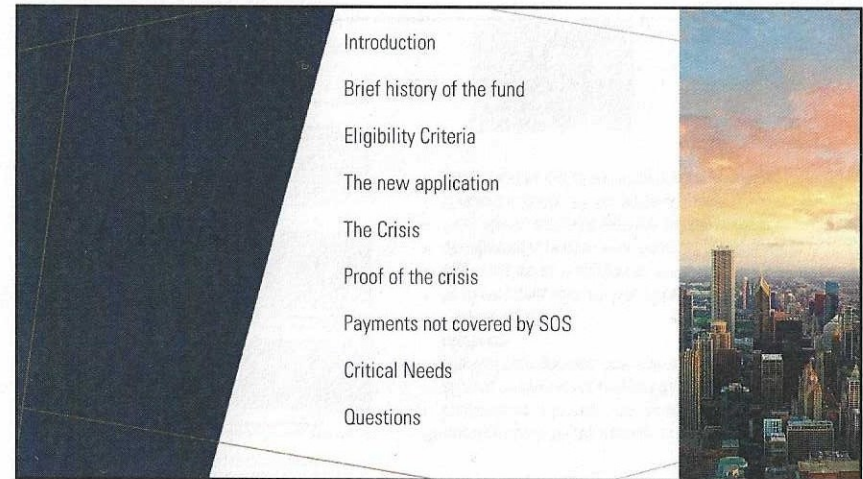
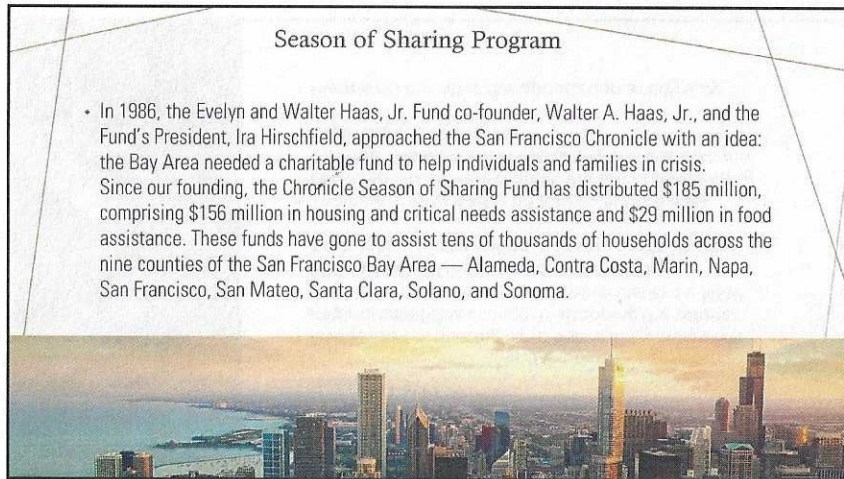


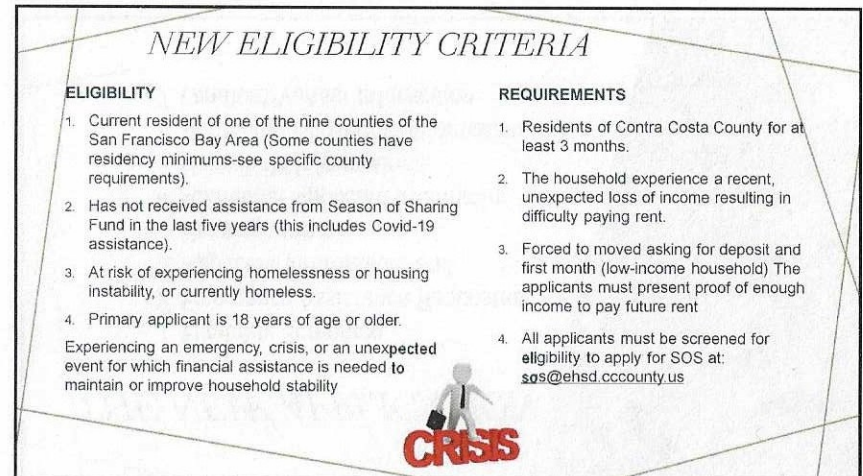
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4



WHY WE HAVE A NEW APPLICATION

- The Season of Sharing Fund Board of Directors has implemented this change. In dropping the priority population requirement, they have created a NEW SOS APPLICATION form to collect data on homelessness prevention in Contra Costa County.
- The new form is a little bit longer, but the data collected will be very helpful. We are implementing this new fillable form immediately and ask that you begin using this form now.
- Please do not alter the application in any way

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THE NEW APPLICATION

1. Eligibility Screening
2. Emergency Assistance Requested
3. Applicant Information, and Housing status
4. Additional Applicant Information
5. Household Information
6. Additional Household Information
7. Landlord/Vendor Information

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CHRONICLE SEASON OF SHARING FUND
APPLICATION FOR EMERGENCY ASSISTANCE
Fill out for homelessness and housing assistance. Applicants must be approved prior to receiving assistance.

ELIGIBILITY SCREENING
Household must meet all full 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 ☐ Fresno ☐ Inyo ☐ 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?
☐ Yes
☐ No, household 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, financial independence, or employment
☐ Criminal justice applicant
☐ 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 (check all that apply)?
☐ Accidents, fire, or property management
☐ Loss of income
☐ Loss of job or public benefits
☐ Medical emergency
☐ Natural disaster (fire, flood, etc.)
☐ Systemic issues in criminal justice
☐ Unpaid financial resources to cover critical needs and/or income loss
☐ Other emergency crisis that threatens housing 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. This application is confidential, and the questions are used only to understand your housing needs and the support that we can provide. The business enterprise has the right to refuse and refuse housing. All applications must be approved prior to receiving assistance.

Applicant Name _____ Date _____



1. If the applicant is coming from one of the other 8 Bay Area Counties, they need to present proof of at least 2 months residing in CoCo County; if they are coming from a different county out of the 9, they must provide proof of being a Contra Costa Residents for at least 3 months
2. Please contact sos@ehsd.cccounty.us by mail BEFORE you start filling the application.
3. Ask the clients if they can provide proof of their crisis, if they cannot, please do not take the application.

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CHRONICLE SEASON OF SHARING FUND
APPLICATION FOR EMERGENCY ASSISTANCE
Fill out for homelessness and housing assistance. Applicants must be approved prior to receiving assistance.

EMERGENCY ASSISTANCE REQUESTED
Please describe the reason for each emergency crisis or unexpected event outlined in the Eligibility Criteria and above. Explain request or anticipated changes to housing, income, shelter, employment, financial hardship, medical or supporting document if more space is needed.

What documentation 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 planned to cover the remaining amount (e.g., agreement with landlord, support from family or friends, loans, medical expenses, etc.)

AMOUNT OF ASSISTANCE REQUESTED


HOUSING ASSISTANCE	1. Basic rent/mortgage	\$
	2. Future rent/mortgage	\$
HOME IN COSTS	3. Security Deposit	\$
	4. First Month Rent	\$
CRITICAL NEEDS	5. Critical Needs (List all critical needs items requested)	\$
	6. Other	\$
	TOTAL ASSISTANCE REQUESTED	\$

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

- 1. A program or agency will be paying all or part of my rent
- 2. I am moving to another housing situation
- 3. I am moving into an affordable housing unit and/or got my housing through a lottery
- 4. I am moving into a unit where I will be sharing my current rent
- 5. I am moving out of my current unit to avoid eviction
- 6. I am not applying for more in assistance

Please describe Why the applicants need help.

- Employment or Income loss, work hours reduction
- Natural emergency or disaster (fire, flood...)
- Medical Emergencies, hospitalization, temporary disability
- Paid medical bills
- Workers-comp, laid off, loss of benefits
- Death or divorce – separation certificate
- Unexpected expenses, new financial responsibility
- Elder abuse, domestic violence forcing to move
- Landlord initiated 30, 60, 90 days notice
- Crisis must be out of the client's control or fault.



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CHRONICLE
SEASON OF SHARING FUND

APPLICATION FOR EMERGENCY ASSISTANCE
It is not for emergency assistance supporting documentation. Applications must be approved prior to receiving assistance.

APPLICANT INFORMATION

NAME (Primary Applicant) _____ DOB _____
 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
☐ Death/Know/Other - (List by name/hospital/program, facility, 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 to tell you that you have paid due rent?



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CHRONICLE
SEASON OF SHARING FUND

APPLICATION FOR EMERGENCY ASSISTANCE
It is not for emergency assistance supporting documentation. Applications must be approved prior to receiving assistance.

ADDITIONAL APPLICANT INFORMATION

Are you currently employed?

☐ Yes full time
☐ Yes part time
☐ No

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

☐ American Indian or Alaska Native
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other _____

Which best describes your Gender Identity?

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

What are your preferred pronouns?

☐ She/Her/Hers
☐ They/Them/Theirs
☐ He/Him/His
☐ None Listed

Which best describes your Sexual Orientation?

☐ Bisexual
☐ Gay/Lesbian/Some Gender Loving
☐ Queer/Questioning/Other
☐ Straight/Heterosexual
☐ None Listed
☐ Prefer Not to Say

Please explain the clients the reason why we are asking this questions

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CHRONICLE
SEASON OF SHARING FUND

APPLICATION FOR EMERGENCY ASSISTANCE
It is not for emergency assistance supporting documentation. Applications must be approved prior to receiving assistance.

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. Children living at the same home who you do not share income with (such as roommates), but who need rental assistance, should apply on separate household. 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 (normal or off-normal) and cash benefits. If your income varies by month, please provide your income from the last 30 days.

SOURCE	MONTHLY AMOUNT
Employment Income	
Government Disability Income	
Other Income (e.g., Social Security, Rental Car, etc.)	
Emergency Assistance Received (e.g., government family benefits)	
TOTAL MONTHLY INCOME	\$ _____

HOUSEHOLD MEMBERS (adults and children)

NAME	DOB	STATUS
NAME	DOB	STATUS
NAME	DOB	STATUS
NAME	DOB	STATUS
NAME	DOB	STATUS
NAME	DOB	STATUS

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 3-5 years old?

How many people in the household are 12 years or older?

Are you (the head of household) under the age of 21?


☐ 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 an ITIN (https://www.irs.gov/individuals/international/tin)?

☐ Yes
☐ No



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CHRONICLE
SEASON OF SHARING FUND

APPLICATION FOR EMERGENCY ASSISTANCE
It is not for emergency assistance supporting documentation. Applications must be approved prior to receiving assistance.

Is anyone in your household a veteran?

☐ Yes
☐ No

Has anyone in your household an anticipated foster youth between 16-24?

☐ Yes
☐ No

Do you or does anyone in your household live in a situation which impacts your ability to secure/household housing?

☐ Yes
☐ No

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

☐ Yes
☐ No

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

Have you or any adult in your household been arrested, charged, or convicted in the last year?

☐ Yes
☐ No

How did you hear about the Season of Sharing Fund?

☐ Season of Sharing Fund website
☐ Community-based organization
☐ Social media
☐ Other _____

Please answer all this questions

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CHRONICLE
SEASON OF SHARING FUND

APPLICATION FOR EMERGENCY ASSISTANCE
Please do not complete this application unless you are in a crisis situation. Applicants must be approved under an existing assistance.

LANDLORD/VENDOR INFORMATION
If approved, must check payable to (Landlord/Vendor): AMOUNT \$ _____
ADDRESS: CITY: _____ ST: _____ ZIP: _____ PHONE: _____
FOR (Name): LANDLORD/VENDOR EMAIL: _____

If approved, must check payable to (Landlord/Vendor): AMOUNT \$ _____
ADDRESS: CITY: _____ ST: _____ ZIP: _____ PHONE: _____
FOR (Name): LANDLORD/VENDOR EMAIL: _____

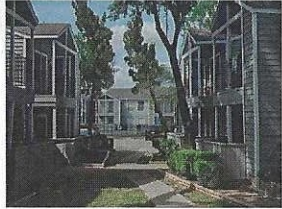
REFERRAL AGENCY INFORMATION
REFERRAL AGENCY: _____ CONTACT PERSON: _____
EMAIL: _____ PHONE: _____

THIS SECTION TO BE COMPLETED BY APPLICANT
I hereby grant my permission to Chronicle magazine/website 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 co-worker 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 major San Francisco Chronicle/Chronicle SOS website and television. By agreeing to this I understand that my photographs and video 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
COIN: _____ DENIAL: _____ APPROVAL \$: _____ THA: _____ COIN: _____ APPROVAL \$: _____
IF ASSISTANCE WAS DENIED REASON: _____
DATE LANDLORD/VENDOR VERIFIED: _____
AUTHORIZED SIGNATURE: _____ PHONE: _____ DATE: _____

• Please don't forget to add the landlord's information including the email
• Request the W9 for all landlords and Vendors including Banks, corporations, no exceptions
• The referral agency is You!
• We do not help with subleased properties.
• The applicant must be one of the tenants on the lease




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EMERGENCY

INCOME LOSS
DISABILITY, MEDICAL BILLS PAID
FIRE, FLOOD, NATURAL EMERGENCIES
DIVORCE, FAMILY SEPARATION, DEAD
LAID OFF, END OF EMPLOYMENT,
NEED TO MOVE TO A NEW PLACE
END OF HOMELESSNESS




PROOF OF THE CRISIS

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IMPORTANT REMARKS

- The check will be sent by mail to the services provider. It will take a couple of weeks to arrive
- The program pay Deposit or Rent. Only for low-income applicants the program will cover both.
- Once the applicant is approved for any amount they cannot apply until 5 full years had passed.
- The help for old Covid debts ended.
- Please submit the full application to sos@ehsd.cccounty.us
- A letter explaining the situation of the client is needed, but it is not going to be considered proof of the crisis
- Please don't submit pictures.
- We only help with deposit or 1 month of delinquent rent for Section 8



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EXAMPLES OF EXPENSES NOT COVERED BY SOS

- Educational tuition or school supplies.
- Clothing.
- Property taxes.
- Home modifications or repairs.
- Homeowner association fees.
- Home maintenance or late fees.
- Phone bills.
- Appliances such as washers and dryers.
- Movers or moving trucks.
- Storage.
- Hotel/motel bills.
- Food.
- Funeral expenses.
- Airline tickets or travel expenses.
- Repayment of payday loans or personal loans to friends or relatives.
- Court costs or legal fees.
- Routine medications or doctor visits.
- Parking tickets, speeding tickets, impound or towing costs.
- Gas, automobile registration.
- Down payments or deposits for automobiles.
- Legal fees.
- Credit card bills.



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CRITICAL NEEDS RULES

Critical Needs include emergency costs determined necessary to maintain housing, personal independence, or employment, which are not covered by insurance or other sources and have not yet been expended. Eligible uses of Critical Needs assistance include:

- Essential furniture in response to an emergency.
- Beds and dining set consisting of mattress and simple frame; no bed furniture such as headboard, footboard, etc.
- Medical equipment and health aids that are critical for maintaining a job, obtaining employment, continuing school, or maintaining independence.
 - Medical equipment includes respiratory equipment, wheelchairs, wheelchair batteries, walkers, and some motorized chairs, etc.
 - Health aids including hearing aids, eyeglasses, etc.
- Critical dental costs. (Primarily for seniors or a verifiable medical need that impacts housing stability.)
- The maximum amount is \$3000 or combine with housing \$5000



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PLEASE DO NOT FORGET!

- We need Picture ID for all the main applicants
- Do not alter the application in any way.
- Undocumented applicants are welcome, but they need to have also picture ID
- Don't forget to fulfil the new budget portion on the application

You will not be asked about citizenship or immigration status and you will not be required to show proof of citizenship.

SOURCE	MONTHLY AMOUNT
Employment Income	
Unemployment/Disability Income	
Other Income (e.g. SSI, Child Support, TANF/CalWORKS)	
Emergency Assistance Revenues (e.g. government/family/friends)	
TOTAL MONTHLY INCOME	0

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Emergency Rental Assistance Program - Verification Documents

Please print and complete this document for each household member who is applying for assistance. You may provide other documentation that shows you are eligible for assistance. Please print and complete this document for each household member who is applying for assistance. Please print and complete this document for each household member who is applying for assistance.

To complete the verification process, you'll need the following items.

- 1. Verifying Identity** (head of household (household member who pays rent) must provide at least ONE proof of identity)
 - Government issued driver's license, identification card, or birth certificate
 - Work or school (a degree or certificate granting institution) identification card (ID)

- 2. Verifying Income** (head of household (household member who pays rent) must provide at least ONE proof of income)
 - Employment income (pay stubs, W-2, etc.)
 - Unemployment/Disability income (award letter, etc.)
 - Other income (e.g. SSI, Child Support, TANF/CalWORKS)
 - Emergency Assistance Revenues (e.g. government/family/friends)

- 3. Verifying Residency** (head of household (household member who pays rent) must provide at least ONE proof of residency)
 - Utility bills (electric, gas, water, etc.)
 - Rental agreement/lease
 - Other proof of residency (e.g. mail, etc.)

- 4. Verifying Financial Hardship** (head of household (household member who pays rent) must provide at least ONE proof of financial hardship)
 - Unemployment/Disability income
 - Other proof of financial hardship (e.g. medical bills, etc.)

You will not be asked about citizenship or immigration status and you will not be required to show proof of citizenship.

- 5. Verifying Asset Status** (head of household (household member who pays rent) must provide at least ONE proof of asset status)
 - Bank statements (checking, savings, etc.)
 - Other proof of asset status (e.g. car title, etc.)

- 6. Verifying Housing Subsidy** (head of household (household member who pays rent) must provide at least ONE proof of housing subsidy)
 - Rental agreement/lease
 - Other proof of housing subsidy (e.g. voucher, etc.)

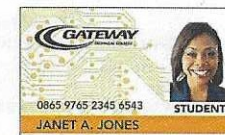
- 7. Verifying Current Eviction** (head of household (household member who pays rent) must provide at least ONE proof of current eviction)
 - Court documents (e.g. eviction notice, etc.)
 - Other proof of current eviction (e.g. letter from landlord, etc.)



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To complete the verification process, you'll need the following items.

- 1. Verifying Identity** (head of household (household member who pays rent) must provide at least ONE proof of identity)
 - Government issued driver's license, identification card, or birth certificate
 - Work or school (a degree or certificate granting institution) identification card (ID)



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