property Manager/Company Name: \_\_\_\_\_

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

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

## 3. APPLICANT BACKGROUND INFORMATION

a. Do you currently rent your primary residence?

No  Yes

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Cudahy or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Cudahy's verification of various eligibility requirements. The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code which states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to the Department of the United States Government.

b. How much do you pay a month for rent? \$\_\_\_\_\_

c. When is your monthly rent due? \_\_\_\_\_

d. Are you currently behind on your monthly payment?

No  Yes  If yes, how many months are you behind? \_\_\_\_\_

**4. COVID-19 ECONOMIC IMPACT**

a. Have you (or your household) been financially impacted by the COVID-19 pandemic?

No  Yes. If yes, please describe below.

b. 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with other during the state of emergency. Please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other. Please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**5. HOUSEHOLD INCOME**

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

b. Please provide requested information for all household members, **including yourself**.

| Name       | Age | Relationship to Applicant | Employment Status |
|------------|-----|---------------------------|-------------------|
| Applicant: |     |                           |                   |
|            |     |                           |                   |
|            |     |                           |                   |
|            |     |                           |                   |
|            |     |                           |                   |
|            |     |                           |                   |
|            |     |                           |                   |
|            |     |                           |                   |

c. What was your monthly household pre-tax income **prior** to the coronavirus pandemic? \$ \_\_\_\_\_

d. What is your **current** household pre-tax monthly income? \$ \_\_\_\_\_

**FOR REFERENCE PURPOSES ONLY**

| Maximum Annual Household Income Limits as Determined by HUD effective April 1, 2020 |          |          |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
| Persons in Household  |          |          |          |          |          |          |          |          |
|   | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
| <b>Very Low-Income Limits (50%)</b>   | \$39,450 | \$45,050 | \$50,700 | \$56,300 | \$60,850 | \$65,350 | \$69,850 | \$74,350 |
| <b>Extremely Low-Income Limits (30%)</b>  | \$23,700 | \$27,050 | \$30,450 | \$33,800 | \$36,550 | \$39,250 | \$41,950 | \$44,650 |

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**6. ASSURANCES AND SIGNATURES**

*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. You are authorized 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 Cudahy Emergency Rental Assistance Program under CBDG-CV funds.** Applicant(s) acknowledge that personal and financial information may be subject to public disclosure under the California Public Records Act. If chosen for funding, 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.

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Applicant Name Date

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Applicant Signature Date

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**REQUIRED CLIENT DEMOGRAPHIC FORM**

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

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

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**Ethnic Background:**

**Racial Background**

**Single Categories**

*Check the box next to the category that best describes your origin.*

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

**Ethnic Background**

*Check the box next to the category that best describes your ethnicity.*

- Yes, Hispanic/Latino
- No, not Hispanic/Latino

**Double Categories**

- American Indian or Alaska Native AND White Asian AND White
- Black/African American AND White
- American Indian or Alaskan Native AND Black or African American
- Other**-for individuals not identified above

**Household Information-Check one**

- A female heads the household where this client resides.
- A male head the household where this client resides.

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Applicant's Signature

Date

Agency's Approval

Date