



COMMUNITY ACTION OF VENTURA COUNTY, INC.
A NON-PROFIT CORPORATION

LEASE ASSISTANCE AND EVICTION PREVENTION APPLICATION

Date: _____ Applicant(s): _____

Applying for which type of assistance (please select **only one**): Security Deposit Rent

Required for Application: *(Please check off once completed and attached to Application)*

- Lease Assistance and Eviction Prevention Provision Checklist
- Rental Assistance Application
- Landlord Statement
- Lease and Eviction Prevention Provisions
- Completed Family Budget
- Property Inspection Report (if renting a room)

Required Attachments:

- 10 Completion Certificates from MoneySmart Computer program.
(<http://www.fdic.gov/consumers/consumer/moneysmart/mscbi/mscbi.html>)
- Driver's License or State I.D. for all adults
- Social Security & Medi-Cal Cards for all adults and Children
- Proof of income, example: Check Stubs for Earned Wages, Unemployment, Workman's Compensation, or SSI/SSA Proof of Income and/or State Disability or Bank Statements showing SSI/SSA Deposits
- Executed Rental or Lease Agreement
- Documents Evidencing Hardship

Required if Applicable (If you have these documents or if they "apply" to you, you MUST provide them)

- Documents of Child/Spousal Support
- TANF/ CalWORKS Notice of Action OR Food Stamps Notice of Action
- HUD Section 8 Certificate
- 3-Day Notice or Unlawful Detainer

All documentation must be submitted before the application process can be completed.

Applications must be returned to: *Community Action of Ventura County, Inc.*
Attention: Rental Assistance Department
621 Richmond Avenue, Oxnard, CA 93030



COMMUNITY ACTION OF VENTURA COUNTY INC.

Client Application for Rental Assistance Program

PART ONE:

First applicant:

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Home/Work/Cell**

Male Female **Age:** _____ **D.O.B.** _____ **Education Level:** _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino **Race:** African-American Asian
 Native American/Alaskan Native Puerto Rican Cuban Mexican Pacific Islander/ Native
Hawaiian Caucasian Multi-Racial (any 2 or more of the above) Other _____

Health Insurance: yes no **Disabled:** yes no **Circle One:** Farmer / Farmworker / Seasonal

Second applicant (if any):

Name: _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Home/Work/Cell**

Male Female **Age:** _____ **D.O.B.** _____ **Education Level:** _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino **Race:** African-American Asian
 Native American/Alaskan Native Puerto Rican Cuban Mexican Pacific Islander/ Native
Hawaiian Caucasian Multi-Racial (any 2 or more of the above) Other _____

Health Insurance: yes no **Disabled:** yes no **Circle One:** Farmer / Farmworker / Seasonal

PART TWO:

REFERENCES:

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____



COMMUNITY ACTION OF VENTURA COUNTY INC.

PART FIVE:

Certification:

I (we) understand that any falsification of information contained in this application will result in denial of my (our) application; I (we) declare that this information is true and correct to the best of my (our) knowledge. I (we) give Community Action of Ventura County (“CAVC”) staff permission to contact employers, creditors, references, landlords, or any other individual or organization for the purpose of determining my (our) eligibility and qualifications for a loan or grant.

Signature (Applicant)

Date

Signature (Applicant)

Date

Attachments:

1. Attach verification for all sources of income.
 2. Please include any other information you feel would be helpful in our evaluation of your application.
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PART SIX:

RELEASE OF INFORMATION AGREEMENT

By signing below, I hereby give authorization to the staff of Community Action of Ventura County (“CAVC”) to release any information necessary (either verbal, written, telephone, or via mail, etc.) that will aid in assisting myself and/or my family.

Client Name (please print – First applicant)

Date

Date of Birth

Social Security Number

Client Signature

| Household Monthly Income and Expense Budget | | | |
|---|---------------|-----------------|---------|
| Name: | | | |
| Date: | | | |
| Income: | Current Month | Following Month | Remarks |
| a. Applicant Wages (GROSS) | | | |
| b. Co-Applicant/Spouse Wages | | | |
| c. AFDC/CalWORKS | | | |
| d. Food Stamps | | | |
| e. SSI or SDI | | | |
| f. Social Security | | | |
| g. Unemployment | | | |
| i. Other | | | |
| 1. Total Income (A thru I) | \$0.00 | \$0.00 | |
| Expense | Current Month | Following Month | Remarks |
| a. Monthly Rent/Mortgage | | | |
| b. Food & Commodities | | | |
| c. Child Care | | | |
| d. Utilities | | | |
| e. Telephone Cell Phone | | | |
| f. Laundry | | | |
| g. Past Due Rent | | | |
| h. Med/Dental/Vision | | | |
| I. Auto Insurance | | | |
| j. Transportation/Auto | | | |
| k. Deposit | | | |
| l. Payroll deductions | | | |
| m. Other * Car payment | | | |
| n. Total Installments (Line 4) | | | |
| <i>* need receipt(s) proof</i> | | | |
| 2. Total Expenses (a thru n) | \$ - | \$ - | |
| Income After Expenses | | | |
| 3. Expendable Income | \$0.00 | \$0.00 | |
| (Line 1 less line 2) | | | |
| Installment Detail Creditor Name | For | Monthly Payment | Balance |
| a. | | | |
| b. | | | |
| c. | | | |
| d. | | | |
| 4. Total Installments (a thru d) | | | \$0.00 |



LEASE ASSISTANCE AND EVICTION PREVENTION PROVISIONS

Community Action of Ventura County, Inc. (CAVC) is dedicated to helping you secure safe permanent affordable housing. However, we are limited in what we may provide and the manner in which it is provided. To prevent any misunderstanding, it is important that you are aware of the following provisions that apply to all individuals requesting either Security Deposit Assistance or Eviction Prevention.

Initial each paragraph.

____ The purpose of providing security deposit assistance and eviction prevention is to either get you and your family off the street or prevent you and your family from being homeless. Your income must be at least 20% greater than your monthly rent/mortgage payment in order to qualify for this program.

____ The amount of assistance provided will be determined by CAVC based on family income with consideration to circumstances, hardship, and available funding. In no event will CAVC provide assistance in an amount greater than one month's rent.

____ We will check with other county agencies to determine if you or any immediate members of your family have received assistance in the past. If you have received financial assistance within the last 12 months from any agency, priority will be given to those who have not applied.

____ Priority will be given to individuals who meet HUD standards of "low" and "very low" income or are in possession of a valid Section 8 certificate.

____ To maintain your qualifications, you must provide all requested documentation, and keep all appointments and agreements.

____ All documentation will be verified and we will be in contact with your landlord.

____ Willfully providing false or misleading information will immediately disqualify you for assistance.

____ For Security Deposit Assistance you must enter into a valid lease or rental agreement or be placed on a pre-existing lease or rental agreement that has been amended by the property owner. We are unable to provide assistance if you are sub-leasing, letting a room from a renter or renting a garage or other unconventional rental unit.

____ For security Deposit Assistance CAVC may help with either your security deposit or your 1st month's rent. The portion paid by CAVC will be determined by our agency based on the type of available funding. All security deposits, if provided, will be returned to CAVC if and when tenancy is terminated. CAVC will not under any circumstances assist with both the deposit and the 1st months rent.

____ For Eviction Prevention you must presently be in arrears and in possession of a notice from your landlord stating the amount of rent that is past due. We cannot provide assistance based upon anticipation of being unable to pay future rent.

____ For Eviction Prevention we can only pay one month's past due rent. If you are in arrears for more than one month you must be able to establish that you can pay the entire portion of the rent not paid by CAVC or your landlord must be willing to enter into a repayment plan agreement with you. You must provide a signed copy of this agreement to CAVC.

Please be aware that your application for assistance is not a guarantee of financial aide or payment of your rent. Upon completion, your application will be submitted to formal review process for final determination. All payments are made by check that is sent directly to your landlord unless your landlord requests other arrangements. Once a final determination is made, it can take 2 to 3 weeks to process the check.

Tenant/ Applicant Signature: _____

Date: _____



COMMUNITY ACTION OF VENTURA COUNTY INC.

LANDLORD STATEMENT FOR RENTAL ASSISTANCE PROGRAM
TO BE COMPLETED BY LANDLORD AND TENANT

LANDLORD:

This section is to be filled out and completed by the Landlord:

This is to confirm that _____ is renting a/an room; apartment;
 house; condo/town-home; mobile home; other: _____ (please specify),
unit from _____ (name of Landlord and Property
Management Company, if applicable). The current amount owed is \$ _____.

In consideration for payments of the current amount owed, which Community Action of Ventura County, Inc. (CAVC) may pay in whole or in part at the discretion of CAVC, _____ (name of Landlord or agent for Landlord) hereby agrees to suspend and withhold any action for evictions based on failure to pay rent for the current amount owed for a minimum of 30 days to allow CAVC to process the rental assistance application and issue payment. Landlord also agrees to furnish lodging for _____ (name of applicant/tenant) in accordance with the terms of the existing rental agreement.

Rent Check should be made payable to: (Please print clearly)

Landlord: _____
Company: _____
Address: _____
Phone: _____

TENANT:

This section is to be filled out and completed by the Applicant Tenant:

_____ (Applicant/Tenant) hereby agrees to provide payment for the remainder of the current amount owed (in the event that there is still an amount owed after the assistance provided by CAVC at its discretion) in exchange for landlord's agreement to suspend an eviction based on failure to pay rent for the amount currently owed. Tenant also hereby agrees to tender payment no later than the expiration date of the grace period for future rent owing. If tenant fails to tender payment prior to expiration of the grace period, landlord may then resume eviction proceedings.

Signature below constitutes and agreement to abide by the terms and conditions set forth above.

LANDLORD:

TENANT:

Name

Name

Signature of Landlord or Authorized Rep.

Signature of Tenant

Date

Date

AUTHORIZATION TO INSPECT PREMISES**

*****Must be completed by Owner or Authorized Agent.***

By affixing my signature below, I _____ certify that I am the property owner or authorized representative for the property located at _____

_____ (Street address) within the City of

Simi Valley; Thousand Oaks; or Santa Paula.

I hereby authorize the designated City or County personnel to perform an inspection of the above-referenced property to ensure that premises are free of health and safety hazards.

The purpose of such inspection is to ensure that the property is suitable for human habitation. Eviction prevention and/or security deposit assistance will only be provided to qualified applicants who reside in a habitable rental unit free of health and safety hazards.

I hereby acknowledge that the presence of health and safety hazards may lead to further investigation and action by the applicable City or County enforcement agency.

Signature of Property Owner/Agent

Date

Property Owner/Agent Street Address

City, State, Zip Code

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Contact Phone Number