



CITY OF CARSON

Rental Relief Application

APPLICATION CHECKLIST

Dear Applicant(s):

Please complete the attached application, and attach copies of the following items required for the evaluation of your application:

Completed Application filled out and signed by all applicants.

1. Proof of residency at the residence for which you are applying: a copy of your most current registration, utility bill (water, gas, telephone, or electric).
2. Complete signed copies of the most recent Federal Tax Returns (1040) (two most recent years if self employed) and corresponding W-2's for all income earning household members over 18 who are not full-time students, inclusive of all tax attachments and schedules.
3. Bank statements for each of the applicants for the last three (3) months.
Proof of Income for all household members. Examples of acceptable proof are: A copy of the last three (3) consecutive pay stubs for all family members living at home with the intent to remain and/or with their names appearing on the property title, or, verifications of income such as award letters or notifications from sources of income (i.e. Social Security), or other forms of verification acceptable to the city.
Verification of other income, whether taxable or not (including, but not limited to Social Security, SSI, AFDC, disability, unemployment, IRA withdrawals, etc.).
4. A photocopy of each of the applicant's current identification such as: (a) Driver's License, or (b) Passport, or (c) Resident Alien Card or California Identification Card.
5. Proof of family household make-up: a copy of the birth certificate and social security card for each and every member of the family living at the residence.

When submitting the requested supporting documentation - DO NOT SEND ORIGINALS - please PROVIDE PHOTOCOPIES, as submissions will not be returned.

We cannot accept incomplete applications. Only those applications furnishing all required information at the time of submission will receive consideration.



CITY OF CARSON
Rental Relief Application

PHLA PROGRAM
GENERAL QUALIFICATIONS

To assist each applicant with the Rental Relief Assistance, each applicant must provide and required income and asset documentation for staff to determine eligibility. Rental Relief assistance provides a short-term rent subsidy for a minimum of six month rental relief to assist individual stay housed.

Applicants must meet all requirement listed to be deemed eligible for assistance.

- **Received notice to re-locate from your current mobile home**
- **Personal assets or income is not enough to secure housing comparable to their current housing and you're at risk of becoming homeless;**
- **Payments to be made to the owner of the mobile home owner at the minimum amount of \$2,500 up to \$15,000 per the Standard Agreement Policy.**
- **City Manager/Executive Director has the authority to approve advance payment directly to applicant if deemed necessary.**

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

Please see Rental Relief Assistance Waiver and Acknowledgment form (attached) to be signed and dated.

_____	_____
Printed name of Owner	Date

Signature of Owner	
_____	_____
Printed name of Co-Owner	Date

Signature of Co-Owner	

In order to participate, family income may not exceed those listed in the table below. Family income includes all income from all family members living in the household to be relocated..

2023-24 ELIGIBILITY INCOME LIMITS
Effective June 6, 2023

Household Size	Extremely Low Income Equal to or less than 30% of Area Median
1 person	\$26,500
2 persons	\$30,300
3 persons	\$34,100
4 persons	\$37,850
5 persons	\$40,900
6 persons	\$43,950
7 persons	\$46,950
8 persons	\$50,000

Based on 2023 Median Family Income for the Los Angeles - Long Beach Metropolitan Area of \$98,200

2023 Los Angeles-Long Beach-Glendale, CA HUD Fair Market Rents

One-Bedroom \$1,182.00

Two-Bedroom \$1,418.00

Three-Bedroom \$1,639.00

Four-Bedroom \$1,828.00

Five-Bedrooms \$2,018.00

Six- Bedrooms \$2,206.00



CITY OF CARSON

Rental Relief Assistance Application

**PLHA GRANT
PROGRAM APPLICATION**

Please complete all entries. Where items are non-applicable, please enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for Rental Relief

Address of the Property
Mailing Address

APPLICANT	CO-APPLICANT
Name	Name
Date of Birth Gender	Date of Birth Gender
Status Number of Dependents <div style="display: flex; justify-content: space-around; font-size: small;"> Married Single Separated </div>	Status Number of Dependents <div style="display: flex; justify-content: space-around; font-size: small;"> Married Single Separated </div>
Day Telephone No. Best Contact Telephone No.	Day Telephone No. Best Contact Telephone No.
Email Address	Email Address

Household - Please enter the requested information for all property residents (attach additional sheets, if necessary)

Applicant Name	Age	Self	Employment Status	Social Security Number
Co-Applicant Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Enter Household Size: persons				

Employment and Income - Please complete the following

APPLICANT	CO-APPLICANT
Current Employer	Current Employer
Employer Address	Employer Address
Business Phone	Business Phone
Position/Title	Position/Title
Length of Time Currently Employed	length of Time Currently Employed
Previous Employer (If employed less than three years at current employer)	Previous Employer (If employed less than three years at current employer)
Previous Employer Address (If employed less than three years at current employer)	Previous Employer Address (If employed less than three years at current employer)
Previous Business Phone (If employed less than three years at current employer)	Previous Business Phone (If employed less than three years at current employer)
Current Hourly Rate of Pay: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Current Hourly Rate of Pay: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

INCOME EARNED BY OTHER HOUSEHOLD MEMBERS				
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Annual Income

All additional sources of income must be disclosed, whether taxable or not. List all additional sources of income within the household:

EMPLOYMENT EARNINGS FROM APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM CO-APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM OTHER HOUSEHOLD MEMBERS		Annual Income
Pension/Retirement/Social Security (Specify)	Recipient	Annual Income
Alimony/Child Support/Foster Care (Specify)	Recipient	Annual Income
Unemployment/Disability (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS		

Financial Information • Please list all applicable Savings and Checking Account Information for each account held

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Account Holder:	Current Account Balance:

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Account Holder:	Current Account Balance:

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Account Holder:	Current Account Balance:

List applicable information regarding all of your Loan Obligations - (Attach additional sheets as necessary)

Creditor/ Financial Institution	Account Number	Monthly Payment Amount	Current Outstanding Balance
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			

Please answer all of the following:

	Applicant	Co-Applicant
Do you have any judgments currently outstanding against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	D Yes <input type="checkbox"/> No
Have you declared bankruptcy within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all loan and other payment obligations which are secured by the property current (not delinquent)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	D Yes <input type="checkbox"/> No
Have you has a property foreclosed on, or given a deed-in-lieu in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in a loan default (eg.:mortgages, SBA loans, home improvement loa11s, any financial obligation, bond or loan guaranty, etc.)?	D Yes <input type="checkbox"/> No	D Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any members of your household disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	D Yes <input type="checkbox"/> No

Ethnicity/Head of Household (For Statistical Purposes Only) • Demographic information will be held strictly confidential and is not considered as a factor in the review of your application. However, in accordance with Department of Housing and Community Development (HCD) requirements, this information must be collected for your participation in this program. Please complete the following:

HEAD OF HOUSEHOLD
Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No

RACIAL BACKGROUND (PLEASE CHECK ONE)	
SINGLE CATEGORIES	DOUBLE CATEGORIES
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other - For individuals that do not identify with any of the above	<input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American

ETHNIC BACKGROUND
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <ul style="list-style-type: none"> <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino _____

CONSENT AND DECLARATION

I/We, as undersigned, hereby consent to an authorized representative of the city of Carson to enter my/our mobile home family residence for the purpose of assessing the household. This evaluation will be performed jointly by the undersigned property owner (or property owner's agent), and an authorized representative of the city. In addition, by signing below, I/We declare that the information provided within my/our application package is true and accurate to the best of my/our belief and knowledge that I/We made no misrepresentations in the application or its related documents, nor did I/We omit pertinent information and that I/We under penalty of perjury and may cause further legal action if warranted by the Carson City Attorney and /or the Inspector General of the United States

The undersigned certify the following: I/We have applied for funding under the City of Carson Permanent Local Housing Allocation Program to assist mobile home owners relocation plan. In applying for assistance, I/We completed this application containing private information for the purpose of obtaining funding. I/We understand and agree that the city shall maintain my/our application package as a confidential file and shall not reveal any of it to any third party without my/our authorization, unless the city is required to treat such information differently pursuant to applicable law or court order.

Printed name of Owner	Date
Signature of Owner	
Printed name of Co-owner	Date
Signature of Co-owner	

I/We understand and agree that the city, reserves the right to change the review process to a full documentation program on a case-by-case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize city to verify the information on the application and hereby instruct all persons so requested to fully cooperate with the city, including, but not limited to providing further confirmation or documentation as the city may request from time to time. I/We understand and agree that the city reserves the right to change the requirements of this application at any time.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS

U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES... OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I have read and understand the foregoing, and agree and consent by my signature below:

PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE APPLICATION CHECKLIST.
DO NOT SEND ORIGINALS.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For further information regarding the program, please contact:

City of Carson
Mobile Home Resident Relocation Plan
701 East Carson Street
Carson, CA 90745
310-830-7600

CITY OF CARSON
PLHA HOMELESS PREVENTION RENTAL ASSISTANCE APPLICATION
WAIVER AND ACKNOWLEDGMENT FORM

I, the undersigned applicant, on behalf of myself and my household, am applying to the City of Carson (“City”) for allocation and disbursement of Permanent Local Housing Allocation (“PLHA”) homeless prevention rental assistance grant funding (the “Relief Funds”) which has been awarded to the City by the California Department of Housing and Community Development (“HCD”). In connection therewith, I acknowledge and agree to the following:

1. The Relief Funds may only be allocated, disbursed, and used in accordance with the following, and I agree to comply with same in using the Relief Funds:

- City of Carson Standard Management Policy – Administration of PLHA Grant Funds for Homeless Prevention Rental Assistance (the “Policy”), which is available at: https://ci.carson.ca.us/content/files/pdfs/Housing/PLHA/PLHA_Mgmt-Policy-Homeless-Prevention.pdf. I acknowledge that I have had ample opportunity to review and understand the Policy prior to signing this agreement.
- The “Standard Agreement” between HCD and the City, available at: <https://ci.carson.ca.us/content/files/pdfs/Housing/PLHA/21PLHA17197-Executed.pdf>.
- Applicable state law, including but not limited to California Health & Safety Code Sections 50470-50472.

2. The City is not obligated to make any allocation or disbursement of Relief Funds to any person, and any such allocation or disbursement is strictly discretionary, is limited to the amounts specified in the Standard Agreement and the Policy, and is contingent upon City’s receipt of the Relief Funds from HCD. No allocation or disbursement of Relief Funds shall obligate the City to make any further allocation or disbursement of Relief Funds to the same or any other applicant or person, nor shall it create any ongoing entitlement of any applicant or person to receive further Relief Funds or any other monetary or in-kind assistance from the City. Subject to the foregoing, applications will be processed on a first-come, first-served basis.

3. The City shall have the right, at any time between the filing of my application for Relief Funds and the date that is the later of (i) three years after the City’s decision on my application and (ii) three years after the last City disbursement of Relief Funds pursuant to my application, to inspect and audit any and all documents and information necessary to verify the truth and accuracy of the information contained in my application. I agree to maintain true, proper and complete books, records and accounts of all information relevant or necessary to verification of the accuracy of all information contained in my application for the foregoing time period, and to make such books, records and accounts available at reasonable times upon City’s request for the purposes of City inspection, examination, copying, and/or auditing of same for the purpose of verifying the accuracy of the information contained in my application. Such information shall be kept confidential by the City except to the extent otherwise required by law or court order. I agree to fully cooperate with any such inspection or audit, and that in the event City reasonably determines

that any of the information contained in my application was falsified or inaccurate, the City shall be entitled to a full and immediate refund and recovery of any and all Relief Funds disbursed to me in reliance on such falsification or inaccuracy.

4. To the fullest extent permitted by law, I agree to (i) indemnify, defend and hold harmless the City and its elected and appointed officials, officers, agents and employees, and each of them (the "City Parties"), from and against any and all claims, actions, proceedings, demands, damages, liabilities, losses, fees, costs, expenses, errors, omissions, penalties, and forfeitures, of every kind and nature whatsoever, arising from or related in any way to this agreement or the Relief Funds (the "Claims"), including but not limited to any prohibited use of any Relief Funds disbursed pursuant to my application, and to (ii) waive and release the City and all City Parties from and against any Claim pertaining to entitlement to any Relief Funds.

In giving the foregoing releases and waivers, I expressly waive any and all rights conferred upon me by the provisions of California Civil Code Section 1542, which I understand reads as follows:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

This waiver shall be effective as a bar to any and all Claims of whatsoever character, nature and kind, that are known or unknown, or suspected or unsuspected, pertaining to entitlement to Relief Funds that may arise from or relate in any way to this agreement, the Relief Funds, any application therefor, or any approval, allocation or disbursement of the Relief Funds or any application acceptance or approval, including any act or omission associated therewith.

| Initial

5. I agree that in the event City is required to commence a legal action or proceeding to enforce the terms of this agreement, the prevailing party in such action or proceeding shall be entitled to recovery of its reasonable attorneys' fees incurred in such action or proceeding.

6. This agreement shall be binding on my successors and assigns and shall not terminate or expire.

By signing below, I acknowledge and represent that I have read and understand the above, and that I voluntarily agree to its terms.

By: _____

Print Name: _____

Date: _____, 2023