



Claremont Temporary Housing Stabilization and Relocation Program

**Supplemental Application – Emergency Rental Assistance (Medical or Psychiatric
Emergency)**

*** This section only needs to be completed by applicants seeking emergency rental assistance due to a **medical or psychiatric emergency**.

No other applicants should complete this section. ***

Para información en español - (909) 399-5398.

Applicant Full Name: _____

Applicant Home Address:

If a member of your household has experienced a **medical or psychiatric emergency within the past 60 days that has resulted in a loss of household income**, you must also provide the following documentation as proof:

- Proof of payment of medical bills, such as receipts or account statements (with redactions as needed to protect private medical or financial information) **OR**
- Verification of reduction in or loss of income, such as bank account statements (with redactions needed to protect privacy)
 - Dated correspondence from the treating physician indicating the name of the individual in your household who is unable to return to work and what their anticipated return-to-work date is. The correspondence should not include any personal medical information, including information on the circumstances of the medical emergency or diagnosis. The correspondence must be signed by the treating physician and include their phone number, email address, and business address; **AND**

- Employer verification of reduction in or loss of income. The correspondence must be dated, signed by the current employer, and include their phone number, email address, and business address.

If your application is approved, emergency rental assistance will be paid directly to the property owner by the City of Claremont in the form of one lump sum equivalent to no more than the value of two months of a household’s current rent.

Risk of Housing Instability

Applicants who can prove that they are at imminent risk of housing instability will be considered first in an effort to prevent the applicant from becoming unsheltered. Documentation proving imminent risk of housing instability includes one or more of the following:

- Any past due rent notice
- Notice to vacate or to quit the rental unit

Did you provide such documentation in your application? Circle one: Yes or No

Applicants who can provide proof that are on a fixed income and/or are an “extremely low-income household” (as defined by HUD) will receive higher priority.

Did you provide such documentation in your application? Circle one: Yes or No

Certification

This section must be completed by **all emergency rental assistance/medical or psychiatric emergency** applicants. Please sign below to certify that all of the statements below are true.

- I understand that I must complete this Supplemental Application and the Program Application and **provide all required documentation** before my application will be considered for the Claremont Temporary Housing Stabilization and Relocation Program.
- I understand that the member of my household experiencing a medical or psychiatric emergency must be listed as a tenant on the current lease for my household.
- I have spoken with my property owner and if I am selected for this program, my property owner has agreed to accept a third party check for payment and complete a W-9 Form. Further, I understand that I will be required to sign an affidavit under penalty of perjury that the information that I have submitted in support of my application is true and that I have not submitted any false or misleading information.
- Attached to this application, I have submitted proof of medical or psychiatric emergency AND proof of loss of income OR significant unexpected expenses (as described on the previous page).

Applicant Signature: _____