



**City of Bell Gardens  
 COVID-19 Emergency Residential Rental Assistance  
 Preliminary Application Intake Form for Lottery**

(Submit to Community Family Service Center at 6662 Loveland, Bell Gardens, CA 90201)

Applicant/Tenant:					
Tennant Address:					
Phone Number:		Email Address:			
Monthly Rent:		Monthly Due Date:		Amount Past Due	

**Management Company**

Name of Landlord/Legal Property Owner Management Company (if applicable):					
Address:				City :	
State:		Zip:		Phone:	

Please check box/boxes that apply to document COVID-19 pandemic economic impacts during the period of March 27, 2020 to present:

- Workplace closure or reduced hours due to COVID-19, including lay-off, termination, loss of working hours, income reduction resulting from business closure or other employer economic impacts of COVID-19:
  - Household member(s) was/were laid off by employer.
  - Household member(s) was/were put on furlough by employer.
  - Household member(s) was/were given reduction in hours and/or pay.
  - Household member(s) was/were denied Unemployment Insurance benefits; or
  - Household member(s) is self-employed and had loss of income due to COVID-19 (A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period must be submitted if this box is checked)
  
- Household member(s) became ill with COVID-19 or caring for a household or family member who became ill with COVID-19 caused financial impacts
- Household member(s) was/were impacted by 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
- Household member(s) was/were required to comply with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency, thus resulting in a loss of income
- Household member(s) experienced significant expenditures stemming from government ordered emergency measures

Household member(s) experienced the following additional factors relevant to the tenant's reduction in income as a result of the COVID-19 emergency (Please explain):

**Certification**

The information given above, to the best of my knowledge is true. I understand that acceptance of this initial application by the City of Bell Gardens does not constitute approval of my application. I agree to provide, upon request, documentation of all income sources to HUD Grantee/Program Administrator.

Applicant/Tenant's Signature:		Date:	
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**WARNING:** The information provided on this form is subject to verification at any time. **Title 18, United States Code, Section 1001** makes it a crime to: 1) knowingly and willfully; 2) make any materially false, fictitious or fraudulent statement or representation; 3) in any matter within the jurisdiction of the executive, legislative or judicial branch of the **United States**.

Please submit application to Community Family Service Center at 6662 Loveland Street Bell Gardens, CA 90201.