



Every one. All ways.

“SHELTER IN PLACE” COVID-19 EMERGENCY HOUSING

Highlights:

1. Client must be local (living in WM for more than 6 months).
2. The motel room **must not exceed \$100** per night.
3. We will not grant more than 7 nights.
4. Housing agreement must be signed by both client and vendor.
5. WMCS will not grant assistance if a copy of the agreement is not returned to the office.
6. WMCS will not grant assistance if application is not fully completed and copy of the signed agreement is not returned to the office.



WEST MARIN COMMUNITY SERVICES

Every one. All ways.

“SHELTER IN PLACE” COVID-19 EMERGENCY HOUSING APPLICATION

Date Agency Referred Contact Person Phone #
Applicant Name Date of Birth
Address (Street) (mailing)
Town Zip Code Telephone

Single Parent () Intact Family () Elderly () Disabled () Adult ()
Of Children Ages Total # in household

Monthly Net Income \$
Source of Income: Work () Cal Works () SSI () SS () Unemployment () Food Stamps () Other ()
Employer’s Name Telephone #

Address Town Zip Code

Statement of Need (Use backside if necessary):

Other resources considered. Please explain:

Amount of Request: \$ Grant () For:

To be completed by applicant: I hereby give permission to the West Marin Community Services to contact any organization which would be helpful processing this application, and I give my consent for the release of any information necessary to receive assistance. This form was completed in it’s entirely and read by me or to me to signing.

SIGNATURE: DATE:

All information to be held in strict confidence by those considering your request.
There is no guarantee that an application will be approved.

Office Use Only:
Approved Date: () Grant \$ Initials:
Denied () Reason:
Check made out: Name Telephone
Address City Zip
Check # Date sent



Every one. All ways.

SHELTER IN PLACE” COVID-19 EMERGENCY HOUSING AGREEMENT

Client’s Name: _____

If you do not adhere to the following rules you will be subject to immediate eviction from the premises. Property Managers have the right to enter and inspect your room at any time. Based on their findings, they have the authority to require your immediate eviction.

NO:

- 1. Alcohol**
- 2. Drugs**
- 3. Smoking**
- 4. Guests**
- 5. Property damage**

I hereby absolve West Marin Community Services from any responsibility for the safety of the client and any damage to the premises while participating in the Shelter in Place Temporary Assistance Program.

I _____ understand that I have sole responsibility for any damage caused to the premises during my stay at _____ Room _____.

Name (please print) _____

Signature _____ Date _____

I _____ understand that rent agreement is solely between the client and the motel/hotel, and that WMCS will only provide the funding to cover the cost of the room. I hereby absolve West Marin Community Services from any responsibility for the safety of the client and any damage to the premises while participating in the *Shelter in Place Emergency Housing Assistance Program*.

Name of Motel/Hotel Rep. (please print) _____

Signature _____ Date _____

Witness _____ Date _____