



**ELIGIBILITY SCREENING**

Household must meet all five eligibility criteria and provide documentation.

**1. Does the household live in one of the nine counties of the San Francisco Bay Area?**

Alameda   Contra Costa   Marin   Napa   San Francisco   San Mateo   Santa Clara   Solano   Sonoma  
None of the above, applicant is not eligible. (STOP APPLICATION)

**2. Has any adult member of the household received assistance from Season of Sharing Fund in any of the above counties in the last five years?**

No  
Yes, applicant is not eligible. (STOP APPLICATION)

**3. Is the household experiencing homelessness, housing instability and/or lacks financial resources to cover critical needs (check all that apply)?**

At risk of homelessness or housing instability.  
Currently homeless.  
Lacks financial resources to cover critical needs to maintain housing, personal independence, or employment.  
(Critical Needs applicants)  
None of the above, applicant is not eligible. (STOP APPLICATION)

**4. Is the primary applicant included in one of the following priority populations (check one)?**

Households with dependent children under 18 years of age.  
Persons who are age 55 and older.  
Disabled individuals.  
Veterans.  
Pregnant individuals in their 2nd or 3rd trimester.  
Survivors of intimate partner violence.  
Emancipated foster youth between 18 and 24.  
None of the above, applicant is not eligible. (STOP APPLICATION)

**5. Is the household experiencing an emergency, crisis, or unexpected event for which financial assistance is needed to maintain or improve household stability (check all that apply)?**

Action by landlord or property management.  
Loss of income.  
Loss or delay of public benefits.  
Medical emergency.  
Natural disaster (fire, flood, etc).  
Sudden increase in critical expenses.  
Lacks financial resources to cover critical needs and/or move-in costs.  
Other emergency crisis that threatens household stability: \_\_\_\_\_  
None of the above, applicant is not eligible. (STOP APPLICATION)

If all eligibility requirements have been met, complete the application and provide supporting documentation for review. All applications must be approved prior to receiving assistance. For information on how to complete an application and necessary documentation, applicants can refer to posted instructions or speak with a case worker/intake specialist. Case workers/intake specialists can refer to your County's SoS Program Guidelines and Procedures.

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



*Fill out form completely and provide supporting documentation.  
Applications must be approved prior to receiving assistance.*

NAME (primary applicant): \_\_\_\_\_ D.O.B \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Ethnicity/Race (check one):** Hispanic/Latino Not Hispanic/Latino

**If not Hispanic/Latino (check one):** American Indian/Alaska Native Asian Black/African American  
Native Hawaiian/Pacific Islander White Two or More Races Other

**LIST ALL OTHER HOUSEHOLD MEMBERS** (adults and children):

NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ Under 18 (check Box)

NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ Under 18 (check Box)

NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ Under 18 (check Box)

NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ Under 18 (check Box)

NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ Under 18 (check Box)

NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ Under 18 (check Box)

TOTAL # IN HOUSEHOLD: \_\_\_\_\_ # CHILDREN UNDER 18 (living in home): \_\_\_\_\_

**EMERGENCY ASSISTANCE REQUESTED**

Provide a detailed description for each emergency, crisis or unexpected event selected in the Eligibility Criteria #5 above.

Explain recent or anticipated changes to housing, income, and/or expenses causing financial hardship.

Attach a separate document if more space is needed.

What assistance is needed? Describe actions the household has taken to cover costs prior to seeking assistance. If Season of Sharing Fund financial assistance will not cover the total amount needed, describe actions taken or proposed to cover the remaining amount (i.e., agreement with landlord, support from friends or family, loan, reduce expenses, etc).

**AMOUNT OF ASSISTANCE REQUESTED**

<b>HOUSING ASSISTANCE</b>	Back rent/mortgage	\$
	Future rent/mortgage	\$
<b>MOVE-IN COSTS</b>	Security Deposit	\$
	First Month Rent	\$
<b>CRITICAL NEEDS</b>	Critical needs (list all critical needs items requested):	\$
<b>TOTAL ASSISTANCE REQUESTED</b>		\$





Complete this worksheet to calculate household's current financial hardship and determine the assistance needed to address the emergency, crisis or unexpected event. Household should demonstrate recent financial hardship, either a significant reduction of income or increase in critical expenses. If household has a negative monthly balance, assistance provided **does not have to cover the entire balance** needed.

<b>ESTIMATED MONTHLY HOUSEHOLD INCOME</b> (include income of all adults living in the home)			
	<b>Last Month</b>	<b>This Month</b>	<b>Next Month</b> (for future month requests only)
Employment income			
Unemployment/disability income			
Other Income List Sources:			
TANF/CalWORKs			
SSI			
SDI			
Social Security			
UIB			
Child Support			
CalFresh ( <i>formerly Food Stamps</i> )			
Other ( <i>Explain</i> ):			
Emergency assistance received:			
Assistance from government program			
Assistance from family or friends			
Other ( <i>Explain</i> ):			
<b>TOTAL MONTHLY HOUSEHOLD INCOME</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>ESTIMATED MONTHLY HOUSEHOLD EXPENSES</b> (include income of all adults living in the home)			
	<b>Last Month</b>	<b>This Month</b>	<b>Next Month</b> (for future month requests only)
Rent or mortgage			
Taxes			
Utilities: PG&E			
Utilities: water, garbage			
Telephone/cell phone			
Food/toiletries ( <i>not covered by food stamps</i> )			
Health insurance			
Medical needs ( <i>prescriptions, doctor visits, etc.</i> )			
Car payments			
Transportation ( <i>bus, gas, tolls, parking</i> )			
Auto insurance			
Childcare			
Clothing			
Cleaning/laundry			
Installment payments ( <i>credit cards, loans</i> )			
Miscellaneous ( <i>cigarettes, entertainment, etc.</i> )			
Other unexpected emergency/crisis expenses ( <i>Explain</i> ):			
<b>TOTAL MONTHLY HOUSEHOLD EXPENSES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>FINANCIAL HARDSHIP/MONTHLY BALANCE</b>			
	<b>Last Month</b>	<b>This Month</b>	<b>Next Month</b> (for future month requests only)
Total Monthly Household Income			
Less Total Monthly Household Expenses			
<b>MONTHLY BALANCE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**SEASON OF SHARING – RENTAL ASSISTANCE PROGRAM**  
To Whom It May Concern

This is to confirm that \_\_\_\_\_ and family  
is renting/buying/leasing an apartment or house from

\_\_\_\_\_  
(Name of owners or Mortgage Company that checks are made out to)

The residence is located at:

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

in Solano County. The amount of security deposit or one month's rent or mortgage is \$\_\_\_\_\_.

The amount currently needed to obtain or maintain the residence is \$\_\_\_\_\_ (including: overdue rent/mortgage payments/late fees/deposits). I agree to accept Season of Sharing funds. Any balance left will be **PAID BY THE RESIDENT IN full** or **monthly payments**. Should this money be paid, I agree to allow the tenant(s) to remain in the residence for a **minimum of 30 days** according to the terms of our rental/lease/mortgage agreement. Under no circumstances, will the funds be paid to the client(s) either directly or through the landlord/mortgage company.

**IF A PRIVATE LANDLORD,**

Client must have landlord provide **A COPY OF** his/her **TAX ASSESSOR STATEMENT** showing property address and proof of ownership.

**Back Rent / Security Deposit Payment Plan**

Total amount owed to landlord	\$ _____
Amount Client will pay to landlord	\$ _____
*Are you willing to accept monthly payments?	_____
Amount to be paid in monthly payments	\$ _____
Amount to be paid in full	\$ _____
<b>Total</b>	<b>\$ _____</b>

*The information contained in this letter is true and correct to the best of my knowledge. Any attempt to falsify information or provide fraudulent information will constitute an unlawful act and the appropriate law enforcement officials will be notified.*

**LANDLORD:**

Landlord Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Landlord Telephone #: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CLIENT:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# VERIFICATION REQUIREMENTS CHECKLIST

These mandatory verification documents must be submitted before the screening committee will review your request. Documentation must be received within 5 working days after turning in application.

## INCOMPLETE PACKETS ARE SUBJECT TO DENIAL

**MUST BE A SOLANO RESIDENT OF 6 MONTHS** (Benicia, Dixon, Fairfield, Rio Vista, Vacaville & Vallejo)

- 1. California Picture ID's (adults 18+ & over)
- 2. Social Security Cards for all in household
- 3. Monthly income of all adults in the household (2 Current Pay Stubs)  
If employment is pending, we need a letter from the employer (with letterhead) identifying the client as a new employee, verifying starting date, rate of pay and hours to be worked with phone number to contact.
- 4. Unemployment/Workers Comp (current pay stub) or status pending letter
- 5. SS/SSI/SSDI, TANF/AFDC award letters (must show income or pending income)
- 6. Present rental agreement (must show names, terms, amount, signature & date)
- 7. If moving to a new place, we need the New Rental Agreement and/or Sec 8 Housing Assistance (which tells the landlord, all in household and Section 8 terms)
- 8. If renting from a private owner (we need tax assessor statement showing address/name of owner with a parcel number)
- 9. Verification of Situation. Must provide documents showing why you need assistance, and What was the cause (If rent is due, current 3-day notice)
- 10. Budget Sheet (Completely filled out) 3 months of budgeting with one month showing why you need assistance

**ADDITIONAL VERIFICATION MAY BE REQUESTED BASED ON INDIVIDUAL CASES**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is seven pages. Please be sure to complete the entire application.  
Save (by clicking File>Save As and saving to your drive).  
Email application as an attachment along with supporting documents to [SOSBcac@gmail](mailto:SOSBcac@gmail.com).

## **SEASON OF SHARING – RENTAL ASSISTANCE PROGRAM**

**THE NEXT PAGE MUST BE SIGNED BY YOUR LANDLORD OR APARTMENT COMPLEX MANAGER.**

**IF THEY ARE A PRIVATE LANDLORD, WE MUST HAVE THEIR TAX ASSESSORS STATEMENT SHOWING PROOF OF OWNERSHIP WITH PROPERTY TAX ID NUMBER AND ADDRESS OF PROPERTY.**