



Eden Council for Hope & Opportunity
770 A Street • Hayward, CA 94541

510-581-9380 • Fax: 510-537-4793
www.echofairhousing.org



Rental Assistance Program

ATTENTION: FREMONT RENTERS

Let us help you stay in your home!

	YES	NO
1) Have you fallen behind 1 month on your rent and need a little help so you can stay in your home?		
2) Have you found a rental in Fremont and need help with the security deposit to move into your new home?		
3) Can you show that your monthly income is enough to pay the rent and your household living expenses?		

If you have answered "yes" to either of the first two questions listed above, and "yes" to the third question, then there is a possibility that we can help you. We can help 20 Fremont households with financial assistance. So, please complete the attached forms and fax them to ECHO Housing at 510-537-4793. If you are eligible to participate, we will call you within 24 hours.

This program is funded by the City of Fremont.





FREMONT RENTAL ASSISTANCE PROGRAM

Please submit only one form per household, per year.

Delinquent Rent Questions

Circle One

1. Are you behind on your rent?	Yes	No
2. Has your landlord given you a notice demanding back rent?	Yes	No
3. What is the amount of rent due?	\$	

Security Deposit Questions

1. Do you lack security deposit money?	Yes	No
2. Have you found & been approved for a unit in Fremont?	Yes	No
3. What is the amount of deposit due?	\$	

General Information Questions

1. Household monthly income of all adults 18 yrs old and above?	\$	
2. Current monthly rent or new monthly rent?	\$	
3. Are you willing to repay all or a portion of the back rent or security deposit?	Yes	No

Your Monthly Income (before taxes) cannot be more than the following:

Household Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Monthly Income	\$ 3,862	\$ 4,416	\$ 4,966	\$ 5,520	\$ 5,962	\$ 6,404

Please fill out the contact information below:

Contact Information

Applicant #1:	Best time to call: ____ am or ____ pm	
Email:	Daytime#:	
Applicant #2:	Cell #:	
Email:	Best time to call: ____ am or ____ pm	
	Daytime #:	
	Cell #:	
Apartment Name: _____ Manager/Owner _____ Tel. # _____		
Address:		
City:	State:	Zip Code:

**PLEASE COMPLETE THE FOLLOWING BUDGET SHEET
SO THAT WE CAN DETERMINE IF WE CAN HELP YOU STAY IN YOUR HOME.**





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Applicant Name: _____ Co Applicant: _____

BUDGET

One of the criteria for determining your eligibility is based on your budget. Please fill out this page as accurately and as completely as possible.

Household Monthly Income	Amount	Household Monthly Expenses	Amount
Gross Wages - Applicant #1	\$	Rent	\$
Gross Wages – Applicant #2	\$	PG&E	\$
Gross Wages – Applicant #3	\$	Water	\$
Child Support	\$	Garbage	\$
CalWORKS	\$	Telephone	\$
Social Security	\$	Cell phone	\$
SSI/SDI	\$	Food Costs	\$
Food Stamps	\$	Insurance (medical, life, auto)	\$
General Assistance	\$	Child Care costs	\$
Unemployment	\$	Car Payment	\$
Disability	\$	Car Costs (gas, repairs, maintenance)	\$
Other income (please list)	\$	Transportation (bus, tolls, parking, BART)	\$
	\$	Laundry/dry cleaning	\$
	\$	Cable TV	\$
	\$	Out of pocket medical/dental costs	\$
	\$	Other (please list)	\$
BOX A: Total Monthly Income (Add all sources of income from everyone in the household)	\$	BOX B: Total Monthly Expenses (Add all monthly expenses that apply to your household)	\$
BALANCE: (subtract Box A from Box B)		\$	

To determine your eligibility and to avoid any delays, you must complete both pages of this form. Please fax pages 2 and 3 of this form to the Rental Assistance Program at 510-537-4793.

If you are eligible to participate, we will contact you within 24 hours of receiving a completed form. Be sure to provide a daytime telephone number (Monday - Friday, 9:00 – 5:00).

STAFF USE ONLY		Date received:	Time received:	:
Eligible	Ineligible – Reason:			

