City of LYNWOOD California

Community Development Department
Tenant Based Rental Assistance Program (TBRA)

PROGRAM OVERVIEW

The Tenant-Based Rental Assistance (TBRA) program is made possible by the U.S. Department of Housing and Urban Development (HUD) through the HOME American Rescue Plan (HOME-ARP) funds. Assistance is limited to households that meet the HOME-ARP Qualifying Populations and all other applicable HOME-ARP requirements.

Funds are available on a **first-complete, first-served** basis. Submission of an Interest Form does **not** reserve funds. Funds are reserved only after the household is confirmed to meet a HOME-ARP Qualifying Population definition and all required supporting documentation has been verified. Applications will be processed until all funding is exhausted.

If you have any questions related to these forms, contact:
Antonio Solorzano: 310-807-5759
housing@lynwoodca.gov

AVAILABLE ASSISTANCE

The City of Lynwood (City) will award **one 12-month term of rental assistance and is subject to renewal if funding Is available.** The minimum term of assistance will be 12 months unless a shorter term of as few as 6 months is requested by the household or the household is no longer eligible.

The City of Lynwood's maximum monthly rental subsidy for each household will equal the difference between the **Gross Rent (approved rent) and either thirty percent (30%) of the household's adjusted monthly income or ten percent (10%) of the household's gross monthly income, whichever is greater.** Households must contribute at least 30% or more of their income toward rent, with the city subsidizing the remaining amount, up to the limit of the Adopted Schedule of Rent Standards and subject to rent reasonableness requirements.

CURRENT RENT STANDARDS FOR CITY OF LYNWOOD TBRA PROGRAM IS BASED ON 110% OF HUD FMRS BELOW:

Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
$1,856*	$2,081*	$2,625*	$3,335 *	$3,698*

Funding for this program is provided by the Federal government. Applicants must meet all HOME-ARP TBRA requirements, including documentation that the household meets at least one **Qualifying Population (QP):**

- **Homeless**
- **At Risk of Homelessness**
- **Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking**
- **Other Populations as defined in HUD Notice CPD-21-10 (e.g., households needing services or assistance to prevent homelessness or at greatest risk of housing instability).**

Applications will be evaluated based on eligibility, need, and available funds. Assistance provided through this program does not need to be repaid. Payments will be made directly to the landlord or property management company; no direct payments will be issued to applicants.
This program does not provide assistance for past-due rent or arrears.

ELIGIBILITY

Applicants must answer "yes" to all the questions below to be eligible to receive rental assistance:

1.	Do you currently reside within Lynwood city limits?	☐ Yes	☐ No
2.	Is your household gross income less than 60% AMI? *(see table below)*	☐ Yes	☐ No
3.	Are all household members U.S. Citizens, Lawful Permanent Residents, or qualified status?	■ Yes	☐ No
4.	Are you a renter with current residential lease agreement?	☐ Yes	☐ No
5.	Would this be the only form of rental subsidy your household receives? *(currently not receiving Section 8, Tenant Based Rental assistance, etc.)*	☐ Yes	☐ No
6.	Are you able to submit all required documents? *(see required documentation, page 6)*	☐ Yes	☐ No
7.	Will the Property Owner or Property Manager be able to complete the Program Participation Payment Acceptance Form? *(see page 5)*	☐ Yes	☐ No

HOME Income Limits

Determined by Department of Housing and Urban Development (HUD)

Effective as of June 1, 2025

Household Size	1	2	3	4	5	6	7	8
60% AMI	$63,600	$72,720	$81,780	$90,900	$98,160	$105,420	$112,680	$120,000

***Household income includes the income of ALL people in the household who are 18 years of age or older.**

To qualify for HOME-ARP TBRA, a household must meet a HOME-ARP Qualifying Population definition and have an annual income at or below the 60% Area Median Income (AMI) Limit established by HUD's HOME Income Limits for household size, as displayed in the chart above.

If you are eligible, you can proceed with completing and submitting the following rental assistance program interest form, self-income certification and program participation-payment acceptance agreement forms to:

Community Development Department
Attn: Antonio Solorzano – Tenant Based Rental Assistance Program
11330 Bullis Road, Lynwood, CA 90262
housing@lynwoodca.gov

ALL PAGES OF THIS FORM MUST BE COMPLETED

1. APPLICANT INFORMATION

Applicant Name: _____

Applicant's Address: _____ Unit No. _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

I can attest that the following are true:

- I am a Lynwood resident with a current rental agreement or lease.
- I am **NOT** receiving any other form of rental subsidies/assistance.
- All household members are U.S. Citizens, Lawful Permanent Residents, or qualified status.
- My landlord/property manager is willing to participate and provide required documentation. *(see page 2)*
- My gross household income is less than 60% AMI for my household size. *(see page 1)*

2. QUALIFYING POPULATION

Does your household meet any of the following HOME-ARP Qualifying Populations?
(Check all that apply):

☐ **QP1 – Homeless**
Lacks a fixed, regular, and adequate night-time residence, or includes unaccompanied youth under age 25.

☐ **QP2 – At Risk of Homelessness**
Income below 30% AMI and lacks resources or support or includes a child or youth at risk of homelessness.

☐ **QP3 – Fleeing Violence**
Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.

☐ **QP4 – Other Housing Instability**
Income below 30% AMI with severe housing cost burden, or below 60% AMI and at risk of homelessness.

☐ **None of the above**

Acknowledgment
I understand that this information is used for preliminary screening and that eligibility will be verified during the full application process if my household is selected to proceed.

Applicant Initials: _____

ALL PAGES OF THIS FORM MUST BE COMPLETED

3. HOUSEHOLD AND INCOME

Please list the following information for each person currently living in the home:

	First and Last Name	Age	U.S. Citizen or Resident Alien	Total Annual Income (before taxes)	Relationship to Applicant
1			☐ Yes ☐ No		
2			☐ Yes ☐ No		
3			☐ Yes ☐ No		
4			☐ Yes ☐ No		
5			☐ Yes ☐ No		
6			☐ Yes ☐ No		
7			☐ Yes ☐ No		
8			☐ Yes ☐ No		

Total Number of Persons in the Household: Adults (18+) _____ Children_____

Annual gross income (total of all members) = $_____

APPLICANT ACKNOWLEDGMENT

☐ I understand that I will be added to the City of Lynwood's Tenant Based Rental Assistance Program List, and that this is not a commitment to funding. Furthermore, I understand that I will be required to complete a full program application that will require extensive supporting documentation to substantiate my household size and household income. I have been advised that the city cannot guarantee if/when program assistance will be provided.

☐ I understand that the head of household is required to attend a TBRA Program Briefing to receive assistance. The briefing will explain program rules, participant responsibilities, lease and program conditions, and how to report concerns such as overcharges or housing quality issues. I understand that failure to attend the required briefing may result in denial or termination of assistance.

☐ I understand that the rental unit must pass a property inspection before rental assistance can begin. I understand that inspections may occur within 30 days prior to the first payment and that the City may inspect the unit at other times if needed.

_____ _____

Applicant Name Date

_____

Applicant Signature (Required)

City of LYNWOOD California

Community Development Department
Landlord Program Participation Payment Acceptance Form

THIS FROM IS TO BE COMPLETED BY THE PROPERTY OWNER OR PROPERTY MANAGER OF THE SUBJECT SITE

11330 Bullis Road
Lynwood, CA 90262

A. TENANT INFORMATION

Tenant Name: _____

Applicant's Address: _____ Unit No. _____

City: _____ State: _____ Zip Code: _____

How much does Tenant pay a month for rent? _____

Is Tenant currently behind on their monthly rent? No ☐ Yes ☐
If yes, list the months that rent is past due or partially paid.

Month (ex. Jan 2024)	Rent due	Amount of rent	Amount of unpaid Delinquent rent

B. PROPERTY OWNER INFORMATION

Name: _____

Address: _____ Unit No. _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Phone Number: _____

PROGRAM ACKNOWLEDGMENT

☐ I would like to participate in the Rental Assistance Program and will agree to sign the Participation Acceptance Form and Agreement between myself, tenant and City of Lynwood, and submit a statement of Ownership, Copy of Grant Deed, W-9, City of Lynwood's Business License, Property Management Agreement (if applicable) and a lease agreement, if the tenant(s) is approved for assistance.

☐ I understand and agree that, as the landlord/property owner, I authorize the City of Lynwood to inspect the contract unit to ensure compliance with Housing Quality Standards (HQS).

☐ I understand that as a landlord, if the tenant(s) is approved for assistance, I will not charge the tenant(s) the amount that will be approved for this program.

☐ I understand that application may be terminated if it is determined that I or tenant(s) are no longer eligible, never eligible or failed to submit all required documents.

_____ _____
Property Owner Name Date

_____
Property Owner Signature (Required)

Please note that submission of the Interest Form does not guarantee approval and is not a commitment of funds. Program guidelines, policies, and procedures are subject to change due to compliance with HUD regulations and updates to City policies. If funds are available and your name has been reached, city staff will contact you to have you complete and submit a program application and the following documentation to determine eligibility and to decide if funds will be awarded to you.

Please also note that even if your household meets income requirements, your landlord/property manager must consent to participating in the program and providing the required documentation for funds to be awarded. To ensure there is landlord/property manager support of your application, please also submit the attached Program Participation-Payment Acceptance Agreement.

REQUIRED DOCUMENTATION

The documents listed below must be submitted once Applicant is requested to submit an application.

Applicant documentation

- Completed and signed application
- Current Lease Agreement
- Government-issued Identification (including, but not limited to, copy of real ID, passport, or permanent resident card) for all household members, 18 years or older.
- Copies of Birth Certificates for children under the age of 18.
- Completed Citizenship/Non-Citizen with Eligible Immigration Status Declaration for all household members.
- Copies of paycheck stubs for the last two (2) months for all household members, over the age of 18
- Copies of all other income sources for the last two (2) months of all household members, over the age of 18, including, but not limited to, Social Security/SSI benefits, unemployment checks/statements, retirement/pensions, public assistance, etc.
- Copies of all bank statements for all household members, over the age of 18, for the last two (2) months, including checking accounts, savings accounts, financial service platforms (Cash, Chime, PayPal) etc.
- Current year's Federal Income Tax Returns, including all attachments
- Any additional supplemental and income documents requested by staff to determine eligibility.

Landlord/Property Manager documentation:

- Completed and Signed Program Participation Payment Acceptance Form
- Completed W-9 Form
- Proof of Property Ownership (Copy of Deed or Most recent Mortgage Statement)
- City of Lynwood's Business License
- Property Management Agreement (if applicable)

Please do not submit any supporting documentation with this form.

If you have any questions related to these forms, contact:
Antonio Solorzano: 310-807-5759
housing@lynwoodca.gov

OFFICE USE ONLY:
City Received Application on (Date and Time):