



HOUSING AUTHORITY

OF THE COUNTY OF KERN

Creating brighter futures...one home, one family at a time

COVID-19 Rent and Mortgage Assistance Program Landlord/Lender Application

To complete this application, follow these steps:

1. Complete the Landlord/Lender section and the W9
2. Have your tenant/borrower complete the Head of Household section and provide required documents
3. Submit complete package to: Email: resparza@kernha.org Subject: RMA Program.

Landlord/Lender to Complete this Section:

This certifies that: _____

Name of Tenant(s) List all Persons in Household

Pays rent/mortgage at:

And that the monthly rent/mortgage is \$_____.

Past due rent/mortgage from March 2020 to current month is: _____

This residence is not subsidized through federal or state resources and this household is responsible for the full payment of the rent.

No other person in this household has applied for or will apply for this Program.

If eligible, I understand the Housing Authority of the County of Kern may make a one-time payment to be applied to the March to December rent/mortgage so long as the Landlord/Lender agrees not to take any action to evict or foreclose on me for nonpayment of rent/mortgage for the month(s) the payment was applied. I understand that if I have already received the benefit, I am not eligible for a future payment.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Housing Authority of the County of Kern to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a crime, and will subject me to criminal penalties and civil remedies. I am signing this form by electronically entering my name below or providing a wet signature.

Landlords/property manager/lender's signature here:

Date:

Name and complete address of rental agency/property owner/lender:

Name (must match W-9): _____

Address: _____

Phone Number: _____

Email Address: _____





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Head of Household to Complete this Section:

(please check: the ONE appropriate box):

- I am a citizen of the United States by birth, a naturalized citizen or national of the United States.
- I have eligible immigration status, I was a participant on June 19, 1995, and I am 62 years of age or older.
- I have eligible immigration status.

I am Hispanic or Latino: Yes No

What is your race: _____

What is your gender: _____

What is the primary language spoken at home:

I declare, under penalties of perjury, as follows:

- My household has lost significant income due to COVID-19 and is now unable to pay rent/mortgage; or I have had a significant increase in medical bills that exceed \$1,000 (patient responsibility) and am now unable to pay my rent/mortgage.
- My household's gross income (before taxes) for the current month is \$_____.
- My household does not have sufficient savings or liquid assets to pay the rent/mortgage.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Housing Authority of the County of Kern to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a crime, and will subject me to criminal penalties and civil remedies. I am signing this form by electronically entering my name below or providing a wet signature.

Head of Household Signature:

Date:

Name:	_____
Phone Number:	_____
Email Address:	_____

In order for this application to be fully processed please attach the following documentation prior to submitting:

- Current Income Verification (recent check stub/unemployment statement/disability verification; or copy of medical bills since March 2020 exceeding \$1,000 (patient responsibility)
- Recent electricity bill in your name or Valid Picture ID with current Address
- Copy of current lease or mortgage statement

