



CITY OF CALABASAS

RENTAL ASSISTANCE PROGRAM

Thank you for your interest in the City of Calabasas' Rental Assistance Program. The rental assistance program provides monthly subsidies of at least \$183 to eligible recipients. The eligibility requirements for the program are as follows (you must meet all three):

- As of July 1, 2009 you have been renting a unit in the City of Calabasas.**
- Your 2009 gross annual income is below 80% of Los Angeles County's Median Income (refer to Attachment A for income thresholds).**
- You or your spouse are 62 years of age or older, or receives disability benefits under the Supplemental Security Income (SSI) Program.**
- You do not currently reside in a unit that is subsidized by a different State or Federal program (i.e. Los Angeles County Housing Authority Multi- Family Bond Program).**

In order to ensure that your application is processed in an expedient manner, we request that you submit all of the following:

- Completed City application (attached).**
- Verification of residency as demonstrated by a copy of a lease, or utility bill in your name.**
- Verification of income under 80% of Los Angeles County's Median Income as demonstrated by a copy of your signed 2009 federal income tax return (1040, 1040A, 1040EZ), and if applicable, your 2009 Social Security Benefit Statement (SSA-1099). If a tax return was not filed, then an affidavit stating that a 2009 tax return was not filed (refer to Attachment B).**
- Verification that the head of the household and/or spouse is 62 years of age or older as demonstrated by a copy of your Driver's License, passport, or State issued Identification Card, or**
- Verification that the head of the household and/or spouse receives disability benefits under the Supplemental Security Income (SSI) Program.**

In order to be considered for assistance, this form must be completed and returned to Talyn Mirzakhian, Planner, City of Calabasas, 100 Civic Center Way, Calabasas, California 91302, 818-224-1712.



CITY OF CALABASAS

RENTAL ASSISTANCE PROGRAM – APPLICATION

This application must be completed to provide the information required by the City of Calabasas to determine applicant eligibility for participation in the Calabasas Rental Assistance Program. Completion of this form does not constitute an approval for assistance.

- I, the undersigned, am interested in obtaining financial assistance under the Calabasas Rental Assistance Program ("Program"). As a material inducement to the City of Calabasas to provide assistance for the undersigned, I certify the following:

Head of Household's Name:				
Current Residence Address:				
Initial Date of Occupancy at Current Residence:				
Monthly Rent as of July 1, 2010:				
Telephone (day/evening):	()		()	

- I certify that our household is hereby declared to consist of the following individuals (if necessary, attach an additional sheet with the requested information for all individuals residing in the rental unit):

Last Name	First Name	Relationship to Head of Household	Date of Birth	Gender (M/F)	Disabled and receives SSI (Y/N)
		Head/Self			

3. I certify that our 2009 gross annual income is as follows and can be supported by our 2009 federal income tax return (or affidavit), and if applicable, our 2009 Social Security Benefits Statement:

Unemployment Benefits:	Annuity or Trust Payments:	Child Support:
Employment Wages:	Social Security:	Military Allotment:
Tips:	Retirement Pension:	Veteran's Benefits:
Self-Employment Income:	Insurance Benefits:	Other:
Worker's Comp:	Death Benefits:	Other:
Alimony:	Income from Rental Property:	Total:

4. I acknowledge that the granting of any interim financial assistance is at the sole discretion of the City of Calabasas, and subject to additional Program requirements and funding availability. I further acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for Program participation. I acknowledge that any material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me in connection with this application may constitute a federal violation punishable by a fine and/or denial of my application, or, if approval has been awarded prior to discovery of the false statement, immediate cancellation of the approval which may be in addition to any criminal penalty imposed by law.

Head of Household's Signature:

_____ Date: _____

To be Completed by Staff:

Date Received: _____

Staff: _____

ATTACHMENT A

**City of Calabasas
Rental Assistance Program**

**2010 Income Limits for Households with
80% of Area Median Adjusted for Family Size**

Household Size	80% of Median Income
1	\$46,400
2	\$53,000
3	\$59,650
4	\$66,250
5	\$71,550
6	\$76,850
7	\$82,150
8	\$87,450

Los Angeles County – 2010
Los Angeles County Median Income is \$63,000

ATTACHMENT B

**City of Calabasas
Rental Assistance Program**

Affidavit of Non-Income Tax Filer

Name: _____

Address: _____

I was not required to file a 2009 Federal Income Tax Return for the following reason(s):

Under penalty of perjury, I certify that to the best of my knowledge the aforementioned statements are true.

Signature:

Date: