



APPLICATION FOR EMERGENCY ASSISTANCE

Fill out form completely and provide supporting documentation.
Applications must be approved prior to receiving assistance.

ELIGIBILITY SCREENING

Household must meet all five eligibility criteria and provide documentation.

1. Does the household live in one of the nine counties of the San Francisco Bay Area?

Alameda Contra Costa Marin Napa San Francisco San Mateo Santa Clara Solano Sonoma
None of the above, applicant is not eligible (STOP APPLICATION)

2. Has any adult member of the household received assistance from Season of Sharing Fund in any of the above counties in the last five years?

No
Yes, applicant is not eligible (STOP APPLICATION)

3. Is the household experiencing homelessness, housing instability and/or lacks financial resources to cover critical needs (check all that apply)?

At risk of homelessness or housing instability
Currently homeless
Lacks financial resources to cover critical needs to maintain housing, personal independence, or employment
(Critical Needs applicants)
None of the above, applicant is not eligible (STOP APPLICATION)

4. Is the primary applicant aged 18 or older?

Yes
No, applicant is not eligible (STOP APPLICATION)

5. Is the household experiencing an emergency, crisis, or unexpected event for which financial assistance is needed to maintain or improve household stability (select all that apply)?

Action by landlord or property management
Loss of income
Loss or delay of public benefits
Medical emergency
Natural disaster (fire, flood, etc)
Sudden increase in critical expenses
Lacks financial resources to cover critical needs and/or move-in costs
Other emergency crisis that threatens household stability: _____
None of the above, applicant is not eligible (STOP APPLICATION)

If all eligibility requirements have been met, complete the application and provide supporting documentation for review. Please complete all questions. The application is completely confidential, and the questions are used only to understand your housing needs and the support that we can provide. We believe everyone has the right to safe and stable housing. All applications must be approved prior to receiving assistance.

Applicant Name: _____ Date: _____



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EMERGENCY ASSISTANCE REQUESTED

Provide a detailed description for each emergency, crisis or unexpected event selected in the Eligibility Criteria #5 above.
Explain recent or anticipated changes to housing, income, and/or expenses causing financial hardship.
Attach a separate document if more space is needed.

What assistance is needed? Describe actions the household has taken to cover costs prior to seeking assistance. If Season of Sharing Fund financial assistance will not cover the total amount needed, describe actions taken or proposed to cover the remaining amount (i.e., agreement with landlord, support from friends or family, loan, reduce expenses, etc).

AMOUNT OF ASSISTANCE REQUESTED

HOUSING ASSISTANCE	Back rent/mortgage	\$
	Future rent/mortgage	\$
MOVE-IN COSTS	Security Deposit	\$
	First Month Rent	\$
CRITICAL NEEDS	Critical needs (list all critical needs items requested):	\$
TOTAL ASSISTANCE REQUESTED		\$

If you are applying for move in assistance for a unit you have already identified, been approved for and intend to lease, do any of these apply to the unit you are moving into?

- A program or agency will be paying all or part of my rent
- I am moving in with a housing voucher/Section 8
- I am moving into an affordable housing unit and/or got my housing through a lottery
- I am moving into a unit whose rent is lower than my current rent
- I am moving out of my current unit to avoid eviction
- Other _____
- I am not applying for move in assistance



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APPLICANT INFORMATION

NAME (Primary Applicant): _____ D.O.B. _____

CURRENT ADDRESS: _____ CITY: _____ ZIP: _____

NEW ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ PHONE (Primary): _____

PHONE (Secondary): _____

What is the primary language you speak at home? _____

HOUSING STATUS

Where are you CURRENTLY living?

- Home that I own
- Rental Unit – Apartment, room/shared housing or house
- Rental Unit – Single room occupancy (SRO)
- Unhoused* – Emergency Shelter (including a shelter in place hotel)
- Unhoused* – Staying in car, on the street or in another place not meant for housing
- Don't Know/Other – (jail/prison/hospital treatment program, hotel etc.)

Are you CURRENTLY living in someone else's home or apartment where you do not have a lease?

- Yes
- No

Have you experienced homelessness in the past (for example, you slept in a shelter, outside, in your car, or another place not meant for people to sleep)?

- Yes
- No

Have you experienced homelessness in the last two years?

- Yes
- No

As an adult, have you lost your home through eviction?

- Yes
- No

Are you being pressured to move out of your housing by your landlord, primary tenant, apartment manager, roommate or anyone else?

- Yes
- No

Has your landlord given you something in writing (a notice) that you have past-due rent?

- Yes
- No

Have you received court papers (an "Unlawful Detainer") to move out of your housing? If yes, please contact an eviction defense organization in your community and continue with this application.

- Yes
- No



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ADDITIONAL APPLICANT INFORMATION

Are you currently employed?

- Yes full-time
- Yes part-time
- No

Which best describes your race/ethnicity? (Select ALL that apply)

- Asian/Asian American
- Black/African American
- Hispanic/Latino/a/x
- Indigenous/American Indian/Alaska Native
- Middle Eastern/West Asian or North African
- Pacific Islander or Native Hawaiian
- White
- Other _____
- Prefer Not to Say

Which best describes your Gender Identity?

- Female
- Male
- Genderqueer/Gender Non-Binary
- Trans Female
- Trans Male
- Not Listed
- Prefer Not to Say

What are your preferred pronouns?

- She/Her/Hers
- They/Them/Theirs
- He/Him/His
- Not Listed

Which best describes your Sexual Orientation?

- Bisexual
- Gay/Lesbian/Same Gender Loving
- Questioning/Unsure
- Straight/Heterosexual
- Not Listed
- Prefer Not to Say



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HOUSEHOLD INFORMATION

'Household' refers to a single person or group of people living together who depend on the same income or share income (regardless of marital status, age, sexual orientation, or gender identity). Others living in the same home who you do not share income with (such as roommates), but who need rental assistance, should apply as separate households. 'Household' includes children who may be temporarily away from the home because of placement in foster care.

HOUSEHOLD INCOME

What is your household's current monthly income? Please include any income from employment (formal or informal) and cash benefits. If your income varies by month, please provide your income from the last 30 days.

SOURCE	MONTHLY AMOUNT
Employment Income	
Unemployment/Disability Income	
Other Income (e.g. SSI, Child Support, TANF/CalWorks)	
Emergency Assistance Received (e.g. government/family/friends)	
TOTAL MONTHLY INCOME	

HOUSEHOLD MEMBERS (adults and children):

NAME: _____ D.O.B _____ Under 18 (Y/N) _____
NAME: _____ D.O.B _____ Under 18 (Y/N) _____
NAME: _____ D.O.B _____ Under 18 (Y/N) _____
NAME: _____ D.O.B _____ Under 18 (Y/N) _____
NAME: _____ D.O.B _____ Under 18 (Y/N) _____
NAME: _____ D.O.B _____ Under 18 (Y/N) _____

Is anyone in your household currently pregnant?

Yes
No

How many children in the household are 0-2 years old? _____

How many children in the household are between the ages 3-17 years old? _____

How many people in the household are 62 years or older? _____

Are you (the head of household) under the age of 25?

Yes
No

Have you had a major change of who's part of your household (e.g. birth, divorce, death) in the past 12 months?

Yes
No

Do you or anyone in your household have or need an ITIN (<https://www.nilc.org/issues/taxes/itinfo>)?

Yes
No
Prefer not to say



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Is anyone in your household a veteran?

Yes

No

Is anyone in your household an emancipated foster youth between 18-24?

Yes

No

Do you or does anyone in your household have a disabling condition which impacts your ability to secure/maintain housing?

Yes

No

Have you or any adult in your household been arrested or spent any time in jail or prison in the last two years?

Yes

No

Prefer not to say

Have you or any adult in your household been discharged from a hospital, mental health facility, or substance use treatment facility in the last year?

Yes

No

Prefer not to say

In the past two years have you or anyone in your household experienced emotional, physical or financial abuse?

Yes

No

Prefer not to say

How did you hear about the Season of Sharing Fund?

Season of Sharing Fund website

Coordinated entry access point

Local government staff member or website

Community Based Organization _____

211 or 311

Landlord

Other _____



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LANDLORD/VENDOR INFORMATION

If approved, make check payable to (Landlord/Vendor): _____ AMOUNT: \$ _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ PHONE: _____

FOR (Name): _____ LANDLORD/VENDOR EMAIL: _____

If approved, make check payable to (Landlord/Vendor): _____ AMOUNT: \$ _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ PHONE: _____

FOR (Name): _____ LANDLORD/VENDOR EMAIL: _____

REFERRAL AGENCY INFORMATION

REFERRAL AGENCY: _____ CONTACT PERSON: _____

EMAIL: _____ PHONE: _____

THIS SECTION TO BE COMPLETED BY APPLICANT

I hereby give my permission to contact any agency/landlord who could be helpful in understanding my situation, and I give my consent to release any information necessary to receive assistance from the Season of Sharing Fund (SOS). This form was completed in its entirety by myself or an authorized caseworker and approved by me prior to my signing.

SIGNATURE: _____ DATE: _____

SEASON OF SHARING FUND CAMPAIGN

I agree to be interviewed and photographed for the SOS Campaign in the following media: San Francisco Chronicle/SFGate.com, SOS website and television. By agreeing to this, I understand that my photographs and videos are the property of the San Francisco Chronicle and can be used by the Season of Sharing Fund exclusively for future campaign materials, such as annual reports, ads, and videos. (INITIAL HERE)

THIS SECTION TO BE COMPLETED BY APPROVING AGENCY/COUNTY COORDINATOR

CN DENIAL APPROVAL \$ HA DENIAL APPROVAL \$

IF ASSISTANCE WAS DENIED, REASON: _____

DATE LANDLORD/VENDOR VERIFIED: _____

AUTHORIZED SIGNATURE: _____ PHONE: _____ DATE: _____