



COMMUNITY DEVELOPMENT DEPARTMENT

303 West Commonwealth Avenue, Fullerton, CA 92832-1775 Website:

www.ci.fullerton.ca.us

Telephone · (714) 738-6540

Facsimile · (714) 738-3110

TENANT-BASED RENTAL ASSISTANCE PROGRAM INFORMATION PACKAGE

The City of Fullerton's Tenant Based Rental Assistance (TBRA) Program provides rental assistance to low- and very low-income persons and households. The program offers security and utility deposits (a one-time assistance) for residents who are relocating out of local homeless shelters into transitional or permanent rental housing.

Program Requirements

Participant shall comply with the following rules with respect to the Program and the rental of the Unit:

- The Unit must be located within Fullerton city limits.
- The Unit must be used for residence by Participant and no other purpose. The Unit must be Participant's only residence.
- The Participant must comply with all obligations under the Lease including the payment of rent.
- The Participant will not commit fraud or any other corrupt or criminal act in connection with the Program.
- The Participant will not engage in drug-related criminal activity or any other criminal activity.
- The Participant will not sublease or assign the Unit or the Lease.
- The Participant will not damage the Unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the Unit or premises.
- The Participant will not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the vicinity of the Unit.
- The Participant will provide City a copy of any eviction notice or notice of default or any similar notice.
- The rent must not exceed 30% of annual household income.
- The amount of assistance will not be more than two months' rent.

Landlord's Requirements

- A one-year lease between the landlord and the tenant.
- The lease will contain HUD/HOME required language as set forth in the HOME Lease Addendum.
- The rental unit will be inspected by the City's Housing and Community Development Inspector for housing quality standards to confirm that the unit is decent, safe and sanitary.

Income Guidelines

Participant's annual household income cannot exceed the guidelines set by the federal requirements published February 2008.

HOUSEHOLD SIZE	LOW (50% OF MEDIAN)
1	\$32,550
2	\$37,200
3	\$41,850
4	\$46,500
5	\$50,200
6	\$53,950
7	\$57,650
8	\$61,400

Application Packet

A complete packet must be submitted for approval. The following items must be submitted.

- TBRA application form
- Verification of Participant's income: copies of bank statements (3 months), most recent check stubs & tax return
- Self-certification of Lawful Presence in the United States form
- Two forms of identification for each household member (i.e. driver's license, California I.D., birth certificate)
- Copy of proposed lease

Approval of Application

After your selected Non-profit Shelter Agency submits your application and all other required documentation to the City for further processing, you will receive notification regarding your eligibility within thirty (30) *business* days.

For further information, contact Judy Bambas at FIES, (714) 680-3691 or Kathy Strong at WTLC, (714) 992-1939.



TENANT-BASED RENTAL ASSISTANCE APPLICATION

City of Fullerton Housing and Community Development

303 W. Commonwealth Ave.
City of Fullerton, CA 92832
(714) 738-6874

Head of Household: _____ Drivers License/I.D. # _____
(attach a copy)

Current Address: _____

Proposed New Address: _____ Unit Size
(Number of Bedrooms): _____

Name and Address of Landlord: _____

Date scheduled to occupy: _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____

Head of Household is: Male Female Elderly Handicapped

Please check which Race and Ethnicity group best describes you (head of household):

Race: White Black/African American Asian Amer. Indian/Alaskan Native Native Hawaiian/Other Pac Islander
 American Indian/Alaskan Native & White Asian & White Black/African American & White
 American Indian/Alaskan Native & Black/African American Other Multi-racial

Ethnicity: Hispanic Non-Hispanic

<u>Household Composition</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Sex</u>	<u>Social Security Number (Attach a copy)</u>
_____	Self	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXPENSE INFORMATION

- Yes No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
- Yes No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- Yes No Does your household pay child care expenses for the care of a family member with disabilities that enable a family member to work?

INCOME INFORMATION: What is the total annual income of all household members? (Includes wages, salaries and tips, other income such as alimony, child support, Social Security, AFDC, and other benefits)
 \$ _____

List the income of each member of your household.

Family Member's Name (etc)	Source of Income	Annual Amount	Payment Basis (monthly, weekly, etc)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSET INFORMATION: List the type and source of any family assets. Provide both the current cash value and the estimated annual asset income. Assets include bank accounts, investments, etc.

Family Member's Name	Type and Source of Asset	Cash Value of Asset	Estimated Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you receiving Section 8 rental assistance? Yes No
 (If you answered yes you are not eligible for this program.)

The Following is to be Signed by all Adult Household Members:

I/We do hereby declare that the above information is true and correct to the best of my knowledge. I/We authorize the City of Fullerton to verify the above information to determine my eligibility to participate in the City's TBRA Program and to conduct an inspection of the housing unit I plan to occupy, before the assistance is approved. I/We understand that in order for the unit to be approved, the City will require correction of any fire, life, and safety hazards.

By: _____	Print Name: _____	Date: _____
By: _____	Print Name: _____	Date: _____
By: _____	Print Name: _____	Date: _____

For Official Use Only

Reviewed By: _____	Date: _____
Approved By: _____	Date: _____

Certification of Lawful Presence in the United States

INSTRUCTIONS: Pursuant to the Public Law 105-117 of 11-21-97, in order to be eligible to receive relocation benefits in federally-funded relocation projects, all members of the household to be displaced must provide information regarding their lawful presence in the United States. The Head of Household or other responsible adult must certify for minors under 18 years of age. **Any member of the household who is not lawfully present in the United States, or who declines to provide this information, may be denied relocation benefits.**

Project/Case _____ Claimant(s) Address _____ Date _____

I CERTIFY, under the penalty of perjury, to the best of my knowledge, to the following lawful presence status:

- A. I am a citizen (including naturalized citizens) or national of the United States.
- B. I am an alien lawfully present in the United States (including "green card" holders).
- C. I am an alien not lawfully present in the United States.
- D. I decline to provide this information.

#	Household Member Name	Age	Relation	Citizenship Status (from list above circle one)	Signature
1			Head of Household	A B C D	
2				A B C D	
3				A B C D	
4				A B C D	
5				A B C D	
6				A B C D	
7				A B C D	
8				A B C D	
9				A B C D	
10				A B C D	
11				A B C D	
12				A B C D	

WARNING: If you knowingly or deliberately make false, misleading or fraudulent statements on this form, you may be subject to civil and criminal penalties including fines and imprisonment, under Section 1001 of Title 18 of the United States Code.

Overland, Pacific & Cutler, Inc.

=RM-14a (6/04)

City of Fullerton

Tenant-Based Rental Assistance Program

Release of Verification

I/we, _____, the undersigned

Hereby authorize _____, to release without liability.

To the City of Fullerton or its agents, any and all information they may request.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include, but are not limited to:

- | | |
|---------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets |
| Medical or Child Care Allowance | Credit and Criminal Activity |
| Residences and Rental Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in, the HOME TBRA Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

- | | |
|--|--|
| Previous Landlords (including
Public Housing Agencies
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Veterans Administration
Utility Companies | Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Banks and other Financial Institutions
Retirement Systems
Credit Providers and Credit Bureaus |
|--|--|

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Head of Household (signature) (Print Name) Date

Spouse (signature) (Print Name) Date

Adult Member (signature) (Print Name) Date

Adult Member (signature) (Print Name) Date

TENANT BASED RENTAL ASSISTANCE (TBRA) GRANT

I / We request deposits to be distributed to the entities as indicated below and understand that the total amount of Assistance provided by the City shall not exceed the amount of two months' rent for the unit.

RENT DEPOSIT

Landlord Name: _____

Address: _____

Amount: \$ _____

**ELECTRIC
UTILITY DEPOSIT**

Name: Southern California Edison

Address: _____

Amount: \$ _____

**GAS UTILITY
DEPOSIT**

Name: Southern California Gas Company

Address: _____

Amount: \$ _____

**WATER & TRASH
DEPOSIT**

Name: _____

Address: _____

Amount: \$ _____

Participant Signature / Date

Participant Signature / Date