



PETALUMA PEOPLE SERVICES CENTER



**Petaluma People Service Center  
Bridge the Gap Application**

(TO BE COMPLETED BY APPLICANT AND/OR CASE MANAGER)

Seniors already receiving rent subsidy, Section 8 Housing Assistance are not eligible to apply to Bridging the Gap program. This program is open to Seniors defined as 60 and older and current residents in the City of Petaluma. Completing this application does not guarantee funding through the Bridge the Gap program. **Funds provided for rental subsidy would be \$60.00 maximum per month.** Funds will not be provided to cover late rental fees.

Date: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Please print

SS#: \_\_\_\_\_ Date of Birth (Must be 60+): \_\_\_\_\_

Mailing Address (must live in Petaluma): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name(s) and date of birth of other adult member(s) of household:  
\_\_\_\_\_

SS#(s): \_\_\_\_\_

Caregiver on site Y/N If yes, Name: \_\_\_\_\_

Total Number of people in household? \_\_\_\_\_

Are you: Disabled: \_\_\_\_\_ Veteran: \_\_\_\_\_

Length of current residency in Petaluma: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_ Is this no more than 65% of your total: \_\_\_\_\_

Savings Account Amount: \_\_\_\_\_

Amount of request: \_\_\_\_\_

Amount you can contribute: \_\_\_\_\_

List all sources of income Work:\_\_\_\_ SSI:\_\_\_\_ SSA:\_\_\_\_ Unemployment:\_\_\_\_ Pension:\_\_\_\_ Other:\_\_\_\_

Describe your problem, for example: Medical Condition, Casualty Losses, Financial set back, etc.:

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What have you done so far to help resolve the problem: \_\_\_\_\_

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Have you used Bridge the Gap or PPSC Rental Assistance funds before: \_\_\_\_\_

If so, amount granted, for what purpose and when: \_\_\_\_\_

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What other agencies have you been to for help at any time in the past two years:

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For what services: \_\_\_\_\_

Have you tried negotiating with the landlord: \_\_\_\_\_ What was the outcome: \_\_\_\_\_

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Current Landlord's or owner's property management representative's name:

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Address \_\_\_\_\_

Phone number \_\_\_\_\_ **(IMPORTANT)**

**FOR USE BY INTAKE AGENCY ONLY**

Verification of amount owed to landlord, **call landlord.** Name of landlord \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

How much rent is needed? \_\_\_\_\_

Name of person or firm check payable to: \_\_\_\_\_

Address to which funds are to be mailed:

\_\_\_\_\_

Landlord's comments regarding applicant's stability, length of time at location etc:

**Documentation needed:**

- Rental Agreement with Landlord's Name, Address and Phone Number
- Picture ID
- Last two bank Statements
- Social Security Card for every member of the household
- Proof of Income
- Documentation verifying why you are requesting rental assistance.

Approved Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_