Safely Home in Santa Ana
Eviction Prevention Program

Please bring ALL of the following items with you to expedite the assistance process
(PERSONALLY IDENTIFIABLE INFORMATION WILL REMAIN CONFIDENTIAL with
participating agencies):

1. Picture ID (Head of household – must match name on the lease agreement).
2. Names of all children in the household (if applicable)
3. Current rental lease agreement* including Landlord/Owner’s name, phone number,
   address and email
4. Eviction notice OR proof of financial crisis
5. Proof of all current household income including current paystubs and public benefits
   (SSI/SSDI, Social Security Retirement, CalFresh, VA benefits General Relief, Child
   Support, Unemployment, current bank statements, etc.). If deemed acceptable by the
   nonprofit organization, an Income Verification Affidavit form may be provided as proof
   of income.
6. Proof of financial crisis or emergency situation (i.e. unexpected auto repairs, unexpected
   medical bills, job loss or hours decrease (prior and current pay stubs that show change in
   monthly earned income, pending EDD benefit for SSI/SSDI, etc.)
7. Proof of your portion of rental payment, such as a copy of a personal or cashier’s check
   money order, or a receipt of partial payment from Owner/Landlord (if assistance is not
   for the entire monthly rent amount).

Please complete the attached Application Form

*agreement between tenant and Landlord. Acceptable documentation of the agreement will be determined by TSA or CCOC and will include
signatures of both parties to the agreement.
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Name: _____________________________________ Date: _______________

Address: ___________________________________________________________

City: Santa Ana State: CA Zip: ______________

Phone: ______________________ Email: _____________________________

Total individuals in the household: ______ Veterans in the household: ______
Adults: _____ Seniors (62+):____ Children (over 18): _____ Children (under 18): ___

How long have you been at this address?: _____ years _____months

Have you received rental assistance through the Safely Home in Santa Ana program before through Catholic Charities or The Salvation Army? ☐ Yes ☐ No
(If yes, referrals will be provided. If no, continue completing application)

Have you been helped by other agencies/organizations? ☐ Yes ☐ No

If yes, which ones?_________________________________________________________

How long ago?_________ What type of assistance?________

Who referred you to CCOC or TSA? _______________________________________

Have you ever been homeless? ☐ Yes ☐ No

If yes, when?______________________ For how long? ______________

Employment/Income:
Employment Status: ☐ Employed FT ☐ Employed PT ☐ Unemployed

Monthly Household Income: ________________ (including benefits/aid)
☐ Wages/Salaries ☐ Gen. Relief ☐ SSI/SSDI ☐ Child Support ☐ V.A./Retirement
☐ Unemployment ☐ Calworks ☐ IHSS ☐ CalFresh/Food Stamps
☐ Other Income: ___________________________________________________________

Monthly Rent: ______________ ☐ Section 8
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Assistance Request:
☐ Rent (Eviction Prevention)
Do you have an eviction (3-day) notice?  ☐ Yes  ☐ No
If no, have you ever received a 3-day notice?  ☐ Yes  ☐ No
If yes, how many times?   __________

Emergency:
What is your unexpected emergency situation that is preventing you from paying your rent/bills?

How will you pay your rent/bills next month?

________________________________________________________________________

________________________________________________________________________

Client’s Signature:__________________________ Date:___________________

Consent and Release of Information: By signing this form, I, the applicant(s), certify that all information provided is true and accurate to the best of my knowledge. I authorize the City of Santa Ana (COSA), Catholic Charities of Orange County (CCOC) and The Salvation Army of Orange County (TSA) to share basic household information between themselves, such as my name and date of birth, to prevent duplication of services. I also authorize COSA, CCOC and TSA to make inquiries as necessary to verify the accuracy of the statements made, including, but not limited to, income. I understand that my demographic information (household size, income level, previous homelessness, amount of assistance provided, veterans status) will be shared on a quarterly basis with COSA for reporting purposes, but my name, date of birth, residency status, address, and any other personally identifiable information will not be shared outside of the agencies listed herein.

☐ I give consent for COSA, CCOC and TSA to share basic household information with other Social Service and voluntary organizations participating in client management services in order to coordinate available services.

COSA, CCOC and TSA are committed to respecting your privacy and to using the information solely to prevent service duplication between the agencies and to provide appropriate referrals to additional supportive services when required.

For Office Use Only:
☐ Unable to Assist:
   ☐ Do not qualify  ☐ No Funds available  ☐ Already received assistance in the past
   ☐ Do not have all required documentations
☐ Referred to/Notes:________________________________________________________________________