



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: _____

