



San Francisco Emergency Rental Assistance Program Subsidized Housing Referral Form

To be eligible to apply for back rent assistance from the San Francisco Emergency Rental Assistance Program (SF ERAP), **households enrolled in the following programs must meet additional requirements before submitting an SF ERAP application:**

- All households enrolled in Permanent Supportive Housing (PSH)
- All households living in HOPE SF buildings
- All households living in Rental Assistance Demonstration (RAD) buildings

Eligibility Requirements:

1. Tenants must enter into a payment plan to cover their unpaid rent with property management¹
 - a. Delinquent rent balances may be for a maximum three-year lookback
 - b. Each monthly installment should not exceed 40% of household's monthly income when combined with household's monthly rent contribution
 - c. If tenant's annual household income has been certified as \$0 and therefore monthly rent contribution and payment plan installment amounts are \$0, then tenant participation in three consecutive monthly case management meetings will satisfy this requirement in lieu of three consecutive monthly rent contribution payments and payment plan installments (or lump-sum payment).
2. Tenants must make at least three consecutive monthly rent payments
3. Tenants must make at least three payment plan installments during the months they are due (or equivalent lump-sum payment)
4. Tenants must complete and sign this referral form in full with their property management and/or support services (Management/Services)

Once these requirements are met, households in the above programs may work with their Management/Services to submit an SF ERAP application at www.sferap.com. **SF ERAP applications must include all of the following:**

1. Correct subsidy type (ex. 'Permanent Supportive Housing') selected in the drop-down field under "Please specify the type of housing program you are in."
2. Property management contact information included in the "Landlord Information" section of the application.
3. If support services provider is involved, their contact information should be included in the "Authorized Representative" section on the Submission page.
4. "[Subsidy Type] Provider Admin Use Only" selected in the "Submitted By" field to indicate that the application was submitted in coordination with Management/Services, with the tenant's participation and consent.
5. Management/Services must upload the completed and signed *SF ERAP Subsidized Housing Referral Form*, up-to-date rent ledger demonstrating tenant has made required payments, copy of the tenant's payment plan, and completed W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>) to the application before submitting.

If any of these steps are not completed, the application will be denied and tenant will be referred back to Management/Services. Tenants may not apply on their own.

¹ Scattered-site PSH tenants may work with their HSH-funded subsidy provider to establish a payment plan and apply for SF ERAP.



Date:

Head of Household Information

First and Last Name:

Date of Birth:

Property Name:

Tenant's Address:

Unit Number:

Release of Information (ROI) on file? Yes / No

Please Indicate Housing Type: PSH / RAD / HOPE SF

Property Management Contact Information²

First and Last Name:

Agency:

Phone Number:

Email:

Support Services Contact Information (if applicable)

First and Last Name:

Agency:

Phone Number:

Email:

Household's Unpaid Rent

Total Unpaid Rent Amount:

Unpaid Rent Months & Year(s):

If household has received an Unlawful Detainer, please indicate months and amount:

Please certify the following:

- Tenant has entered into payment plan to cover unpaid rent (with three-year lookback)
- Tenant has made at least three consecutive rent payments
- Tenant has made at least three payment plan installments (or equivalent lump-sum payment)

- OR -

- Tenant's household income is certified as \$0 and they have participated in three consecutive monthly case management meetings instead of establishing a payment plan

² For scattered-site PSH tenants, please provide contact information for their HSH-funded subsidy provider.



Please describe any additional steps taken to address household's unpaid rent and support household in paying rent moving forward:

Examples include referral to payee services, employment resources, benefits advocacy, etc.

[Enter text here]

Rental Assistance Requested from SF ERAP

Total Amount:

Months & Year(s):

Amount Per Month:

Once SF ERAP assistance is received, tenant will be able to pay their rent: Yes / No

Please verify the following (do not need to upload or attach physical documents):

- Personal identification (ID) for this tenant is on file
- Lease agreement for this tenant is on file
- Most recent income recertification document is on file

+++++

The following parties hereby certify that the information contained in this form is true and correct, and that corresponding documentation is maintained on file and is available for SF ERAP verification if requested.

Tenant Name (print): _____

Tenant Signature: _____

Date: _____

Property/Subsidy Management Name (print): _____

Property/Subsidy Management Signature: _____

Date: _____

Support Services Name (print): _____

Support Services Signature: _____

Date: _____