



CITY OF SALINAS

DRAFT PILOT RENTAL ASSISTANCE PROGRAM (RAP) GUIDELINES

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Purpose

The Pilot Rental Assistance Program (RAP) provides short-term financial relief and supportive services to the residents of the City of Salinas (City) who are facing eviction due to non-payment of rent. The program's goal is to help households remain in stable housing, prevent displacement, and reduce the risk of homelessness. All rental assistance payments will be made directly to landlords to ensure timely support and proper use of funds. In addition to direct rental assistance, RAP refers households to community resources that promote long-term stability, addressing both immediate financial needs and underlying factors that may contribute to housing insecurity.

Eligibility Criteria

Table 1 below outlines RAP Eligibility Criteria. Appendix 1 provides HUD FY 2025 Monterey County Area Median Income Limits which will be used to determine income eligibility.

Table 1: Eligibility Criteria	
Target Population	City of Salinas residents facing eviction
Eligibility Criteria	First time recipient of homeless prevention from the City of Salinas, A valid 12-month lease, 3-day notice to pay or quit, 120% or less AMI, no more than 3 months behind in rent, and cannot be receiving subsidized support through another program.
Type of Assistance	Eviction Prevention
Assistance Amount	No more than 3 months of rent, up to \$9,000.
Duration of Assistance	One time assistance
Application Intake Window	First Come First Serve *Subject to change

How to apply

Application Review and Selection Process:

Eligible applications will be processed on a first-come, first-served basis until funding resources are exhausted in alignment with grant requirements and funding timelines. If funding capacity changes, the City may shift to a lottery-based or priority-based system consistent with equity goals and grant requirements. Participation from property owners is necessary to ensure tenants remain stably housed by agreeing to participate in the Pilot Rental Assistance Program.

Intake

The Homeless Services Information Telephone Line, managed by the Salinas Outreach and Response Team (SORT), will serve as the primary point of contact for individuals and families seeking rental assistance or related housing support.

1. SORT will receive calls from the public and advise that the public will have the option to complete the application via email or schedule an in-person appointment to deliver the required documents.
2. The initial in-take screening is intended to determine basic eligibility. Exhibit A – Pilot Rental Assistance Program Application Form will be completed during this screening. The prescreen includes:
 - a. Full name and contact information
 - b. Verification of City of Salinas Residency
 - c. Confirmation of issuance of an eviction notice or 3-Day Notice to Pay or Quit
 - d. Confirmation of a valid lease agreement
 - e. Review of Summary of Rent Arrears
 - f. Calculation of General Household income
 - g. Homeless Management Information System (HMIS) In-take – Exhibit E - XXXX
3. Initial Completeness Review
 - a. City staff will conduct an initial review to ensure all required documents are submitted.
 - b. Applicants will be notified within 5 business days if additional information is needed and given 7 days to provide missing documentation.
 - c. If participants need additional time, they may request it.
4. Eligibility Verification
 - a. Staff will verify identity, tenancy, income, rental arrears, and eviction risk.
 - b. With the applicants written consent, staff will contact landlords or third-party agencies to confirm information or resolve discrepancies.

Landlord Participation Requirements

Staff will contact landlords to notify them that their tenant has been preapproved for financial assistance to address their eviction notice. They will be notified the option to participate or decline. In order to participate the landlord must suspend all eviction proceedings once assistance is being processed and during any months covered by the rental assistance.

1. Should the landlord elect to participate, staff will email them the Landlord Participation Agreement Form – Exhibit XXX to complete, accompanied by:
 - a. Complete a W-9 for the City onboarding requirements
2. Staff will verify form completion and submit the Landlord Agreement & Payment form for processing.

Notification

1. Approved applicants and landlords will receive written notice of approval within 7 days of the completed application.
2. The notice will include the estimated payment timeline, generally 2-4 weeks, depending on internal processing timelines, holidays and finance department batching schedules.
3. Denied applicants may request a secondary review within 10 business days of the denial notice.

Termination, Appeals, and Conflict of Interest Policies

Termination

Rental assistance may be denied or terminated under the following circumstances:

1. Landlord Participation

- a. The landlord refuses to accept rental assistance payments from the City; or
- b. The landlord refuses to pause eviction proceedings during the assistance period.

2. Duplicate Assistance

- a. The household is already receiving rental assistance from another program (e.g., Housing Choice Voucher/Section 8 or any other form of rental subsidy).
- b. The Household has already received rental assistance from the City of Salinas

3. Documentation Requirements

- a. The applicant fails to submit required eligibility documentation after reasonable outreach and opportunity to cure.

4. Duplicate Household Benefit

- a. Another member of the same household has already received City rental assistance within the designated program period.

Notice of Denial or Termination

If assistance is denied or terminated, written notification will be issued via email and mailed via First Class Mail to ensure both the tenant and landlord are informed.

Future Eligibility

Termination or denial under this policy does not permanently disqualify a household. Applicants may reapply in future funding cycles if eligibility criteria can be demonstrated.

Prior to denial or termination, the City will make a good-faith effort to obtain required documentation and resolve outstanding issues. This includes providing reasonable time for response, helping to complete paperwork, and attempting multiple methods of contact. No eligible household shall be denied due to administrative or documentation barriers when alternative verification is possible.

Appeal Process

The RAP maintains a clear and accessible appeal process to ensure fairness and transparency. Applicants will be informed of their right to file an appeal at intake, with materials available in English and Spanish and in all accessible formats upon request.

The City encourages applicants to first attempt informal resolution with program staff. If the matter is not resolved informally, the applicant may submit a formal appeal. The City utilizes Administrative Hearing Officers for appeals to ensure a fair and impartial review process consistent with the Salinas Municipal Code and the City's responsibility to manage public resources efficiently.

Administrative Hearing Officers serve as independent, neutral decision-makers, responsible for reviewing petitions, conducting hearings, evaluating evidence, and issuing written decisions based on factual findings and applicable regulations. To support responsible stewardship of public funds, the City pays a

flat rate of \$300 per administrative hearing, which includes all work necessary for case preparation, hearing management, and written findings.

1. Informal Resolution:

- a. Staff will make reasonable efforts to resolve concerns promptly.
- b. All discussions will be documented, including dates, staff involved, and outcomes.

2. Formal Appeal Submission:

- a. Appeal may be submitted via email or mail.
- b. Appeal must be submitted within 30 days of the dispute
- c. Program Staff will acknowledge receipt and log the Appeal.

3. Review and Written Decision: The Planning Manager will:

- a. Review the appeal and supporting documentation
- b. Ensure confidentiality and impartiality
- c. Issue a written decision within 14 days

4. Appeal / Hearing: If the applicant remains dissatisfied:

- a. They may request a formal hearing
- b. Applicants may present evidence, bring a representative, and request accommodations
- c. A final written decision will be issued after the hearing

5. Documentation & Program Improvement

- a. All Appeals will be tracked in a centralized log
- b. Data will be reviewed periodically to identify patterns and improve program operations

6. Staff Training: Program staff will receive regular training to ensure the appeal process is conducted with fairness, consistency, professionalism, and empathy.

Support Service Referrals

RAP is not limited to financial assistance. It also connects households to support services aimed at fostering long-term housing stability. These services include referrals to legal aid and mediation, financial literacy, job readiness and employment support, tenant rights education, daycare referrals, and utility assistance programs through partners like the Low-Income Home Energy Assistance Program (LIHEAP), PG&E, Edison, and Southern California Gas Company. Staff will ensure notes are added to the applicants' workflows for tracking and will follow up with the applicant and / or service provider to ensure they have connected and assess progress. The following referrals will be offered:

Legal Aid and Mediation

Legal assistance and mediation services help tenants resolve disputes with landlords, avoid evictions, and understand their legal rights. <https://crla.org/> and <https://www.echofairhousing.org/>

Financial Literacy

Financial literacy programs empower households to manage budgets, reduce debt, and plan for long-term financial health.

Job Readiness and Resume Support

Employment support services connect participants with job training, resume building, and job placement resources.

Tenant Education (Rights & Responsibilities)

Tenant education empowers renters by informing them of their legal rights and responsibilities, helping prevent eviction and housing instability.

Daycare Referrals

Access to affordable childcare is essential for working parents striving for housing stability.

Utility Assistance Referrals

High utility costs can contribute to housing insecurity.

Conflict of Interest

The Pilot Rental Assistance Program will have a Conflict-of-Interest Policy intended to ensure the integrity, transparency, and fairness of the program. It establishes clear guidelines to prevent actual or perceived conflicts of interests among staff involved in the administration of the program.

Definition

A conflict of interest occurs when an individual's personal, financial, or other interests could compromise or appear to compromise their ability to make impartial decisions in the best interest of the program.

Prohibited Activities

- Processing or approving applications from family members, close friends, or business associates.
- Using confidential or insider information to give any applicant an unfair advantage.
- Participating in the decision-making process for applications involving properties owned or managed by the staff member, contractor, or their relatives.
- Allowing vendors or service providers to influence application decisions for their own financial gain.
- Permitting elected officials, board members, or stakeholders to steer funds toward specific individuals, landlords, or properties.

Disclosure Requirements

All staff involved in the administration of the program must complete and sign a Conflict-of-Interest Disclosure Form upon hiring or contracting, and annually thereafter. Any potential conflicts that arise during the program must be disclosed immediately to the Housing Planning Manager.

Handling Conflicts

Upon disclosure of a potential conflict of interest, staff will review the information and determine appropriate actions, which may include recusal from decision-making, reassignment of duties, or removal from certain program functions. An internal log of disclosed conflicts and resolutions will be maintained.

Public Perception

Even in cases where no legal conflict exists, staff are encouraged to avoid situations that could create the appearance of impropriety. When in doubt, recusal is the preferred course of action.

Reporting

Collection of Information

SORT members will only request the minimum information necessary to determine eligibility and administer rental assistance effectively. When referrals or coordination with partner agencies are required, clients must sign an Authorization to Share/Release Information form to ensure their data is handled lawfully and ethically.

Physical Records

- Files will be stored in a restricted City SharePoint site to prevent unauthorized access.
- Per Federal Guidelines under 2CFR 200.334, retain records for the required period (typically 3 years after case closure or assistance ends).
- Files must be clearly labeled using confidential identifiers (e.g., case ID or initials) rather than full names, especially in shared spaces.
- Applicants funded through the FHC grant will be enrolled in the Homeless Management information System (HMIS).

Auditing & Compliance

- Conduct annual reviews to ensure compliance with confidentiality and recordkeeping policies.
- Update procedures as laws, funding guidelines, or best practices change.
- Keep all tenant and landlord documentation on file and organized for audit purposes.

Electronic Files

Client files and signatures or policy documents are collected and maintained electronically, required documentation must be made available to City of Salinas in paper form when requested.

Public Transparency

The City of Salinas will present a summary administrative report once all program funds have been expended, upon City manager direction. This report will highlight key performance metrics, including the number of households assisted, total funds disbursed, average processing times, and the program's impact on eviction and homelessness prevention rates. It will also include data on equitable resource distribution, client satisfaction, and system drop-off rates.

Appendices & Exhibits

The following appendices and exhibits are attached this document:

- Appendix 1 – HUD FY 2025 Monterey County Area Median Income Limits
- Appendix 2 – HUD FY 2025 Fair Market Rents
- Exhibit A – Pilot Rental Assistance Program Application Form
- Exhibit B – Pilot Rental Assistance Program Appeal Form
- Exhibit C – Pilot Rental Assistance Program – Conflict of Interest Policy Agreement Form
- Exhibit D – Conflict of Interest Disclosure Form

Appendix 1 – HUD FY 2025 Monterey County Area Median Income Limits

2025 Monterey County Area Median Income: \$104,500								
Numbers of Persons in Household	1	2	3	4	5	6	7	8
Acutely Low Income: 0-15%	11000	12550	14150	15700	16950	18200	19450	20700
Extremely Low Income: 15-30%	30400	34750	39100	43400	46900	50350	53850	57300
Very Low Income: 30-50%	50600	57850	65100	72300	78100	83850	89650	95450
Low Income: 50-80%	81000	92600	104150	115700	12500	134250	143500	152750
Median Income:	73150	83600	94050	104500	112850	121200	129600	137950
Moderate Income: 80-120%	87800	100300	112850	125400	135450	145450	155500	165550

Source: [2025 State Income Limits](#)

Appendix 2 - HUD FY 2025 Fair Market Rents

Final FY 2025 FMRs By Unit Bedrooms

Year	Efficiency/Studio	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2025	\$	\$	\$	\$	\$
FMR	2,414	2,479	2,982	4,025	4,383
FY 2024	\$	\$	\$	\$	\$
FMR	2,340	2,367	2,879	3,990	4,400

Source: [FY 2025 Fair Market Rent Documentation System — Calculation for Salinas, CA MSA](#)

Exhibit A – Pilot Rental Assistance Program Application Form

Applicant Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Household Information

Number of Household Members: _____

Names and Ages of All Household Members:

Number of Children Enrolled in School: _____

Assigned School District: _____

Housing Information

Landlord/Property Manager Name: _____

Landlord/Property Manager Phone: _____

Monthly Rent Amount: _____

Rental Address (if different from above): _____

Assistance Request

Type of Assistance Requested (check all that apply):

☐ Rental Arrears

Total Amount Requested: _____

Reason for Assistance (attach additional pages if needed):

Required Documentation

Please attach copies of the following (if applicable):

- Valid government-issued identification
- Current lease agreement
- Proof of hardship (e.g., unpaid rent ledger, rental statement, layoff notice, medical bills)
- Proof of Income for all household members (Last 30-90 days)
- Demonstrate History of Making Rent Payments

- Notice to Pay or Quit or other evidence of eviction risk
- CHSP verification applicant is enrolled in HMIS, for applicants funded with FHC

Certification

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____ Date: _____

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Exhibit B – Pilot Rental Assistance Program - Appeal Form

Applicant Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Appeal Details

Date of Incident/Decision: _____

Describe the nature of your Appeal (attach additional pages if needed):

Informal Resolution Attempt

Did you attempt to resolve this issue with staff before filing this Appeal? ☐ Yes ☐ No

If yes, please describe the outcome:

Resolution Sought

Please describe the resolution or action you are seeking:

Certification

I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Exhibit C – Pilot Rental Assistance Program - Conflict of Interest Policy Agreement Form

This Conflict of Interest Policy is intended to ensure the integrity, transparency, and fairness of the Pilot Rental Assistance Program. It establishes clear guidelines to prevent actual or perceived conflicts of interest among staff, contractors, partners, and decision-makers involved in the administration of the program.

Definitions

A conflict of interest occurs when an individual's personal, financial, or other interests could compromise or appear to compromise their ability to make impartial decisions in the best interest of the program.

Prohibited Activities

- Processing or approving applications from family members, close friends, or business associates.
- Using confidential or insider information to give any applicant an unfair advantage.
- Participating in the decision-making process for applications involving properties owned or managed by the staff member, contractor, or their relatives.
- Allowing vendors or service providers to influence application decisions for their own financial gain.
- Permitting elected officials, board members, or stakeholders to steer funds toward specific individuals, landlords, or properties.

Disclosure Requirements

All staff, contractors, and decision-makers must complete and sign a Conflict-of-Interest Disclosure Form upon hiring or contracting, and annually thereafter. Any potential conflicts that arise during the program must be disclosed immediately to the Planning Manager.

Handling Conflicts

Upon disclosure of a potential conflict of interest, the Management Analyst will review the information and determine appropriate actions, which may include recusal from decision-making, reassignment of duties, or removal from certain program functions. An internal log of disclosed conflicts and resolutions will be maintained.

Public Perception

Even in cases where no legal conflict exists, staff and decision-makers are encouraged to avoid situations that could create the appearance of impropriety. When in doubt, recusal is the preferred course of action.

Acknowledgment

I have read, understood, and agree to abide by the Pilot Rental Assistance Program Conflict of Interest Policy.

Signature: _____ Date: _____

Printed Name: _____

Exhibit D - Conflict of Interest Disclosure Form

This form is to be completed by all employees, contractors, and affiliates involved in the Pilot Rental Assistance Program. The purpose of this disclosure is to ensure transparency, uphold public trust, and identify any potential conflicts of interest that may influence, or appear to influence, your duties or decisions.

Personal Information

Name: _____

Position/Title: _____

Department/Organization: _____

Date: _____

Conflict of Interest Questions

Please answer the following questions. If you answer 'Yes' to any, provide details in the space provided or attach additional pages if necessary.

☐ Yes ☐ No Do you, a family member, or close associate have any ownership, investment, or other financial interest in a landlord, property management company, or contractor involved in the Pilot Rental Assistance Program?

Details: _____

☐ Yes ☐ No Have you, a family member, or close associate received any gifts, favors, payments, services, or other benefits from any landlord, tenant, or contractor related to the Pilot Rental Assistance Program within the past 12 months?

Details: _____

☐ Yes ☐ No Do you, a family member, or close associate have any personal or business relationship that could influence your decisions or actions related to the Pilot Rental Assistance Program?

Details: _____

☐ Yes ☐ No Are you currently, or have you been in the past 12 months, employed by or provided services to any landlord, property management company, contractor, or tenant participating in the Pilot Rental Assistance Program?

Details: _____

☐ Yes ☐ No Is there any other situation not listed above that might be perceived as a conflict of interest?

Details: _____

Certification

I certify that the above information is true and complete to the best of my knowledge. I understand that failure to disclose a conflict of interest may result in disciplinary action, termination of employment or contract, and/or other legal consequences. I agree to promptly update this disclosure if my circumstances change.

Signature: _____ Date: _____

Printed Name: _____

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