



COVID -19 HOUSING ASSISTANCE GRANT PROGRAM APPLICATION

DIRECTIONS: The COVID-19 Housing Assistance Grant program provides grants to low- income households living in the incorporated City of San Pablo to help with rent, mortgage or utility payments. If you believe you are eligible, please complete and submit this application along with the required documentation listed below.

FOR OFFICAL USE ONLY

Denied

Approved \$_____

If you have questions, please contact staff at 510-215-3030 or by email at the address listed below.

SUBMISSION OPTIONS:



EMAIL

COVIDGRANT@sanpabloca.gov



MAIL

1000 Gateway Avenue, San Pablo, CA 94806



DROP-OFF

Place in the tan City drop box at 1000 Gateway Ave., San Pablo, CA

Applicant Contact Information

Name: _____ Phone: _____

Address: _____ E-Mail: _____

Eligibility

1. Do you live in the incorporated City of San Pablo? Yes No
Check that a property is located in San Pablo by using the address look-up tool available online:
www.sanpabloca.gov/2790/San-Pablo-City-Limit-Line

2. Please indicate the percentage loss of work hours due to COVID-19: _____ %

3. Please list your current employer. If you are no longer employed, please your previous employer.

Employer Name: _____ Address: _____

4. Are you a legal resident of the United States? Yes No

5. What is your intended use of this grant?

Rent Payment

Mortgage Payment

Utility Payment

6. Income Eligibility: Grants only available to low-income households. Below is the maximum income by household size to qualify for the grants:

Income limits by number of persons in household							
1	2	3	4	5	6	7	8
\$ 76,750	\$ 87,700	\$ 98,650	\$ 109,600	\$ 118,400	\$ 127,150	\$ 135,950	\$ 144,700

Please list income for all persons in your household:

Name: _____ Age: _____ Annual Income: \$ _____

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Name: _____ Age: _____ Annual Income: \$ _____

Required Documentation

Please submit the following documents along with this completed application:

- | Documentation | Examples |
|---|--|
| <input type="checkbox"/> Proof that the applicant and all members of the household live at the residence listed above | Rent agreements, utility bills, tax documents, driver's license, or mail addressed to individual |
| <input type="checkbox"/> Proof of legal residency for the individual submitting this application. Documentation is not required for all members in the household. | US Passport; US birth certificate; Resident alien card |
| <input type="checkbox"/> Documentation of income for applicant and all members of the household who currently have an income | W2, recent paystub, income tax documents |
| <input type="checkbox"/> Documentation of job loss or reduction in work hours related to Covid-19 | Written communication, such as letters or emails, from employer |

Declaration Statement

I declare under penalty of perjury under the laws of the State of California that the information provided on this application and the documents attached are true and correct to the best of my knowledge and belief.

Application Signature: _____ Date: _____