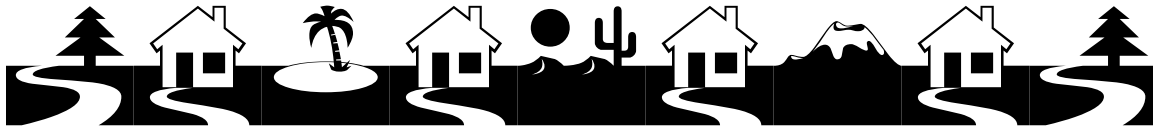




Eden Council for Hope & Opportunity
770 A Street • Hayward, CA 94541

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



Rental Assistance Program

SAN LEANDRO TENANTS

1. Have you lost your job or had a temporary financial setback that caused you to get behind on your rent, but you have found another source of income?

- or -

2. Have you found a rental in San leandro? Do you need help getting your security deposit to move into your new home?

- and -

3. Can you show that your income is enough to meet ongoing expenses so we can keep you in your home?

If you have answered “yes” to question 1 or 2, and “yes” to question 3, there is a possibility that we can help you. As of March 1, we can help 4 San Leandro households with financial assistance. So, please complete the attached forms and fax them to 510-537-4793. If you are eligible to participate, we will call you within 24 hours.

This program is generously funded by the City of San leandro.

Page 1





SAN LEANDRO 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 SAN LEANDRO?	Yes	No
3. What is the amount of deposit due?	\$	

General Information Questions

1. Household monthly income of adults 18+(before taxes, Calworks, etc..)	\$	
2. Currently monthly rent or if you are moving, your new monthly rent?	\$	
3. Are you willing to repay all or a portion of the back rent or security deposit?	Yes	No

Household Yearly or Monthly Income (before taxes) can not exceed the following:

Household Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
Yearly Income	\$46,350	\$53,000	\$59,600	\$66,250	\$71,550	\$76,850
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 #:	
Apt.Name: _____ Manager/Owner _____ Tele#. _____		
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.





Please provide your first and last here name: _____

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)	\$
A. Total Monthly Income (Add all sources of income from everyone in the household)	\$	B. Total Monthly Expenses (Add all monthly expenses that apply to your household)	\$
Box 1-Total Monthly Income (Section A)	\$		
Box 2-Total Monthly Expenses (Section B)	\$		
Balance (subtract Box 2 from Box 1)	\$		

To determine your eligibility, you must complete both pages of this form to avoid delays. 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 complete form. Be sure to provide a daytime telephone number (Mon-Friday, 9:00 – 5:00).

STAFF USE ONLY	Date received: / / 09	Time received: :
Eligible	Ineligible – Reason:	

