

**CITY OF SAN GABRIEL HOUSING RELIEF PROGRAM**

**Initial Application Form**

Resident Name:		
Property Address:		
Phone:		Email:
Check one only: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Due Date: _____	Months Past Due: _____
Household Gross Monthly Income Prior to COVID-19 Pandemic: \$ _____		
Current Household Gross Monthly Income: \$ _____		
Total Number of Persons Occupying This Property at Their Primary Residence: _____		
LANDLORD/LEGAL PROPERTY OWNER		MANAGEMENT COMPANY (if applicable)
TELEPHONE NUMBER		
ADDRESS		
CITY	STATE	ZIP CODE
_____	_____	_____

**Documenting Economic Impact during COVID-19 pandemic period**

**March 27, 2020 to present**

**Reasons for Reduced Income**

- Workplace closure or reduced hours resulting FROM employer economic impacts of COVID-19
- Workplace layoff

- Unable to work due to inability to work remotely

(Please provide additional information for items listed below.)

- Sickness with COVID-19 or caring for a household or family member who is sick with COVID-19:

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- Extraordinary out-of-pocket childcare expenses due to school closures, medical expenses, or health care expenditures stemming from COVID-19 infection of the tenant or a member of the tenant's household who is ill with COVID-19:

Please provide \$ amount:

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- Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency:

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- Reasonable expenditures stemming from government ordered emergency measures:

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- Any additional factors relevant to the tenant's reduction in income as a result of the COVID-19 emergency:

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**Certification:**

The information provided is true, to the best of my knowledge. I/We understand that acceptance of this Initial Application by the City of San Gabriel does not constitute approval of my/our application. I/We agree to provide, upon request, documentation of all income sources to the City of San Gabriel Staff, and or Program Administrator.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This information supplied is used strictly for establishing eligibility for the Housing Relief Program under Community Development Block Program-COVID-19. Applicant(s) acknowledge that personal and financial information may be subject to public disclosure under the California Public Records Act. If chosen for funding, applicant(s) will be required to provide financial documentation, including but not limited to: 2019 Tax Returns, current paystubs, EDD information, copy of lease or rental agreement, mortgage statements, 3 months' prior rent or mortgage cancelled checks, letter from employer stating reduction of hours or job loss, property tax bill, and any other applicable documentation.

Warning: The information provided on this form is subject to verification at any time.

Scan and email completed application to [sangabrielhousing@sgch.org](mailto:sangabrielhousing@sgch.org), or send by mail to:

City of San Gabriel  
ATTN: Community Services Department  
425 S Mission Dr.  
San Gabriel, CA 91776

**NOTE: Applications sent by mail must be mailed in or postmarked by August 28, 2020 by 5:00pm.**