

INTRODUCTION

San Joaquin County has authorized the Family COVID-19 Assistance Grant Program to provide immediate financial assistance to individuals and families residing in San Joaquin County who have been financially harmed by the COVID-19 pandemic and are struggling with rent/lease, mortgage, and utility costs.

OVERVIEW

1. Grants are for qualified families and individuals residing in San Joaquin County who have been financially harmed by the COVID-19 pandemic.
2. Grants will be awarded on a first-come, first-serve basis so long as funding is available or until January 31, 2021, whichever occurs earlier.
3. The maximum grant is \$5,000 per household/individual.
4. Grants are limited to expenditures for rent/lease, mortgage, or utilities. Utilities include electricity, natural gas, propane, water, sewer, garbage, internet and phone.
5. Applicants must have incomes, which are less than specified thresholds.

ELIGIBILITY

Please carefully review the eligibility requirements below:

- Applicants must be a current resident of San Joaquin County and have resided in the County since January 1, 2020.
- Applicants must have monthly incomes below the following thresholds depending on household size:

Household Size (Person)	1	2	3	4	5	6	7	8
Maximum Monthly Income	\$4,375	\$5,000	\$5,625	\$6,250	\$6,750	\$7,250	\$7,750	\$8,250

- Applicants must demonstrate they have experienced financial harm due to COVID-19 by completing the Description of COVID-19 Harm. *For an eligible cost to qualify, the applicant must have suffered financial harm due to COVID-19 such as job loss, reduced hours, or reduced income.*
- Applicants must submit a current W-9 form (2018 version) signed and dated no earlier than March 2020. *Form can be found at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.*
- Unpaid and overdue rent/lease may be eligible for grant funding if the landlord certifies that the rent/lease is overdue, and the successful applicant agrees to have the County make direct payment to the landlord, with landlord concurrence and the Landlord Participation Form is completed.
- Unpaid and overdue mortgage and utility payments may be eligible for grant funding if the applicant can document the amount of the overdue payments with statements from respective companies and agree to use funds provided in the grant to make the overdue payments.
- The maximum grant is the lesser of: 1) the net financial harm due to COVID; 2) actual qualified rent/lease, mortgage, or utility costs; or 3) \$5,000.
- It is the applicant’s responsibility to redact personally identifying information, such as social security numbers, when submitting documentation in support of the application.

TO BE COMPLETED BY APPLICANT

Note: Please complete the entire application in order to facilitate a timely review.

APPLICANT INFORMATION		
NAME OF APPLICANT:		
ADDRESS:		
E-MAIL:		
PHONE:		
WHAT TYPE OF EXPENDITURE ARE YOU SEEKING GRANT FUNDING FOR:	<u>RENT/LEASE</u> <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (overdue) bills	<u>UTILITY COSTS</u> <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (overdue)
	<u>MORTGAGE</u> <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (overdue)	

All payments will be mailed to the address on the W-9 submitted with the application.

ELIGIBILITY VERIFICATION

HAVE YOU BEEN A RESIDENT OF SAN JOAQUIN COUNTY SINCE JANUARY 1, 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU COMPLETED THE EXPLANATION OF COVID HARM AND FUNDS BEING REQUESTED (p.3)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YOU ARE SEEKING PAST DUE RENT, HAVE YOU COMPLETED THE LANDLORD PARTICIPATION FORM (p.8)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HAVE YOU ENCLOSED A CURRENT W-9 (2018 VERSION, SIGNED NO EARLIER THAN MARCH 2020)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IS THE APPLICANT PRESENTLY A) SUBJECT TO AN INDICTMENT, CRIMINAL INFORMATION, ARRAIGNMENT, OR OTHER MEANS BY WHICH FORMAL CRIMINAL CHARGES ARE BROUGHT IN ANY JURISDICTION; B) BEEN ARRESTED IN THE PAST SIX MONTHS FOR ANY CRIMINAL OFFENSE; C) OR FOR ANY CRIMINAL OFFENSE - OTHER THAN A MINOR VEHICLE VIOLATION - 1) BEEN CONVICTED, 2) PLEAD GUILTY, 3) PLEAD NOLO CONTENDERE, 4) BEEN PLACED ON PRETRIAL DIVERSION, OR 5) BEEN PLACED ON ANY FORM OF PAROLE OR PROBATION (INCLUDING PROBATION BEFORE JUDGMENT)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

DESCRIPTION COVID-19 HARM, INCOME, AND FUNDS BEING REQUESTED

A. Describe in detail how COVID-19 adversely impacted your finances. For example, did you lose your job due to a government mandated closure (provide dates)? Or did you become unemployed, or have your income reduced because your employer experienced reduced sales or revenues due to lower demand during the pandemic? Also, please enter the total estimated income loss due to COVID on the line below.

TOTAL ESTIMATED HOUSEHOLD INCOME LOSS DUE TO COVID PANDEMIC:

\$

(THIS AMOUNT SHOULD INCLUDE ANY INCOME LOSS LESS ANY UNEMPLOYMENT INSURANCE [UI] BENEFITS RECEIVED)

[FORMULA: INCOME LOSS – UNEMPLOYMENT INSURANCE BENEFITS = ESTIMATED HOUSEHOLD INCOME LOSS]

B. INCOME

WHAT IS YOUR CURRENT MONTHLY GROSS INCOME INCLUDING ANY UI BENEFITS

\$

IS THIS AMOUNT BELOW THE MONTHLY INCOME THRESHOLD FOR YOUR HOUSEHOLD SIZE FROM PAGE 1?

Yes. *If yes, complete C.*

HOW MANY INDIVIDUALS RESIDE IN YOUR HOUSEHOLD? _____

No. *If no what is your lowest monthly gross income during the COVID pandemic? \$*

IS THIS AMOUNT LESS THAN YOUR MONTHLY INCOME THRESHOLD (PAGE 1)

Yes. *If yes, complete C.*

No. *If no, your family is not eligible for this grant.*

C. TYPE(S) OF ASSISTANCE BEING REQUESTED	
1. REIMBURSEMENT OF PAID RENT/LEASE COSTS:	\$
2. PAST DUE RENT/LEASE, COSTS: <i>(COMPLETE LANDLORD PARTICIPATION FORM ON PAGE 8)</i>	\$
3. REIMBURSEMENT OF PAID MORTGAGE COSTS	\$
4. PAST DUE MORTGAGE COSTS	\$
5. REIMBURSEMENT OF PAID UTILITIES	\$
6. PAST DUE COSTS FOR UTILITIES	\$
TOTAL	\$
Note: For lines 1 through 6, please provide supporting documentation, such as, mortgage statement, past due notices, utility bills, bank statements, or canceled checks.	

D. LANDLORD OR MORTGAGE INFORMATION
NAME OF LANDLORD:
ADDRESS OF LANDLORD:
NAME OF PAYEE FOR RENT/LEASE PAYMENTS:
AMOUNT OF MONTHLY RENT/LEASE: \$

MORTGAGE INFORMATION:
NAME OF MORTGAGE COMPANY:
ADDRESS OF MORTGAGE COMPANY:
MONTHLY MORTGAGE PAYMENT: \$

GRANT APPLICATION PROCESS AND TERMS

1. Grant applications must be e-mailed directly to FamilyCOVIDGrant@sjgov.org by **January 31, 2021**. Applicants must complete and include the following with this application:
 - Current copy of a W-9 (2018 version, dated no earlier than no earlier than March 2020)
 - Supporting documentation for rent or mortgage costs, such as rental agreement, utility bills, and/or mortgage statement.
 - Supporting documentation for financial loss, such as termination notice or unemployment insurance benefits, or pay stubs showing reduced hours.
 - Landlord Participation Form (if seeking payment for unpaid overdue rent/lease)
2. If application is found complete, application will be reviewed for eligibility and applicants will receive a notice of award.
 - a. In all cases, the County reserves the right to reject any and all applications in the event the County identifies a potential conflict of interest or the appearance of a conflict of interest.
 - b. Submission of an application in no way obligates the County to award a grant and the County reserves the right to reject any or all applications, wholly or in part, at any time, without penalty.
3. Awards will be made on a first-come, first-served basis to qualified applicants, so long as funding is available or until January 31, 2021, whichever occurs earlier.
4. If awarded, this application becomes a binding contract between the individual named above and San Joaquin County.
5. Individuals receiving funding are required to certify via a written statement that the reimbursed expenses were realized as presented in the COVID-19 Harm and Maximum Grant Calculation Worksheet.
6. Grant funds will be issued upon County approval/execution of this application.
7. The program will remain in effect while funds are available, or until January 31, 2021, whichever comes first.



Please direct any questions to FamilyCOVIDGrantQuestions@sjgov.org

By providing my signature below, I have read and understand the Family COVID-19 Assistance Grant Program. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the County representative below, this application becomes a binding contract between the entity named above and the County of San Joaquin (Agreement).
- The information presented in this application is accurate.
- If funds are provided by the County, the funds will be used for the purposes set forth above. Any past due mortgage or utility bills will be paid to the respective vendors.

**FAMILY COVID-19 ASSISTANCE
GRANT APPLICATION**

- In no event shall the County's financial responsibility exceed the approved amount, set forth below.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of Form 1099 by the County.
- There is no agency, employment, joint venture, or other such relationship created by virtue of the award of the grant.
- Applicant shall defend and indemnify the County and its employees from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- The representations made by applicant in this Application are material terms of the Agreement, as is compliance with Family COVID19 Assistance Grant Program. The County may cancel this Agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Family COVID-19 Assistance Grant Program has been violated.

PRINT NAME:

APPLICANT SIGNATURE:

DATE:

**FAMILY COVID-19 ASSISTANCE
 GRANT APPLICATION**

Name of Applicant: _____

TO BE COMPLETED BY COUNTY STAFF

GRANT APPLICATION APPROVED?	<input type="checkbox"/> Yes. <i>If yes, list amount of grant:</i> _____ \$
	<input type="checkbox"/> No. <i>If no, provide reason for denial:</i>
	HAS NOTIFICATION BEEN SENT TO APPLICANT? <input type="checkbox"/> YES OR <input type="checkbox"/> NO

GRANT REVIEWER SIGNATURE:	DATE:
GRANT PAYMENT: \$ _____	

COUNTY REPRESENTATIVE SIGNATURE:		DATE:
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POST-AWARD AUDIT

COMPLETION DATE:		SIGNATURE OF PERSON COMPLETING AUDIT:
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FILE REFERENCE/LOCATION: _____

LANDLORD PARTICIPATION FORM

Applicants seeking grant funding for unpaid (past due) rent or lease costs must fill out this form and have it signed by their landlord. Payments will be made directly to the landlord to the address on the landlord's W-9.

NAME OF TENANT:	
ADDRESS OF TENANT:	

MONTHLY RENT AMOUNT:	\$
TOTAL MONTHS OF UNPAID RENT:	Mos.
TOTAL UNPAID RENT:	\$

NAME OF LANDLORD:	
NAME OF PAYEE:	
ADDRESS OF LANDLORD:	

I declare under penalty of perjury under the laws of the State of California that the information provided in this form is true and correct.

PRINTED NAME OF LANDLORD:	
SIGNATURE OF LANDLORD:	DATE:

PRINTED NAME OF TENANT:	
SIGNATURE OF TENANT:	DATE:

ADDITIONAL INSTRUCTIONS:

1. Attach a copy of your rental agreement.
2. Attach the landlord's current W-9 (2018 form) signed no earlier than March 2020. If the landlord is hesitant ask the landlord to e-mail the W-9 directly to FamilyCOVIDGrant@sjgov.org.

The e-mail should reference the name of the applicant in the subject line.