



Gonzales Cares Program

In effort to support our most vulnerable and avoid displacement during this time of crisis, we have worked to develop a housing support fund. Resources for this program have been made possible through grants from the Community Foundation of Monterey County and the United Way through the Emergency Food and Shelter Program, and CARES fund.

These program funds are limited and therefore, will be provided on a first come basis to those who can show proof of hardship and meet the criteria below:

- Not be currently receiving other monetary rental/housing support through other non-profit, county, state and federal programs.
- Not have received a COVID-19 Bridge Loan from the City as part of our COVID-19 community recovery efforts.
- Not exceed a maximum of \$2,500.
- Have an outstanding bill/letter from a bank or landlord that shows that the rent/mortgage is at least 30 days past due.
- Meet the 200% Federal Poverty Level (or lower) based on the guidelines below.

Federal Poverty Level 2020	
Family Size	200% FPL
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500
5	\$60,340
6	\$69,180
7	\$78,020
8	\$86,860
	+ \$4,420 per person above 8

If you meet these requirements and require rental/mortgage support, fill out the attached application and submit it via email to cgil@ci.gonzales.ca.us or drop it off at City Hall. For more information or questions on the program, please contact Carmen Gil at 831-675-5000.

In Community,

Rene L. Mendez, City Manager

CITY OF GONZALES

GONZALES CARES PROGRAM APPLICATION

The City has worked to gather resources through various funding sources to put together a local housing support fund, to help avoid displacement during the COVID-19 crisis. Funding through the Community Foundation for Monterey County, the CARES and Emergency Food and Shelter Program, through the United Way of Monterey County has made this program possible. Funds are limited and will be disbursed on a first come, first serve basis. If you meet the criteria outlined in the first page of this application, and are in need of resources to pay your rent and/or mortgage, complete the form below.

CLIENT INFORMATION:

NAME _____ LAST _____

HOUSEHOLD INCOME _____

HOUSEHOLD SIZE _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE NUMBER _____

TYPE OF ASSISTANCE:

DO YOU MEET THE 200% FEDERAL POVERTY LEVEL (OR LOWER) REQUIREMENT? _____

DO YOU RENT OR OWN YOUR HOME? _____

HOW MANY MONTHS ARE YOU OVERDUE ON PAYMENT? \$ _____

HOW MUCH IS YOUR RENT/MORTGAGE? \$ _____

TOTAL OWED (INCLUDING THE AMOUNT ABOVE) \$ _____

THE AMOUNT BEING PAID IS FOR THE MONTH OF (MONTH/YEAR) _____

THE AMOUNT BEING PAID WAS/IS DUE ON (MONTH/DAY/YEAR) _____

THE ONE MONTH AMOUNT BEING PAID IS PAST DUE IN ITS ENTIRETY AT THE TIME OF PAYMENT (CHECK ONE):

YES

NO

ASIDE FROM HOUSING, WHAT OTHER HARDSHIPS HAVE YOU EXPERIENCED DUE TO THE COVID-19 CRISIS?

ARE YOU RECEIVING OTHER HOUSING SUPPORT THROUGH ANOTHER PROGRAM? IF YES, WHAT PROGRAM?

DO YOU AGREE TO ALLOW YOUR NAME AND PHONE NUMBER TO BE PART OF COUNTY SYSTEM TO ENSURE THAT WE TRACK EVERYONE THAT RECEIVES THIS ASSISTANCE SO THAT THERE ARE NO DUPLICATIONS IN FUDING PER FAMILY/HOUSEHOLD?

*****THIS IS FOR INTERNAL TRACKING PURPOSES ONLY. INFORMATION WILL NOT BE SHARED WITH ANYONE ELSE WITHOUT YOUR CONSENT.*****

YES

NO

REQUIRED DOCUMENTATION

COPY OF MOST RECENT TAX RETURNS

COPY OF PAST DUE BANK STATEMENT OR LETTER FROM LANDLORD

*****REQUIRED DOCUMENTATION IF APPROVED*****

COMPLETED ESFP FORM WITH LANDLOARD/MOTGAGE HOLDER SIGNATURE

I certify that the above statements contained herein are a true and accurate statements of my/our financial condition as of the date stated herein. In addition, the City of Gonzales is authorized to make inquiries deemed appropriate to verify the accuracy of the statements made herein.

Signature

Date