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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>DOB</th>
<th>Age</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner</td>
<td>______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 1</td>
<td>______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
<td>______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 3</td>
<td>______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 4</td>
<td>______</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (____________________)

Last Update on 06/20/16
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 in 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
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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
</tr>
<tr>
<td>Security Deposit</td>
<td>$</td>
</tr>
<tr>
<td>Late Fees</td>
<td>$</td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Total</td>
<td>$</td>
</tr>
</tbody>
</table>

For the month of: ______________ Month        Year

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

Check payable to: __________________________ Amount of check: $__________

<table>
<thead>
<tr>
<th>Tenant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ___________________________</td>
</tr>
<tr>
<td>Address: _________________________</td>
</tr>
<tr>
<td>City, State, Zip: _______________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner's Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Property: _______________</td>
</tr>
<tr>
<td>Complex: _________________________</td>
</tr>
<tr>
<td>Address: _________________________</td>
</tr>
<tr>
<td>City, State, Zip: _______________</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th>Name</th>
<th>Address/Phone</th>
<th>Purpose of Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)  