



**CITY**OF SAN PABLO

*City of New Directions*

**HOUSING SUCCESSOR AGENCY OF THE  
CITY OF SAN PABLO  
COVID -19 HOUSING ASSISTANCE GRANT  
PROGRAM APPLICATION**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant E-Mail: \_\_\_\_\_

Percentage Loss of Work Hours due to COVID-19: \_\_\_\_\_ %

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Do you or anyone in your household qualify for COVID 19 Economic Stimulus Relief Funds?  Yes  No

If yes, did you or anyone in your household receive COVID 19 Economic Stimulus Relief Funds?  Yes  No, because \_\_\_\_\_.

Proposed Use of Funds:  Rent Payment  Mortgage Payment  Utilities

Document Checklist:

- Proof that all members of the household live in the City of San Pablo.
- Proof of legal residency.
- Documentation of income for all members of the household.

13831 San Pablo Avenue, San Pablo, CA 94534

Main: 510-215-3030 | Fax: 510-215-3014

[www.sanpabloca.gov](http://www.sanpabloca.gov)

- \_\_\_ Documentation of job loss or reduction of work hours related to Covid-19.
- \_\_\_ Lease Agreement / Mortgage/Utility statement.
- \_\_\_ Other: \_\_\_\_\_

**Household Members:**

Name	Age	Relationship	Annual Income

\_\_\_\_\_  
Applicant Signature

**OFFICE USE ONLY – DO NOT FILL BELOW THIS LINE**

Date and Time Received: \_\_\_\_\_

\_\_\_ Approved \_\_\_ Denied \_\_\_\_\_

Grant Amount: \_\_\_\_\_

Applicant SSN: \_\_\_\_\_

\_\_\_\_\_  
Staff Name / Signature / Date

\_\_\_\_\_  
Supervisor Name / Signature / Date

Receipt of Funds:

Check #: \_\_\_\_\_

\_\_\_ Received in Person: \_\_\_\_\_  
Applicant Name / Signature / Date

\_\_\_ Mailed on \_\_\_\_\_