



Full Name: \_\_\_\_\_

Case ID #: \_\_\_\_\_

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

## City of Santa Ana CARES for Tenants Program

### Documentation of Income Determination

#### **SECTION 1: Documentation Available to the Applicant**

INSTRUCTIONS: Answer by circling yes or no to each source of income listed. Attach the required documentation for all members of your household 18 years of age or older where you circled yes. If you do not have any of the sources of income listed, please continue to SECTION 2.

SOURCE OF INCOME	YES / NO	IF YES, PLEASE ATTACH THE MOST CURRENT DOCUMENTATION BELOW
Salary, Wages, Tips	Yes No	Copies of the three (3) most current paychecks/paystubs; <b>or</b> Written verification of employment from employer including salary/wage information and number of hours worked each week and the last filed Federal Income Tax Returns.
Self-employed Profits	Yes No	Account records; <b>or</b> Most current quarterly income tax return
Unemployment Insurance	Yes No	Copy of award/benefit letter; <b>or</b> Copy of most recent check; <b>or</b> Three most recent bank statements showing deposits of award/benefit check
SSI/SSDI – Supplemental Security Income/Disability Aid	Yes No	
Pension	Yes No	
Cash Aid for Families with Children (CalWORKs)	Yes No	Award letter stating the amount of benefit; <b>or</b> Copy of most recent check; <b>or</b> Written statement from Caseworker stating the benefit amount
Alimony	Yes No	Copy of weekly or monthly check; <b>or</b> Court decree establishing payments; <b>or</b> Affidavit of child support
Child Support	Yes No	
Interest & Dividend Income	Yes No	Bank statement showing last 12 months of interest; <b>or</b> Investment statements indicating the amount of dividends
Rental Property Income	Yes No	Recent rent check; <b>or</b> Copy of rental agreement signed by current tenant, Federal Income Tax returns

#### **SECTION 2: Determination Letter from a Government Agency**

INSTRUCTIONS: If your household income has been verified to be at or below 80 percent of the area median income in connection with another local, state, or federal government assistance program, the City will rely on a determination letter from the government agency that verified your household income, provided that the determination for such program was made on or after January 1, 2020. Please attach the determination letter. If you cannot provide a determination letter, please continue to SECTION 3.

**Documentation Attached:** \_\_\_\_\_

**Date of Determination:** \_\_\_\_\_



**SECTION 3: Self-Declaration without Further Documentation**

INSTRUCTIONS: If you cannot provide verifiable documentation of your household’s income because of the impact of COVID-19 (for example, because a place of employment has closed, you receive your income in cash or because your household has no income), the City may accept a written attestation from you regarding your household income. Please attach the required written attestation.

By signing this Document, I certify under penalty of perjury, that I cannot provide verifiable documentation of my household’s income because of the impact of COVID-19 or another reason as indicated in my written attestation, and I acknowledge that such information is subject to verification. I also acknowledge that my failure to provide necessary documents within a reasonable period of time or falsification of this information shall be grounds for my termination from the program, and that I may be subject to prosecution under the law. I authorize the release of said information to local, State and/or Federal agencies and to City Santa Ana staff within five years of this date.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 4: Declaration from a Caseworker with Knowledge of Household’s Circumstance**

INSTRUCTIONS: If you cannot provide documentation regarding your household income, the City may rely on a declaration from a caseworker with knowledge of your household’s circumstances from Catholic Charities of Orange County, The Salvation Army, Latino Health Access or Families Forward to certify that your household income qualifies for assistance. Please attach the caseworker declaration.

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STAFF USE ONLY: Circle the income limit under which the household qualifies for assistance.**

Family Size	Maximum Family Income (80% AMI)	Family Size	Maximum Family Income (80% AMI)
1	\$75,300	5	\$116,200
2	\$86,050	6	\$124,800
3	\$96,800	7	\$133,400
4	\$107,550	8	\$142,000