

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

Date: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee I. D. #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (Work)

Department: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home)

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different)

Have you had a previous RMAP Loan?  Yes  No

If Yes, did you apply under a different 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 \$750.00, up to two years for loans \$751.00 to \$1,500.00 and up to three years for loans \$1,501.00 to \$2,500.00.
- 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 13 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 \$2,500 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:

- Rental Security Deposit.** 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*)
- Deposit for first month rent.** 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*)

- Delinquent Rental Payment(s). Please include the following with your application:
1. Your 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)*

- Delinquent Mortgage Payment(s). Please include the following with your application:
1. A copy of your mortgage payment coupon or statement
  2. The name, address, and telephone number of the lending institute to which you make loan payments *(please use the space on page 4)*
  3. Authorization to Verify Information Form
  4. Authorization to Release Information Form

- Delinquent Real Estate Taxes. Please include the following with your application:
1. A copy of your most recent real estate tax bill and any correspondence that exists concerning the delinquency
  2. Authorization to Verify Information Form
  3. Authorization to Release Information Form

- Expired Hazard (Fire and/or Flood) Insurance. Please include the following with your application:
1. A copy of your most recent hazard (fire and/or flood) insurance bill and documentation concerning the policy's expiration
  2. Authorization to Verify Information Form
  3. Authorization to Release Information Form

Landlord / Property Manager

Lender / Loan Servicer

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: (    ) \_\_\_\_\_

Loan # : \_\_\_\_\_

Tenants new address (if applicable):

Phone # : (    ) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Explanation of Need**

**Amount Requested \$ \_\_\_\_\_**

Please describe the circumstances that make your request for assistance necessary:

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- **I hereby acknowledge that I have read and understand the general loan information set forth in this application.**
- **I hereby authorize the Sonoma County Community Development Commission to make whatever inquiries they consider necessary to verify the information that I have provided.**
- **I certify that I am not aware of any circumstances that would prevent my repayment of this loan.**
- **I further certify the information provided by me in this application to be true and correct.**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**