

City of Gilroy in partnership with St. Joseph's Family Center
 Community Development Block Grant – CARES Act
Homeless Prevention COVID-19 Rental Assistance Program

APPLICATION			
Name:			
Address:			
How many people live in your household?			
Employer Name and Address			
Are you working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what was the date of the last day you worked?	
Total Household Income: (Please include income from all persons living in home of applicant.)			\$
Has your income been directly impacted by the COVID-19 Pandemic? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "no" you are ineligible.</i> <i>If "yes", have you provided clear documentation that shows how you have been impacted?</i> <i>(this may include: job loss, hours cut, business closing, etc.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you or anyone in your household collecting unemployment or other social assistance? If so, how much? (Please attach copies of check stubs, statements or payment.)			
Payor/Company/Agency	Who in your household receives this income?	Amount per Month (\$)	
Please list all other income for all residents living in the household in the space below. (Please attach copies of check stub, statements or payment.)			
Payor/Company/Agency	Who in your household receives this income?	Amount per Month (\$)	
Please list all past due rent payments dated on or after September 1, 2020 for which you wish to pay from this grant? (Please provide copies of all rent due or past due for which you are seeking assistance.) *Note, payments can only be made on behalf of the applicant with no funds ever being directly sent to the applicant.			

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Landlord/Mortgage Company Name	
Address	
Phone	
Total Amount Due on or after September 1, 2020	
Rent Account #	
Payment Due Notice Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

Duplication of Benefits: Has anyone in your household received financial assistance since September 1, 2020 for the purpose of paying your rent? Yes No If yes, please provide explanation below:

Demographic Information: Please provide general demographic information for household

Number of: Male _____ Female _____ Disability: _____ Yes _____ No

Indicate the number of people living in your household by age group:

0-5 ____ 6-17 ____ 18-61 ____ Over 62 ____

ETHNICITY (Select one)
<input type="checkbox"/> Hispano o Latino
<input type="checkbox"/> No Hispano o Latino

RACE (Select one or more)
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White

APPLICATION CERTIFICATION: I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to HUD or Program Administrator. I understand that if a “duplication of benefits” is later found, I may be required to pay these funds back.

 Signature Printed Name Date