



HOUSING AUTHORITY

OF THE COUNTY OF KERN

Creating brighter futures...one home, one family at a time

COVID-19 Rent and Mortgage Assistance Program

Landlord/Lender Application

To complete this application, follow these steps:

1. Complete the Landlord/Lender section and the W9
2. Have your tenant/borrower complete the Head of Household section and provide required documents
3. Submit complete package to: Email: resparza@kernha.org Subject: RMA Program.

Landlord/Lender to Complete this Section:

This certifies that: _____

Name of Tenant(s) List all Persons in Household

Pays rent/mortgage at:

And that the monthly rent/mortgage is \$_____.

Past due rent/mortgage from March 2020 to current month is: _____

☐ This residence is not subsidized through federal or state resources and this household is responsible for the full payment of the rent.

☐ No other person in this household has applied for or will apply for this Program.

☐ If eligible, I understand the Housing Authority of the County of Kern may make a one-time payment to be applied to the March to December rent/mortgage so long as the Landlord/Lender agrees not to take any action to evict or foreclose on me for nonpayment of rent/mortgage for the month(s) the payment was applied. I understand that if I have already received the benefit, I am not eligible for a future payment.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Housing Authority of the County of Kern to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a crime, and will subject me to criminal penalties and civil remedies. I am signing this form by electronically entering my name below or providing a wet signature.

Landlords/property manager/lender's signature here:

Date:

Name and complete address of rental agency/property owner/lender:

Name (must match W-9): _____

Address: _____

Phone Number: _____

Email Address: _____





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Head of Household to Complete this Section:

(please check: the ONE appropriate box):

- ☐ I am a citizen of the United States by birth, a naturalized citizen or national of the United States.
- ☐ I have eligible immigration status, I was a participant on June 19, 1995, and I am 62 years of age or older.
- ☐ I have eligible immigration status.

I am Hispanic or Latino: ☐ Yes ☐ No

What is your race: _____

What is your gender: _____

What is the primary language spoken at home:

I declare, under penalties of perjury, as follows:

- ☐ My household has lost significant income due to COVID-19 and is now unable to pay rent/mortgage; or I have had a significant increase in medical bills that exceed \$1,000 (patient responsibility) and am now unable to pay my rent/mortgage.
- ☐ My household's gross income (before taxes) for the current month is \$_____.
- ☐ My household does not have sufficient savings or liquid assets to pay the rent/mortgage.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the Housing Authority of the County of Kern to verify and investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a crime, and will subject me to criminal penalties and civil remedies. I am signing this form by electronically entering my name below or providing a wet signature.

Head of Household Signature:

Date:

In order for this application to be fully processed please attach the following documentation prior to submitting:

- ☐ Current Income Verification (recent check stub/unemployment statement/disability verification; or copy of medical bills since March 2020 exceeding \$1,000 (patient responsibility))
- ☐ Recent electricity bill in your name or Valid Picture ID with current Address
- ☐ Copy of current lease or mortgage statement



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