



Community Services Agency Rental Requirements:
City of Mountain View Rental Assistance Relief for COVID-19

After your rental request has been assessed by a Case Manager, you will be asked to submit the required documents. You have until the date of, _____, to submit the missing documents in order for your rental request to be processed.

Assistance is based on meeting program/documentation requirements. Your Case Manager will verify the information provided by you and your landlord. By signing this form, you are giving your consent to have your landlord contacted and other agencies or professionals to assist with the requested service.

Applicants are responsible for demonstrating eligibility and documenting the emergency/crisis situation. Incomplete documentation will not be accepted. Fraudulent documentation will result in a denial of assistance.

Required documentation

- _____ CSA Intake Form
- _____ Salesforce.com Database Disclosure Form
- _____ CSA Current Rent Letter (must completed by your landlord, no late fees/past due rent)
- _____ Release of Information (to speak to your landlord)
- _____ Additional Documents: Proof of Address (Mountain View residents only)
- _____ Additional Documents: Proof of Income (serve households up to 120% AMI)
- _____ Additional Documents: Proof of Loss of Income (cost accrued after 3/17/2020)
- _____ Case Notes to Support Rental Assistance **(CSA Authorized Personnel Only)**

I, _____, agree to submit the required documents requested by my Case Manager to get my rental request processed. I have until the date of _____ to submit all documents. Failure to turn in the required documents will result in having my request canceled. I have also been informed by my Case Manager.

Applicant's signature

Date



Intake Form

Date: _____

Referral Source: _____

Client's Name: _____

Partner's Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

May we leave a message? Yes No

Cell Phone Number: _____

May we leave a message? Yes No

Email Address: _____

May we email you? Yes No

Relationship Status:

Married Single Separated Divorced
 Widowed Living Together

List Each Member of the Household:

Name:	Gender	DOB	Age	Ethnicity
Partner: _____	_____	_____	_____	_____
Child 1: _____	_____	_____	_____	_____
Child 2: _____	_____	_____	_____	_____
Child 3: _____	_____	_____	_____	_____
Child 4: _____	_____	_____	_____	_____

Spoken Language(s): English Spanish Russian Mandarin
 Cantonese Korean Tagalog Vietnamese Arabic
 Farsi Hindi Other (_____)

*****To be completed by CSA Staff Only*****

Monthly Gross Income: _____

Income Sources:

Wages GA SDI SSI/SSA UI CalWorks
 Pension Child Support Assistance from Family Member SSDI
 CAPI Other

Benefits:

Cal-Fresh Medi-Cal Medicare Subsidized Housing
 Other (_____)



SALESFORCE.com DATABASE DISCLOSURE FORM

Community Services Agency of Mountain View, Los Altos and Los Altos Hills (CSA) is required by its funders to report aggregate data on the clients we serve annually. Client data is stored in a database and can be accessed only by your case manager and the system administrator. CSA and its contractor, SALESFORCE.com, take the utmost care to ensure confidentiality, i.e. clients are identified by a number and not by a name, data reported to funders is reported in aggregate not disclosing an individual client's information and case managers can only access the database using a secure encrypted connection. However, the information is stored using a "cloud server", thus as with all information, it cannot be completely protected from a potential "hacker" attack. However, we together with our contractor, SALESFORCE.com, work to ensure that all industry security standards are in place and maintained to protect your information. In fact, SALESFORCE.com has the highest government security rating as a cloud service provider; SALESFORCE.com has been approved for use by all United States of America government agencies.

Your personal information is kept strictly confidential and is not shared with any outside entity, even your physician or family unless you sign a Release of Information. CSA is providing you with this information to be transparent in the way data is maintained.

If you wish that your data be entered into the database as "anonymous", you can request this option.

I, _____, have read and understand the information related to CSA's data management procedures.

Client signature

Date

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CURRENT RENT LETTER
PLEASE RETURN THIS LETTER TO
Community Services Agency at Fax (650) 968-2164

This letter confirms that the tenant(s) named below rents the property listed in the amount of \$ _____ per month.
They are due to pay the following:

Rent	\$
Security Deposit	\$
Late Fees	\$
Other	\$
Total	\$

For the month of: _____
Month Year

I will accept a check from Community Services Agency as follows:

Check payable to: _____

Amount of check: \$ _____

Tenant Information	
Name	
Address	
City, State, Zip	

Owner's Information	
Name of Property Complex	
Address	
City, State, Zip	
Telephone Number	

Signature Owner/Landlord/Manager

Date

If you have any questions, please call _____
at (650) 968-0836 ext _____

Caseworker



COMMUNITY SERVICES AGENCY (CSA) OF MOUNTAIN VIEW, LOS ALTOS AND LOS ALTOS HILLS

AUTHORIZATION TO RELEASE INFORMATION

Client's Name _____

Date of Birth _____ SS# _____

I, _____, hereby authorize the staff of CSA to disclose to service providers and/or emergency contacts listed below, information relating to my situation and needs:

Table with 3 columns: Name, Address/Phone, Purpose of Disclosure. Includes three empty rows for data entry.

I understand that this information is to be written or verbal. I further understand that I do not have to sign this release of information form, and that signing it is completely voluntary. I also understand that by endorsing this authorization, I am giving informed consent to the waiver of my rights to confidentiality, under applicable Federal, State and Local law, with respect to the person/organization listed herein.

This authorization is effective immediately and expires on _____ (12 months maximum). I may revoke this authorization at any time unless the information has already been released prior to the revocation.

Client Signature _____

Date _____

Staff Signature _____

Community Services Agency of Mountain View and Los Altos
Case Notes to Support Rental Assistance

Client's Name: _____

Why is assistance needed?

Landlord's Name: _____

Landlord's Phone #: _____

Total Rent/Utility/Other: \$ _____

For the Month of: _____

CSA Amount to cover: \$ _____ ; \$ _____ ; \$ _____

Reason (please circle all that apply):

Current rent Late rent First month Deposit

Portion of rent Utility bill Auto repair Medical bill

Case Manager's Name: _____

Check list:

1. Set up file _____
2. Landlord letter _____
3. Copy of front of check _____
4. Supporting documents and check request _____
5. Copies of all for file _____
6. Information into Salesforce (Financial aid section) _____