



Office of the Town Manager
 P.O. Box 1609, Mammoth Lakes, CA, 93546
 (760) 965-3610
 www.townofmammothlakes.ca.gov



RENTAL ASSISTANCE APPLICATION

**Please submit all forms to Mammoth Lakes Housing at 587 Old Mammoth Road Suite #4,
 in our secure lock box.**

P.O. Box 260 Mammoth Lakes, CA 93546. Phone: 760.934.4740. Fax: 760.934.4724

Applicant(s): _____

Applicant Phone Number: _____

Applicant Email: _____

Name of tenant(s) on lease (if different than applicant): _____

Phone Number: _____ Email: _____

Name of Landlord: _____

Landlord Mailing Address: _____

Landlord Phone Number: _____

Please explain your financial hardship as the result of COVID-19. Examples of impact by COVID-19 include but are not limited to:

- a. Job loss, furlough or layoff
- b. Reduction in hours of work or pay
- c. Store, restaurant or office closure
- d. The need to miss work to care for a home-bound, school age child or elderly person
- e. Illness
- f. Other, please explain: _____

Last Date of Employment or Date of Reduction in Pay: _____

Street Address: _____

Mailing Address: _____

Is this your only and primary residence?: _____

Monthly rent amount: _____

Rental Assistance Application

Past due rent amount and dates for which you have not paid rent: _____

Other bills or payments (and dates) for which you are past due: _____

Are you receiving unemployment payments: Yes No

Amount of rent Applicant can pay: _____

List Household Members and their ages: _____

Provide written statement on need for rental assistance:

Please provide:

- Last pay stub or statement from employer describing employment and the fact that the applicant was impacted from COVID-19.
- Copy of the lease agreement.

By signing below, the applicant attests that all information provided is true and correct.

Applicant(s) Signature

Date

Additional information may be required.

Payment will be made directly to the landlord within 20 days of approval, provided that the landlord gives the MLH a receipt for the payment, indicating the property address and the name of the tenant(s). Notice of payment will be provided to the landlord and applicant within 5 days of approval.

Decisions on any application shall be final, and the terms of this program may be amended, or the program itself eliminated, at any time without notice. The Town of Mammoth Lakes and the County of Mono are equal opportunity providers of services and programs and will not discriminate against any applicant on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, disability, age, medical condition, ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran.

Rental Assistance Application

TOWN/COUNTY OR DESIGNEE USE ONLY

Date Received: _____ Received by: _____

Completed Application Paycheck Stub Employer Statement Copy of Lease Agreement

ACTION TAKEN

Interview with Applicant Interview with Landlord

Landlord discussion notes: _____

Approved Denied Amount Recommended for Rental Assistance: \$ _____

Approval Notes: _____

Approval Signature: _____ Date: _____