

# Self-Help Enterprises (SHE) Direct Assistance Application REQUIRED DOCUMENTS

This program is emergency based and priority will be given to applicants facing **verifiable** hardship. Available assistance may help cover costs of rent, mortgage, or utilities. Assistance may only help with a limited amount and any remaining balance owed towards the rent, mortgage, or utilities will be the applicant's responsibility.

## REQUIRED DOCUMENTS

- Initial Eligibility Application (**attached**)
- Rent/Mortgage/Utility documentation (**attached**)
- PROOF OF HARDSHIP:** Reason you are unable to pay rent (Bank statements, invoices, receipts, proof of unemployment, etc.)
- Photo Identification (Applicant)
- Most recent proof of income for ALL household members
- AND...

### RENTAL ASSISTANCE ONLY

- Rental/Lease agreement (signed/dated by both parties)

#### **Rental lease MUST include:**

- Names of tenants
- Name of landlord, property manager, etc.
- Address of residency
- Monthly rent amount
- Monthly due date
- Payment information

### MORTGAGE ASSISTANCE ONLY

- Mortgage statement/Coupon or letter from mortgager

#### **Mortgage document MUST include:**

- Holders name and address
- Mortgager name
- Account number
- Monthly amount of principal and interest
- If past due, the amount outstanding at the time of application

### UTILITY ASSISTANCE ONLY

- Most recent utility bill (**attached**)

## APPLICANT MUST RETURN ALL REQUIRED DOCUMENTS TO SHE:

**YOUR ELIGIBILITY TO APPLY WILL EXPIRE IN 15 DAYS**

#### EMAIL:

ONLY when you have **all** required documents, scan/upload and email

Subject: "Direct Assistance- Last Name"  
[CovidRelief@selfhelpenterprises.org](mailto:CovidRelief@selfhelpenterprises.org)

## APPLICATIONS WITH MISSING INFORMATION/DOCUMENTS WILL NOT BE ACCEPTED

### THE FOLLOWING CONDITIONS MUST BE MET BEFORE A PAYMENT IS MADE BY SHE

- For **current rent**: payment must be due within 10 days
  - For past due rent: amount paid must be totally outstanding at the time of SHE payment.
  - The home/apartment is the client's primary residence
  - **APPLICANT must be the one responsible for the rental/mortgage payment**
  - SHE may only be able to assist with up to **designated amount**. Client is responsible for any remaining amount.
  - Payment must guarantee 30 days of additional residency
  - Individual landlords may be subject to completing a W-9 form prior to payment.
  - Owner, landlord, property management will receive a call to verify the information on the application form.
- \*Please note that SHE payments can take up to **14 business days**.*

# Rental/Mortgage/Utility Assistance Initial Eligibility Application

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

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

Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Do you receive Section 8 Assistance?    Yes    No

## HOUSEHOLD MEMBERS: (Reside in the home):

	Applicant	Member #1	Member #2	Member #3	Member #4	Member #5
<b>Name</b> <i>(First, Last)</i>						
<b>Last 4 of SS #</b>						
<b>Date of Birth</b>						
<b>Age</b>						
<b>Gender</b>						
<b>Disabled?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity</b> <i>(Hispanic/Latin?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Race</b>						
<b>Education</b> <i>(Highest level)</i>						
<b>Health Insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Veteran?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gross Income</b> <i>(Last 30 days)</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Income Source</b>						

Total Household **GROSS** Income: \$ \_\_\_\_\_

## OTHER BENEFITS:

Type	Benefit Amount	Type	Benefit Amount
<i>Ex: CalFresh (food stamps)</i>	<i>\$250.00</i>		

Total Household Benefits: \$ \_\_\_\_\_

## CURRENT HOUSEHOLD EXPENSES:

Type	Expense	Type	Benefit Amount
<i>Ex: Auto Insurance</i>	<i>\$150.00</i>		

TYPE OF ASSISTANCE NEEDED:

<input type="checkbox"/> <b>Rent</b>	<input type="checkbox"/> <b>Mortgage</b>
Has a late notice been given? <input type="checkbox"/> Yes <input type="checkbox"/> No	Delinquent? <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days
Are you in danger of eviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____
Monthly rent amount: \$ _____	Monthly mortgage amount \$ _____
Total Amount Past Due: \$ _____	Last 4 or mortgage holders SS# _____

**Utility**

Has a late notice been given?	Yes	No
Are you in danger of disconnection?	Yes	No
Current month amount due: \$ _____		
Total amount past due: \$ _____		

**HARDSHIP:**

Please explain the hardship your household is experiencing as it relates to your request for assistance. Explanation must be **detailed** and include **WHAT** type of hardship your household is experiencing, **WHEN** this occurred, **HOW** it has affected you, and **WHY** you are unable to pay your portion your own.

**INSUFFICIENT INFORMATION WILL PLACE A HOLD ON YOUR APPLICATION**

APPLICATION CERTIFICATION:

SHE Applicability: it is necessary to obtain, retain, and provide, if requested, personal information for clients served with program funding. I certify that my household is presently experiencing an economic hardship and is need of assistance. SHE has my authorization to examine all employment, income, mortgage, and other records pertinent to my application for program funding and to make a direct payment on my behalf. My signature certifies that the information on this application is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# RENT/MORTGAGE DOCUMENTATION

## APPLICANT INFORMATION

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

Applicant Name (As listed on lease agreement or mortgage statement): \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

**IMPORTANT: PAYMENT WILL GUARANTEE RESIDENCY FOR AN ADDITIONAL 30 DAYS**

## LANDLORD/PROPERTY MANAGEMENT (To complete for tenant/applicant)

## RENTAL ASSISTANCE ONLY

This is to confirm that rent for the above applicant, \_\_\_\_\_, for the property at

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

with a monthly **rent** amount of \$ \_\_\_\_\_, as listed on lease (*rent only: no deposits, late fees, or other charges*)

is/was due on \_\_\_\_\_. The total amount currently owed is \$ \_\_\_\_\_. The individual/family

now has rent due or past due for the month(s) of \_\_\_\_\_ (MM/YYYY).

Landlord /Property Management Phone \_\_\_\_\_

Landlord /Property Mngt. Email \_\_\_\_\_

Please Make Payment To: \_\_\_\_\_

Landlord /Property Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by a representative of the owner/landlord. Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Please check if you are physically unable to obtain landlord signature.**

## MORTGAGE HOLDER VERIFICATION

## MORTGAGE ASSISTANCE ONLY

This is to confirm that mortgage for the above applicant, \_\_\_\_\_, for the

property at Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_

Zip \_\_\_\_\_ with a monthly mortgage payment of \$ \_\_\_\_\_ (principal and interest only; no escrow

or other fees) is/was due on \_\_\_\_\_. The total amount currently owed is \$ \_\_\_\_\_.

The individual/family now has mortgage due or past due for the month(s) of

\_\_\_\_\_ (MM/YYYY).

Loan/Acct Number: \_\_\_\_\_

Please make mortgage payment to: \_\_\_\_\_

(As listed on Mortgage Statement) \_\_\_\_\_

Mortgage Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TYPE OF ASSISTANCE

Past Due

Current Month

1st Month (Rent)

## SHE USE ONLY

### RENT

Verified monthly rent payment \$ \_\_\_\_\_

Total amount due (incl. above) \$ \_\_\_\_\_

Amount SHE will pay \$ \_\_\_\_\_

Payment will cover month of \_\_\_\_\_

Payment due date \_\_\_\_\_

### MORTGAGE

Verified monthly mortgage payment \$ \_\_\_\_\_

Total amount due (incl. above) \$ \_\_\_\_\_

Amount SHE will pay \$ \_\_\_\_\_ Payment

will cover month of \_\_\_\_\_ Payment due

date \_\_\_\_\_

The amount being paid is past due in its entirety at time of payment: Yes  No

STAFF NOTES:  APPROVED  DENIED

CARES

CDBG

SHE

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# UTILITY DOCUMENTATION

## APPLICANT INFORMATION

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

Applicant Name (As listed on utility statement): \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**IMPORTANT: PAYMENT WILL GUARANTEE RESIDENCY FOR AN ADDITIONAL 30 DAYS**

## UTILITY VERIFICATION

Utility Payment Type: Electricity Gas Water

**UTILITY 1**

The attached bill covers \_\_\_\_\_ to \_\_\_\_\_ and is a one month billing period. The attached bill is/was due on \_\_\_\_\_ (month/day/year). Past due amount owed is \$ \_\_\_\_\_. Current month amount owed is \$ \_\_\_\_\_.

Account Number: \_\_\_\_\_

(As listed on Utility Statement)

Please make Utility payment to: \_\_\_\_\_

(As listed on Utility Statement) \_\_\_\_\_

## UTILITY VERIFICATION

Utility Payment Type: Electricity Gas Water

**UTILITY 2**

The attached bill covers \_\_\_\_\_ to \_\_\_\_\_ and is a one month billing period. The attached bill is/was due on \_\_\_\_\_ (month/day/year). Past due amount owed is \$ \_\_\_\_\_. Current month amount owed is \$ \_\_\_\_\_.

Account Number: \_\_\_\_\_

(As listed on Utility Statement)

Please make Utility payment to: \_\_\_\_\_

(As listed on Utility Statement) \_\_\_\_\_

## UTILITY VERIFICATION

Utility Payment Type: Electricity Gas Water

**UTILITY 3**

The attached bill covers \_\_\_\_\_ to \_\_\_\_\_ and is a one month billing period. The attached bill is/was due on \_\_\_\_\_ (month/day/year). Past due amount owed is \$ \_\_\_\_\_. Current month amount owed is \$ \_\_\_\_\_.

Account Number: \_\_\_\_\_

(As listed on Utility Statement)

Please make Utility payment to: \_\_\_\_\_

(As listed on Utility Statement) \_\_\_\_\_

## TYPE OF ASSISTANCE

Past Due

Current Month

1st Month (Rent)

**SHE USE ONLY**

UTILITY: \_\_\_\_\_

UTILITY: \_\_\_\_\_

UTILITY: \_\_\_\_\_

Verif. mo. util. pymt. \$ \_\_\_\_\_

Verif. mo. util. pymt. \$ \_\_\_\_\_

Verif. mo. util. pymt. \$ \_\_\_\_\_

Tot. amt. due (incl. above) \$ \_\_\_\_\_

Tot. amt. due (incl. above) \$ \_\_\_\_\_

Tot. amt. due (incl. above) \$ \_\_\_\_\_

Amt. SHE will pay \$ \_\_\_\_\_ Pymt.

Amt. SHE will pay \$ \_\_\_\_\_ Pymt.

Amt. SHE will pay \$ \_\_\_\_\_ Pymt.

will cover month of \_\_\_\_\_

will cover month of \_\_\_\_\_ Pymt.

will cover month of \_\_\_\_\_ Pymt.

Pymt. due date \_\_\_\_\_

due date \_\_\_\_\_

due date \_\_\_\_\_

The amount being paid is past due in its entirety at time of payment: Yes  No

STAFF NOTES:  APPROVED  DENIED

CARES

CDBG

SHE

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_