



## APPLICATION FOR RSO RENT SUBSIDY

Thank you for your interest in the City of Beverly Hills (City) Rent Subsidy program, which provides for a maximum payment of \$1,000 per month for a maximum period of three months on behalf of tenants who are financially impacted by the Coronavirus (COVID-19) pandemic.

### INTRODUCTION

On September 15, 2020, the City Council established criteria for the Rent Subsidy program for tenants who are financially impacted by COVID-19. The City Council established the rent subsidy for tenants residing in multi-family properties subject to the City's Rent Stabilization Ordinance (RSO) if certain conditions are met.

### SUBMITTING AND PROCESSING YOUR APPLICATION

The information in your application will be used to determine your eligibility. You must provide sufficient and complete information to establish that you meet the qualifying criteria. **From time to time you may receive requests for additional documentation or information. It is very important that you respond before the deadline listed in the update request so that your application will remain on active status.** Your application and supporting documentation may be submitted to the City's Rent Stabilization Division by email at [bhrent@beverlyhills.org](mailto:bhrent@beverlyhills.org). Alternatively, if submission by email is not feasible, you may submit the application and supporting documentation to the Rent Stabilization Division by regular mail at the following address: 455 N. Rexford Drive, Room 200, Beverly Hills, CA 90210, if you also provide notice to the City's Rent Stabilization Division by telephone at (310) 285-1031. Please be informed that the filing of an application is not a guarantee of a receipt of a rent subsidy. The City will review all applications as received and priority will be given to households with a senior (65+) or a child registered in the Beverly Hills Unified School District.

**Please Note:** You must notify the Rent Stabilization Division of any changes in your application, including changes in your family size or income, or contact information.

### INSTRUCTIONS

Please review this application carefully and answer all questions completely and accurately. If all information does not fit in the space provided, please provide additional pages as needed.



## DOCUMENTATION

The following documents are required to be submitted along with the completed application:

- Current Lease Agreement (Original Lease Agreement if no renewal has been issued)
- Other proof of residency (Such as a utility bill or proof of rental payment, etc.)
- Proof of enrollment in BHUSD (Only if claiming a BHUSD priority)
- Proof of senior citizen status (Only if claiming an age 65+ priority)
- Proof of your household's current monthly income and monthly income prior to COVID-19 impact
- Proof of financial impact related to COVID-19

**\*\*RSD OFFICE USE ONLY\*\***

APPLICANT NAME: \_\_\_\_\_ DATE RECEIVED BY RSD: \_\_\_\_\_

LANDLORD OR LANDLORD'S REPRESENTATIVE NAME: \_\_\_\_\_

RENT REGISTRY RENT AMOUNT: \$ \_\_\_\_\_ NUMBER OF UNITS: \_\_\_\_\_

RSO UNIT/REGISTRATION VERIFICATION BY: \_\_\_\_\_

CODE ENFORCEMENT VERIFICATION BY: \_\_\_\_\_ DATE REFERRED TO JFS: \_\_\_\_\_



**APPLICATION FOR RSO RENT SUBSIDY**

Tenant's Name \_\_\_\_\_

Address \_\_\_\_\_ Unit Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

What is your monthly rent amount? \$ \_\_\_\_\_

How much rent did you pay last month? \$ \_\_\_\_\_

How much back rent do you owe your landlord? \$ \_\_\_\_\_

For what months do you owe back rent? \_\_\_\_\_

Number of units in your building \_\_\_\_\_

Landlord or Landlord's Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION ONE**

*Exclusions:* Tenants who receive funds from the Los Angeles County Rent Relief Program are excluded from this program.

Have you been selected to receive, or have you received, a subsidy from the Los Angeles County Rent Relief Program?

Yes  No

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**SECTION ONE**

**EXCLUDED DUE TO PAYMENT FROM LA COUNTY RENT RELIEF PROGRAM: YES  NO**

**EXCLUSION DETERMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_**



**SECTION TWO:**

Household Composition: List all persons who currently are living in the household.

MBR#	Legal Name	SENIOR (65+) Yes/No	BHUSD Student Yes/No
1			
2			
3			
4			
5			
6			
7			
8			

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**SECTION TWO**

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED BY JFS: \_\_\_\_\_

65+ PRIORITY ESTABLISHED: YES  NO

BHUSD PRIORITY ESTABLISHED: YES  NO

HOUSEHOLD COMPOSITION #: \_\_\_\_\_

PRIORITY ELIGIBILITY DETERMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**SECTION THREE**

Tenants must demonstrate that they have a financial impact related to COVID-19.

COVID-19 financial impacts include a loss of household income or incurring extraordinary expenses as a result of any of the following:

Check all that apply (X)	
	(1) Being sick with COVID-19 or caring for a household or family member who is sick with COVID-19.
	(2) Lay-off, loss of hours, or other substantial income reduction resulting from business closure or other economic or employer impacts of COVID-19 including for tenants who are salaried employees or self-employed.
	(3) Compliance with a recommendation from a government health authority to stay home, self-quarantine, or avoid congregating with others during the state of emergency.
	(4) Extraordinary out-of-pocket medical expenses and/or other expenses related to COVID-19.
	(5) Childcare needs arising from school closures related to COVID-19.
	(6) Other.

Please describe the circumstances and provide documentation that establishes your household has a financial impact related to COVID-19 as described above (e.g., layoff notice, unemployment benefits, etc.).

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<b><u>SECTION THREE</u></b>	
<b>COVID-19 FINANCIAL IMPACT QUALIFICATION (DESCRIBE 1-6 FROM ABOVE)</b>	
_____	
_____	
_____	
_____	
<b>DETERMINED BY:</b> _____	<b>DATE:</b> _____



**SECTION FOUR**

Income Qualifications: Your household's total gross monthly income must not exceed the following maximum amount for your household size:

	Persons in Household							
	1	2	3	4	5	6	7	8
Maximum Monthly Income	\$5,258	\$6,008	\$6,758	\$7,508	\$8,113	\$8,713	\$9,313	\$9,913

Please list all household gross monthly income for (1) the current month (income earned for the full calendar month that commenced immediately preceding the date of the application) and (2) the month preceding the COVID-19 financial impact on your household.

Include income for all household members who are 18 or older except for a college student who is a dependent.

Include income earned from any of the following sources, including income earned from assets:

	(1) Current Monthly Income	(2) Pre-COVID-19 Monthly Income _____, 2020 (fill in month)
Business	\$ _____	\$ _____
Assets (e.g., dividends, interest)	\$ _____	\$ _____
Wages	\$ _____	\$ _____
General Assistance	\$ _____	\$ _____
Welfare Assistance	\$ _____	\$ _____
TANF Assistance	\$ _____	\$ _____
Pension	\$ _____	\$ _____
SSI- Supplemental Security Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Medical Reimbursement	\$ _____	\$ _____
Indian Trust/per capita	\$ _____	\$ _____
Other non-wage sources	\$ _____	\$ _____
COVID-19 Gov't Funds (including CARES Act, PPP and EDD unemployment benefits)*	\$ _____	\$ _____

**PLEASE ATTACH SUPPORTING DOCUMENTATION FOR ALL INCOME SOURCES.**



\*If you received assistance from COVID-19 Gov't Funds, did you use all of those funds to pay rent? Yes\_\_\_ No\_\_\_

If no, explain: \_\_\_\_\_

\_\_\_\_\_

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**SECTION FOUR**

HOUSEHOLD COMPOSITION #: \_\_\_\_\_ TOTAL CURRENT MONTHLY INCOME: \$ \_\_\_\_\_

TOTAL PRE-COVID-19 MONTHLY INCOME: \$ \_\_\_\_\_

DOES THE TENANT'S INCOME QUALIFY: YES  NO

INCOME QUALIFICATION DETERMINED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



**SECTION FIVE**

**SIGNATURE AND DECLARATION UNDER PENALTY OF PERJURY**

I/We have read and fully understand all the above statements.

I/We certify that all the information contained in this application and in the supporting documentation is accurate and complete.

I/We anticipate being able to pay all unpaid rent within the 12-month period after the City's emergency order is lifted.

I/We understand that false or incomplete statements or information are grounds for denial of this application or termination of any rental subsidy and may be grounds for criminal prosecution.

I/We declare under penalty of perjury under the laws of the State of California that the foregoing information and statements contained herein are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Place of Signature

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_