



City of Santee Rental Assistance Application

333 E. Main Street · El Cajon, CA 92020
 Phone: 619-782-2494 · Email: santeerentalassistance@gmail.com
 www.home-start.org

Thank You for your interest in the City of Santee Rental Assistance Program. In order to be considered for participation, applicants must live in the City of Santee limits, have been financially impacted by COVID-19, submit this application and all supporting documentation. Incomplete applications and insufficient documentation will not be considered.

Please include the following information for each adult in the household:

- Photo ID and Social Security Card for all adults living in the property
- Proof of Income (pay stubs, unemployment verification [Claim History], disability payments and any other program assistance [TANF].
- Copy of Lease or Rental Agreement
- Proof of Financial Hardship: Layoff/Furlough Notice, reduction of income/hours from your employer
- If applicable: Proof of contracting COVID-19 (Positive Test Results)
- Ledger from landlord, late notice, eviction notice
- W9 from the landlord (**dated with current year**)

Date: _____ Language Preferred: _____

Full Name: _____

Phone Number: () _____ Email Address: _____

Address: _____ Apt. _____

DOB: ____/____/____ Driver License or California ID #: _____ Marital Status: _____

Employer: _____ Total Monthly Income: _____

Total # in Household: _____

Total Household Income (all persons over 18 years of age) within the past 30-days? _____

Additional Household Members:

Name: _____	Relationship: _____	DOB: ____/____/____
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Name: _____	Relationship: _____	DOB: ____/____/____
Name: _____	Relationship: _____	DOB: ____/____/____

Is your Household experiencing loss of income directly related to COVID-19: ____ YES ____ NO

Please check Race (DO NOT LEAVE BLANK)*:

- White
- Black/African American:
- Asian:
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native
- Other/Multi-Racial: _____

Please check Ethnicity*:

- Hispanic/Latino
- Non-Hispanic/Latino

Do any of the following options below apply to you?

(DO NOT LEAVE BLANK)*:

- Head of household is female
- Have a disability
- Low-income household
- Veteran
- Other: _____

RENTAL INFORMATION

Subsidized Housing Recipient: __YES ____ NO

Property Management/Landlord Name: _____

Contact Person & Title: _____ Phone Number: () _____

Current Monthly Rent: _____ Past Due Amount: _____

Do you have a written lease with the names of all tenants above the age of 18? ____YES ____ NO

How many months of rental assistance are needed?

- 1
- 2
- 3
- Other: _____

I verify that all the information provided is true and correct. I have provided all information, documentation to verify my income and hardship related to COVID-19. I certify that I am not receiving rental assistance or government-based housing (such as Tenant-Based Vouchers, Housing Choice Vouchers, Project Based Vouchers).

Signature of Participant: _____

Print Name: _____

Date: _____