

**COUNTY OF FRESNO**  
**HOUSING RETENTION PROGRAM APPLICATION**

**SECTION 1- APPLICANT INFORMATION**

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

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

**How long have you lived at this address?** \_\_\_\_\_

# of Children under 18 \_\_\_\_\_

# of Members in Household \_\_\_\_\_

For each Member of the Household, please provide the following information below:

NAME	Date of Birth

**Are you requesting grant funds to prevent eviction from permanent housing?**  
\_\_\_\_\_ (Yes/No)

If the answer is yes, please provide a signed rental agreement or alternate form of documentation verifying tenancy and monthly rent.

**What is your Monthly Rent (or Mortgage) Payment?** \_\_\_\_\_

**How much do you currently owe your Landlord/Bank?** \_\_\_\_\_

Please provide verification of amount currently due

**How many months do you owe in back rent?** \_\_\_\_\_

Please provide verification of total rent due at time of application

**Did your income decrease after March 1, 2020, as a result of COVID-19?**  
\_\_\_\_\_ (Yes/No)

If yes, please explain how your income has decreased as a result of COVID-19

If no, **have you suffered any financial losses after March 1, 2020, related to COVID-19?** \_\_\_\_\_ (Yes/No)

If yes, please explain how you have suffered financial losses related to COVID-19.

**Have you received any other assistance related to COVID-19?** \_\_\_\_\_ (Yes/No)

If yes, please identify the source and amount of the assistance received.

If approved, please make the one-time assistance grant payable as follows: (select one)

\_\_\_\_\_ **80% Payment to Landlord directly** for back rent from Apr. to Dec. 2020 with no rental assistance maximum. Landlord waives 20% of back rent. (Landlord must certify this Option on the Application)

\_\_\_\_\_ **Payment to Landlord directly** for back rent from Apr. to Dec. 2020 with a rental assistance maximum of \$1,500/individual or \$3,000/household. (A joint check will be issued to Applicant and Landlord)

Landlord's address where rental assistance is to be mailed:

\_\_\_\_\_

**SECTION 2 – LANDLORD INFORMATION (IF APPLICABLE)**

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

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

**What is Tenant's Monthly Rent Payment?** \_\_\_\_\_

**How much does Tenant currently owe you?** \_\_\_\_\_

Please provide verification of rent currently due

**Does Tenant owe you any back rent?** \_\_\_\_\_ (Yes/No)

If yes, please provide verification of all rent owed by Tenant

**What is the total back rent owed by Tenant for April 2020 through December 2020?** \_\_\_\_\_

Please provide verification of any back rent owed from April-December 2020

**Are you willing to accept 80% of Tenant's back rent from April through December of 2020, AS PAYMENT IN FULL of any of Tenant's missed or insufficient rent?**  
\_\_\_\_\_ (Yes/No)

**Do you agree not to increase Tenant's rent during this Program or charge late fines during the state of emergency?** \_\_\_\_\_ (Yes/No)

If Approved, please make check in the amount of \$\_\_\_\_\_ payable to:

\_\_\_\_\_ (Landlord name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City, State, Zip Code)

**SECTION 3 – APPLICANT SIGNATURE AND CERTIFICATION**

I hereby affirm that the information provided in the Housing Retention application is true and complete to the best of my knowledge. I understand that if I provide any false information or misrepresentation during the application process it will be grounds for denying my application to the Housing Retention Program. I understand in submitting this application I am not guaranteed financial assistance from the COUNTY of Fresno’s Housing Retention Program.

In addition, my signature below acknowledges my understanding and consent to the release of the information and supporting documents in my application to the COUNTY of Fresno Housing Retention Program and its affiliated Administrators. I also understand and consent to the release of this application pursuant to the Public Records Act, to the extent required under California law.

I declare under penalty of perjury, that the foregoing is true and correct.

Applicant Name	Signature	Date:
_____	_____	_____

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**SECTION 4 – LANDLORD SIGNATURE AND CERTIFICATION (IF APPLICABLE)**

I hereby affirm that the information provided herein is true and complete to the best of my knowledge. I understand that providing false information will be grounds for denying this application. I understand this application is not a guarantee of financial assistance from the COUNTY of Fresno’s Housing Retention Program. I agree to not increase Tenant’s rent for the period of the Program and from charging any late fines during the state of emergency. By accepting payment, I further agree that the COUNTY of Fresno Housing Retention Program funding will serve as full satisfaction and payment of Tenant’s rent owed from April 2020 through December 2020.

Landlord Name	Signature	Date:
_____	_____	_____