



FY19-20 Housing Retention Program

GRANT APPLICATION



Name

Telephone #

Address

Zip

Telephone #

How long has applicant lived at this address?

Referral Source

Children under 18:

in Household:

Section 8

Children under 6:

**Berkeley S+C

Female Head of Household:

Hispanic/Latino

**Berk. Rapid Rehousing

CoVid-19 Related?

If income has changed, has the Housing Authority been notified? Attach verification.

Requesting funds to prevent eviction from:

Has your household received a Housing Retention Grant before:

Race

If so, what was the date? (month/year)

NAME	I.D./SSN#	Date of Birth
1		
2		
3		
4		
5		

How much do you currently owe your landlord?

How many months do you owe in back rent?

Did your income decrease?

If yes, attach third-party verification.

If not, what *unexpected medical* or *work* related situation occurred to make you unable to pay your rent?

Attach third-party verification

Have you discussed the possibility of a payment plan to pay your arrears with your landlord? Please explain.

What have you done to find other resources to help pay for your back rent? Please explain.

If you are assisted, how will you pay the rent next month and how will you prevent from failing behind on your rent in the future?

If Approved, make check payable to (Landlord/Vendor): _____ Amount _____

Address _____ City _____ Zip Code _____

Household Budget

Applicant Name: _____

Monthly Household Income*		Monthly Expenses	
Applicant Net Wages	_____	Rent/Mortgage	_____
Other Net Wages	_____	Food	_____
Other Net Wages	_____	PG&E	_____
Child Support	_____	Water	_____
TANF	_____	Garbage	_____
GA	_____	Telephone	_____
SSA	_____	Cell Phone/Pager	_____
SSI	_____	Child Care	_____
Unemployment Income	_____	Car Payments	_____
Food Stamps	_____	Transportation	_____
Other: _____	_____	Medical	_____
Other: _____	_____	Installment Payments	_____
Other: _____	_____	Insurance	_____
Total Monthly Income:		Laundry/Cleaning	_____
		Clothing	_____
		Cigarettes	_____
		Entertainment	_____
		Toiletries	_____
		Other	_____
		Other	_____
		Other	_____
		Total Monthly Expenses:	

Rent/Income* Ratio: _____

Monthly Balance: _____

Applicant Name	Signature	Date
_____	_____	_____

EBCLC Representative Name	Signature	Date
_____	_____	_____

*All Sources of Income must be verified and copies attached to budget.