## COUNTY OF SONOMA RENTAL/MORTGAGE ASSISTANCE PROGRAM CONFIDENTIAL APPLICATION

Date:	Social Security #		
	Employee ID #		
	Driver's License #		
Name:	Phone:		(Home)
Department:	Phone:		(Work)
Preferred Email Address:			
Personal Email Address:			
Mailing Address:		Zip:	
Current Address:		Zip:	
(If diff	Perent)	_	
Have you had a previous RMAP Lo	oan? 🗌 Yes 🔲 No		
If yes, did you apply under a differe	ent name? Yes No		
		(other name)	

## General information about the Rental/Mortgage Assistance Program

- Loan proceeds may be used only for paying rental security deposits, deposits for the first month's rent, delinquent rental payments, delinquent mortgage payments, delinquent real estate taxes or expired hazard insurance on the borrower's primary residence.
- Loan repayment will be through mandatory semi-monthly payroll deductions. Payroll deductions will begin on the third paycheck after the disbursement of loan funds.
  - The pay-back period will be up to one year for loans from \$0 to \$1,500, up to two years for loans \$1,501 to \$3,000 and up to three years for loans \$3,001 to \$5,000.
- Employees may not receive more than one loan per year. Employees may apply for additional loans only if both the following conditions have been met:
  - 1) At least one year has passed from the date of the last loan.
  - 2) All prior loans have been paid in full.
- All disbursements of loan funds will be by county warrant and cashier's check or
  money order, if additional funds are required from employee, and must be made
  payable to the landlord, mortgage lender or other vendor. No payments will be made to
  employees or to friends and relatives of the employee, nor will any funds be given to
  anyone other than the payee. Funds will be disbursed by the Auditor/Controller's
  Office following the request of the Community Development Commission.
- Loans for paying rental security deposits, deposits for the first month's rent, delinquent rental payments, delinquent mortgage payments, delinquent real estate taxes or expired hazard insurance on the borrower's primary residence require an employee contribution to the Housing Assistance Fund for a minimum of 26 pay periods.

- All fund contributors are eligible for assistance under this program subject to service eligibility. An employee may be a permanent full-time, permanent part-time or extra help employee.
- 3% interest will be charged on money borrowed through the Rental/Mortgage Assistance Program.
- Maximum loan amounts are \$5,000 for eligible permanent full-time or part-time employees and \$500 for extra-help employees.
- All fund contributors are eligible without income requirement, income limitations or income qualifications.
- Upon termination of County employment, by either the County or the Employee, the maximum amount permitted by law will be deducted from the final paycheck. The remaining amount of the loan, if any, must be paid in full by the borrower through monthly installments equal to twice the amount of the previous semi-monthly payroll deduction. If the borrower defaults in these monthly payments, the total outstanding balance will be due and payable in full.
- In each case the employee must demonstrate that the assistance provided will enable them to acquire or maintain a stable living situation. The assistance should not be required on an on-going basis.

## Purpose of Loan

Please indicate the type of assistance	for which you are	applying by	checking the
appropriate box below:			

<u>Rental Security Deposit</u>. Please include the following with your application:

- 1. Your prospective rental or lease agreement
- 2. The name, address, and telephone number of the Landlord or Property Manager (please use the space on page 4)
- 3. Authorization to Verify Information Form
- 4. Authorization to Release Information Form
- 5. California Payee Data Record Form (sections 2-6 to be completed by the Landlord or Property Manager) or W-9

<u>Deposit for first month rent.</u> Please include the following with your application:

- 1. Your prospective rental or lease agreement
- 2. The name, address, and telephone number of the Landlord or Property Manager (please use the space on page 4)
- 3. Authorization to Verify Information Form
- 4. Authorization to Release Information Form
- 5. California Payee Data Record Form (sections 2-6 to be completed by the Landlord or Property Manager) or W-9

	<ol> <li>Your rental or lease agreement</li> <li>The name, address, and teleph Manager (please use the space)</li> <li>Authorization to Verify Information</li> <li>Authorization to Release Information</li> </ol>	none number of the Landlord or Property e on page 4) mation Form rmation Form Form (sections 2-6 to be completed by the
Delinc	<ol> <li>A copy of your mortgage pay.</li> <li>The name, address, and teleph which you make loan paymen.</li> <li>A copy of your current hazard.</li> </ol>	- ,
	4. Authorization to Verify Information	nation Form
	5. Authorization to Release Info	rmation Form
		mation Form
Expire	ed Hazard (Fire and/or Flood) Insur	rance. Please include the following with
your a	pplication:	
	<ol> <li>A copy of your most recent had documentation concerning the</li> <li>Authorization to Verify Information and Authorization to Release Information</li> </ol>	nation Form
	Landlord / Property Manager	Lender / Loan Servicer
Name: Address:		
Phone #: (	)	Loan # :
	address (if applicable):	Phone #: ( )

<b>Explanation of Need</b>	Amount Requested \$	
Please describe the circumstances that make your request for assistance necessary:		
• I hereby acknowledge that I have rea	8	
information set forth in this applicati		
	ty Community Development Commission to er necessary to verify the information that I	
• I certify that I am not aware of any c repayment of this loan.	ircumstances that would prevent my	
<u> </u>	vided by me in this application to be true and	
Applicant		