

County of San Diego's Emergency Rental Assistance Program (ERAP) 2021

Please use this form for Landlords to submit an application on behalf of their tenant for the County of San Diego's 2021 Emergency Rental Assistance Program. In order for an application to be considered for review by the County of San Diego, either

1. This form is fully completed, signed, and dated by both the landlord and tenant. The form must be uploaded by the Landlord at the time of submitting the application on the Landlord Portal.

--- **OR** ---

2. The Landlord can enter a name, residential address, and email address for the tenant. Tenant will receive a notification via email to complete the application and self-certify by submitting online through the Tenant Portal.

Minimum Required Application Fields

Applicant First and Last Name	Applicant Phone Number	Applicant Email Address
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Applicant Street Address	Apartment #	City	State	Zip Code
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Applicant monthly household income before taxes.....	
Total number in household including applicant.....	
Is applicant household a single parent household with at least one child under the age of 18? (optional).....	Yes / No
Is applicant household at risk of being homeless or experiencing housing instability?.....	Yes / No
Is applicant unable to pay rent because applicant or someone in applicant household has been financially impacted by COVID-19?.....	Yes / No
Is there one or more individuals in applicant household that has qualified for unemployment benefits?.....	Yes / No
Has one or more individuals in applicant household NOT been employed for more than 90 days as of this application date?.....	Yes / No

Landlord Certification

Landlord Name (Printed)

Landlord Signature

Date

By accepting funds under this program, you declare under penalty of perjury under the laws of the State of California that:

- You own or are otherwise eligible to receive rent for this property and have a valid lease or rental agreement with the applicant(s).
- You will apply the payment received from the County of San Diego under this program to past due and/or upcoming rent for the tenant(s) only during a period when such tenant(s) are or have been residing in your property, as identified and approved by you for participation in this program.
- You understand that any false, misleading, or missing information may result in a determination of overpayment subject to collection and punishment to the fullest extent of the law.

You agree to accept the payment for the time period indicated in your award letter ("specified time period"), as payment in full. You also agree to release any and all claims for nonpayment of rental debt owed for the specified time period, including a claim for unlawful detainer against the tenant for whom rental assistance is being provided.

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Applicant Certification

Tenant Name (Printed)

Tenant Signature

Date

I declare under penalty of perjury under the laws of the State of California that the information on the application is true and correct, as of the date of its submission and that I resided in the unit for the period for which rental assistance is requested in my application, and that I did so under a valid rental agreement. I also certify that the assistance requested in this application does not duplicate any other rental or utility assistance, including federal, state, or local assistance provided for the same costs and I authorize the County of San Diego to reach out to other localities, utility providers, contractors and/or non-profits to verify if I was previously awarded emergency rental assistance and/or receiving other forms of rental subsidy. I understand that any false, misleading, or missing information may result in denial of my application and be punished to the fullest extent of the law.

I also understand that my application is conditional upon final review by the County of San Diego and:

- If my application is approved and my landlord/property manager agrees to participate in the program, a one-time payment will be made directly to my landlord/property management company. The County of San Diego will provide full payment of rental arrears for the period specified in the award letter that will be provided to me. I understand that rental arrears and possible future rent will be limited to the requirements of this program and availability of funds.
- If my landlord/property manager declines participation, the County of San Diego will compensate the full amount of the unpaid rental debt for the period specified in the award letter that will be provided to me. A one-time payment will be made directly to me, which I shall provide to the landlord within 15 business days of receipt of the funds, per AB 832. I understand that rental arrears and possible future rent will be limited to the requirements of this program and availability of funds.
- If I am also approved for assistance for future rent, the County of San Diego will compensate the full amount for the period specified in the award letter that will be provided to me. I understand that future rent will be limited to the requirements of this program and availability of funds.

I also understand that the cities of San Diego and Chula Vista have similar emergency rent and utility assistance programs and that, if it is determined by the County that my residence is located in one of those cities and outside of the County service area, I agree that the County may share my contact information (including name, address, phone number, and email address) with the City of San Diego or City of Chula Vista. I recognize, however, that the County is not required to share this information, and the Cities of San Diego and Chula Vista are not obligated to utilize that information. I recognize that it is my responsibility to file an application with the correct program.