



City of Hawthorne Emergency Rental Assistance Grant Program

GENERAL QUALIFICATIONS AND CONDITIONS

I / we understand the following qualifications, conditions, and documentation requirements for this program:

I. GENERAL QUALIFICATIONS AND CONDITIONS:

- The Emergency Rental Assistance Grant Program provides one-time grants to individuals and families renting a residential property in Hawthorne who have lost income because of COVID-19 and who are at risk of losing their housing.
- The maximum amount of assistance is up to \$1,000 per month for up to three (3) consecutive months, based on actual need.
- The form of assistance is a grant paid directly to the owner of the housing. Eligible expenses that can be paid with grant funds include past due rent or current rent. Expenses must be evidenced by:
 - **Rent:** Current residential lease or written rental agreement showing the amount due each month AND a statement from the landlord or property owner indicating the amount due and/or past due.
- To qualify, the total annual family income cannot exceed the limits listed in the table below.

TABLE "A" - 2020 Eligibility Income Limits

Household Size	Maximum Annual Income for Low and Moderate Income Families
1	\$63,100
2	\$72,100
3	\$81,100
4	\$90,100
5	\$97,350
6	\$104,550
7	\$111,750
8	\$118,950

- To qualify, gross family income may not exceed those listed in Table "A". Gross family income includes **all** income from **all** persons over 18 years of age.
- To qualify, the individual or family must demonstrate their income was / is reduced because of COVID-19. Situations causing loss of income include, but are not limited to, loss of employment, reduction of work hours, reduced wages.
- The application period for this program ends on Monday, October 26, 2020 at 5:00 p.m.
- The application must be filled out completely and include all required supporting documents.
- The application must be submitted to the City of Hawthorne Housing Department by Monday, October 26, 2020 at 5:00 p.m. No exceptions.

- Funds are limited. Applications received by the deadline will be assigned a number and that number will be entered into a lottery. The applicant will be notified by mail of their application number and provided more details about the lottery selection process. The lottery will be conducted on October 27, 2020 at 1:00 p.m. to determine the order that the City will review applications. Applications will be reviewed in the order of selection in the lottery. The City anticipates serving approximately 330 families.
- The City will review applications and begin providing responses promptly. If an application is incomplete, the applicant will be given 10 calendar days to submit the missing paperwork.
- Payment will be made directly to the property owner / landlord or utility company.
- The City determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances where the repairs and/or applications/applicants do not conform to these or other program guidelines.

II. DOCUMENTATION REQUIREMENTS: The following documents must be photocopied and attached to your application. Do not submit originals. No documents will be returned.

1. **PHOTO IDENTIFICATION**: Photo Identification for every person listed as a member of the family residing in the rental housing unit for which rental assistance is requested.
2. **PROOF OF COVID-19 ECONOMIC IMPACT**: Applicants must submit documentation confirming negative economic impact during the COVID-19 pandemic period. Monthly income from January and February of 2020 shall be compared to monthly income from March 27, 2020 forward. Acceptable documentation of negative economic impact shall include:
 - A copy of family member(s) notification of job loss/termination from employer during the eligible pandemic period (March 27, 2020 to present); or
 - A copy of family member(s) notification of furlough from employer during the eligible pandemic period (March 27, 2020 to present); or
 - A copy of family member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 27, 2020 to present). The Request for Verification of Income or Reduction of Hours and/or Pay Form (Exhibit 3) to the Program Guidelines may be used for this purpose; or
 - A copy of family member(s) application during the eligible pandemic period (March 27, 2020 to present) and/or approval for Unemployment Insurance benefits;
 - A notarized affidavit signed that includes the name of the family member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 27, 2020 to present); or
 - Other appropriate documentation acceptable to the City.
3. **VERIFICATION OF INCOME**: For each adult in the family 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the program application Table C.
4. **PROOF OF TENNANCY**: Current residential lease agreement or rental agreement.

III. ACKNOWLEDGEMENT: I/WE have read and understand the foregoing general qualification and condition statements. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in MY/OUR not conforming to the requirements of the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

Applicant Signature

Date

Co-Applicant Signature

Date

Please direct all questions regarding the Emergency Rental Assistance Grant Program to Housing at (310) 349-1600



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CERTIFICATION OF ANNUAL INCOME

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. The City of Hawthorne requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table E. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

DEFINITION OF INCOME: For this program, the City of Hawthorne is using the Part 5 definition of income.

APPLICANT’S NAME: _____

TABLE “C” – CURRENT MONTHLY INCOME AFTER COVID-19 (MARCH 1 – CURRENT)

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker’s, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
Total Present Gross Monthly Income			A	\$
Multiply by 12 months in a year			B	X12
A times B is equal to TOTAL ANNUAL INCOME			C	\$

TABLE "D" – MONTHLY INCOME PRIOR TO COVID-19 (JANUARY – FEBRUARY 2020)

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
Total Gross Monthly Income Prior COVID			A	\$
Multiply by 12 months in a year			B	X12
A times B is equal to TOTAL ANNUAL INCOME			C	\$

INSTRUCTIONS: Check all that apply and explain below.

TABLE "E" – COVID-19 ECONOMIC IMPACT

- TERMINATION OF EMPLOYMENT DUE TO COVID
 FURLOUGH / REDUCED HOURS DUE TO COVID
 OTHER – EXPLAIN BELOW.

In your own words, describe why family income was reduced because of COVID-19:

INCOME DOCUMENTATION: Please provide the requested items below, if applicable to your family for all family members over the age of 18. All documents submitted must be copies and will not be returned. **Do not send originals.**

TABLE "F" – INCOME DOCUMENTATION REQUIRED

IF YOU OR A MEMBER OF YOUR FAMILY HAVE INCOME FROM ANY OF THE FOLLOWING SOURCES:	YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS:	COVERING THE FOLLOWING PERIOD(S) OF TIME:
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	Copies of last 3 paycheck stubs / earnings statements	January 1, 2020 – February 29, 2020 - AND - March 1, 2020 – Current
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).	Complete (all pages) for the most recent filed Federal Income Tax Return; or Profit and Loss Statement showing the net amount after business expenses.	January 1, 2020 – Current
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	Bank Statements	Most recent three (3) months
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report the total amount received.	Social Security or other Award Letter; or Bank Statements	Current year's award letter or Most recent three (3) months bank statements
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report the total amount received.	Award letter; or Bank Statements	Current year's award letter or Most recent three (3) months bank statements
Any public assistance or welfare payments from state or local welfare office. Report the amount received.	Award letter; or Statement from source of assistance	Current year's award letter or statement of current benefits from the source of assistance
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	Award Letter; or Bank Statement	Most recent three (3) months
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	Bank Statement; Copy of last three paystubs	Most recent three (3) months



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DEMOGRAPHIC INFORMATION

INSTRUCTIONS: The information on this sheet is strictly confidential and will be combined with the statistical information for federal reporting purposes only.

I. **ETHNICITY:** Hispanic Non-Hispanic

II. **RACIAL BACKGROUND (PLEASE CHECK APPROPRIATE SPACES):**

Single Race Categories:

- African American
- Asian
- Native American
- Pacific Islander
- White (Includes Hispanic)

Double Race Categories:

- African American and White
- African American and Native American
- Asian and White
- Native American and White
- Other Multi – Racial