



United Way of Kern County

# Housing and Homelessness Incentive Program (HHIP)

## RENTAL ASSISTANCE APPLICATION

Please complete the attached HHIP application and submit to:

**HHIP Program Staff at United Way of Kern County**  
 1707 Eye St, 3<sup>rd</sup> Floor, Bakersfield, CA, 93301  
 Mon- Thurs: 8:30am- 5:30pm, Fri: 8:30am- 3:00pm

**(Spanish Only)**  
**Program Coordinator**  
 Phone: (661) 834-1820

**Kassandra Cady (English Only)**  
**Outreach-Navigator Coordinator**  
 Phone: (661) 276-1461

Completing an application is not a guarantee of assistance. You **MUST** be past due to be eligible for services. In addition, you must continue paying your rent or contact your landlord/ property management to set up payment arrangements to prevent notice to vacate.

**Rental assistance can only be awarded once every 12 months and/or while funding is still available.**

*Please allow 4-6 weeks for the review process. Once a decision has been made you will be contacted by phone with the next steps.*

<u>Am I eligible?</u>	<u>Required Documents</u>																																																																																										
Rent in Kern County?	Rental Agreement																																																																																										
Living in non-subsidized housing?	3- Day Notice/ Past Due Notice/ Eviction Notice/ Landlord statement of arrears																																																																																										
Member in the household receives Medi-Care or Medi-Cal?	60 Days proof of income (Document showing gross income)																																																																																										
Experienced a recent crisis? (i.e. medical, financial, or other acute crisis)	Landlord Payment Agreement																																																																																										
Earning income 1.5X current rent?	<table border="1"> <caption>2022 Monthly Income Guidelines</caption> <thead> <tr> <th># in Household</th> <th>50% FPIG</th> <th>100% FPIG</th> <th>125% FPIG</th> <th>150% FPIG</th> <th>175% FPIG</th> <th>200% FPIG</th> <th>250% FPIG</th> <th>300% FPIG</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$763</td> <td>\$1,526</td> <td>\$1,907</td> <td>\$2,289</td> <td>\$2,670</td> <td>\$3,052</td> <td>\$3,815</td> <td>\$4,578</td> </tr> <tr> <td>2</td> <td>\$763</td> <td>\$1,526</td> <td>\$1,907</td> <td>\$2,289</td> <td>\$2,670</td> <td>\$3,052</td> <td>\$3,815</td> <td>\$4,578</td> </tr> <tr> <td>3</td> <td>\$960</td> <td>\$1,919</td> <td>\$2,399</td> <td>\$2,879</td> <td>\$3,359</td> <td>\$3,838</td> <td>\$4,798</td> <td>\$5,758</td> </tr> <tr> <td>4</td> <td>\$1,156</td> <td>\$2,313</td> <td>\$2,891</td> <td>\$3,469</td> <td>\$4,047</td> <td>\$4,625</td> <td>\$5,781</td> <td>\$6,938</td> </tr> <tr> <td>5</td> <td>\$1,353</td> <td>\$2,706</td> <td>\$3,382</td> <td>\$4,059</td> <td>\$4,735</td> <td>\$5,412</td> <td>\$6,765</td> <td>\$8,118</td> </tr> <tr> <td>6</td> <td>\$1,550</td> <td>\$3,099</td> <td>\$3,874</td> <td>\$4,649</td> <td>\$5,424</td> <td>\$6,198</td> <td>\$7,748</td> <td>\$9,298</td> </tr> <tr> <td>7</td> <td>\$1,746</td> <td>\$3,493</td> <td>\$4,366</td> <td>\$5,239</td> <td>\$6,112</td> <td>\$6,985</td> <td>\$8,731</td> <td>\$10,478</td> </tr> <tr> <td>8</td> <td>\$1,943</td> <td>\$3,886</td> <td>\$4,857</td> <td>\$5,829</td> <td>\$6,800</td> <td>\$7,772</td> <td>\$9,715</td> <td>\$11,658</td> </tr> <tr> <td>For each additional HH member add:</td> <td>\$197</td> <td>\$393</td> <td>\$492</td> <td>\$590</td> <td>\$688</td> <td>\$787</td> <td>\$983</td> <td>\$1,180</td> </tr> </tbody> </table>	# in Household	50% FPIG	100% FPIG	125% FPIG	150% FPIG	175% FPIG	200% FPIG	250% FPIG	300% FPIG	1	\$763	\$1,526	\$1,907	\$2,289	\$2,670	\$3,052	\$3,815	\$4,578	2	\$763	\$1,526	\$1,907	\$2,289	\$2,670	\$3,052	\$3,815	\$4,578	3	\$960	\$1,919	\$2,399	\$2,879	\$3,359	\$3,838	\$4,798	\$5,758	4	\$1,156	\$2,313	\$2,891	\$3,469	\$4,047	\$4,625	\$5,781	\$6,938	5	\$1,353	\$2,706	\$3,382	\$4,059	\$4,735	\$5,412	\$6,765	\$8,118	6	\$1,550	\$3,099	\$3,874	\$4,649	\$5,424	\$6,198	\$7,748	\$9,298	7	\$1,746	\$3,493	\$4,366	\$5,239	\$6,112	\$6,985	\$8,731	\$10,478	8	\$1,943	\$3,886	\$4,857	\$5,829	\$6,800	\$7,772	\$9,715	\$11,658	For each additional HH member add:	\$197	\$393	\$492	\$590	\$688	\$787	\$983	\$1,180
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Gross monthly income does not exceed the 200% Income Guidelines? (See Right) →																																																																																											



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**Applicant Contact Information:**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

**Additional Household Members (Do not include applicant listed above):**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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**Household Income Information:**

Tell us about all sources of income for the household. Please provide proof of income for the last 60 days. i.e.: *Paystubs, Verification of Benefits Letter, SSI/ SSID Award Letter, Child/Alimony Support Letter, etc.*

Last Name, First Name	Income	Source of Income

**Examples of Income Sources:**

EM	Employment	VB	Veteran’s Benefits	UE	Unemployment	O	Other:
PN	Pension	SSI	Supplemental or Disability	SS	Social Security		
IN	Interest	CS	Child Support	PA	Public Assistance		



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**Other Income Form (If applicable)**

**This section is to be completed for clients who claim to receive income from sources that cannot produce income documentation from the employer or payee. Do not use this form if the client or their employer can produce pay stubs or a payroll printout.**

Applicant Name: \_\_\_\_\_

Source of Income: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

Frequency of payments: \_\_\_\_\_

Is this a temporary source of income: \_\_\_ YES \_\_\_ NO

If yes, how long? \_\_\_\_\_

How long have you been receiving this source of income? \_\_\_\_\_



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### Landlord Payment Agreement

Household/Tenant Information	
Name:	Phone:
Street:	Email:
City/State:	Zip Code:

Property Management/ Landlord Information		
Name and DBA if applicable:		Name check should be made out to:
Payment Address:		
City/State:	Zip Code:	Phone:
Monthly Rental Amount (include utilities if combined in rent):		Late Fees:

As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will abide by the agreements below from the signing of this agreement and all applicable provisions of CA State landlord-Tenant laws.

1. Accept \$\_\_\_\_\_ as full satisfaction of any rent and late fees balance owed for the months paid by HHIP Rent and Utility Assistance Program.
2. Agree that no new late fees or additional charges will be made for the months covered.
3. Agree that rent will not increase for the household described above for at least 6 months.
4. Agree to not terminate or refuse to renew the above household's tenancy until after six months unless: (a) a household member materially violates the terms of the lease; (b) a household member is creating significant and immediate risk to the health, and safety, or property of others; or (c) at least 90 days' written termination notice is provided to the household based on the landlords intent to (i) personally occupy the premises as a primary residence, or (ii) sell the property.
5. Agree to submit lease agreement upon request, if available
6. Agree to repayment of these funds I do not fulfill the terms of this agreement.

**Total arrears including late fees required to bring tenant current: \$**

Landlord Signature:	Date:
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### Certification

I, \_\_\_\_\_, am an applicant under the HHIP Rent and Utility Assistance Program and hereby certify the following:

- That the information provided by me on this application for assistance under the HHIP Rent and Utility Assistance Program is true and correct.
- That I understand the requirements of the program and agree to abide by those requirements.
- That all assistance provided will be used in compliance with the terms of the program.
- My household qualifies for unemployment or has experienced a reduction in household income, incurred significant cost, or experienced financial hardship, and is now unable to pay rent/ Utilities.
- My household does not have sufficient savings and liquid assets to pay rent/utility bills.
- I, or any other persons in my household, will not apply for other rental/ Utility assistance programs and have not received assistance for the months I am requesting rent and/or utility assistance.
- If eligible, I understand that United Way of Kern County may make a payment to be applied to my rent/utilities. I understand that if I have already received the benefits, I am not eligible for future payments for a 12-month period.

*By signing below, I hereby certify that the above statements are true and correct to the best of my knowledge. I further understand that should any of my above statements be found to be false it will preclude my eligibility for assistance, or continued assistance, under the HHIP Rent and Utility Assistance Program. I authorize United Way of Kern County to verify and investigate such information with my full cooperation at any time and I freely consent to have my information, and that of my minor children (if any), into the Unite Us and United Way databases.*

*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 electronically by entering my name below or by providing a wet signature.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To complete the application, please complete our survey by scanning the QR code below.**

