



Landlord Signing Bonus and Tenant Move-in Assistance Program

The Orange County Housing Authority (OCHA) recently received limited funding through the County of Orange for a landlord incentive program. The incentives provided under this limited program include a landlord unit signing bonus structure for new and existing landlords, security deposit assistance for OCHA participants*, and refrigerator costs reimbursement for OCHA participants.

NEW OWNER SIGNING BONUS:

When a new owner agrees to rent a previously unassisted unit to an OCHA program participant, the property owner will be eligible to a bonus of \$1,000. The new owner must agree to a 12-month lease period and to receive payment by Direct Deposit.

EXISTING OWNER SIGNING BONUS:

When an existing landlord agrees to rent a previously assisted unit to an OCHA program participant, the property owner may be eligible to a bonus of \$500. The existing owner must agree to a 12-month lease period and, if the previous occupant was an OCHA participant, they must have occupied the unit for a period of no less than one year.

Bonus Payment(s) to be processed once the signed 12-month lease has been received and Housing Assistance Payment contract has been executed.

SECURITY DEPOSIT ASSISTANCE:

An OCHA program participant may request security deposit assistance. Security deposit assistance payments may not exceed the amount of two month's rent. Upon an OCHA program participant's move-out from an assisted unit, any remaining security deposit will be returned to the OCHA program participant.

California security deposits are governed by California Code of Civil Procedure. If at any time a conflict occurs between OCHA's security deposit assistance program processes and the governing California Code of Civil Procedure, the most restrictive of the two shall prevail.

ONE TIME REFRIGERATOR ASSISTANCE:

OCHA program participants that do not have access to purchase their own refrigerator and the identified unit does not come equipped with an owner provided refrigerator, may request Refrigerator Assistance. Upon request, OCHA may reimburse an OCHA participant who purchased a refrigerator to meet HQS requirements. OCHA program participants may receive assistance one time only unless otherwise approved by OCHA.

If you are interested in participating in any of these programs, please complete the appropriate form and email your request to Lincentive@occr.ocgov.com. If you have additional questions, please contact us (714) 480-2962.

***OCHA program participant is defined as selected from the Orange County waiting list or referred by the Orange County Coordinated Entry System. Portability and Mobility participants are excluded.**



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OC PARKS

JULIE QUILLMAN
COUNTY LIBRARIAN
OC PUBLIC LIBRARIES

OC Community Resources

Owner Incentive/Security Deposit Payment Letter to Owner

Date: _____

This letter is to confirm that the Orange County Housing Authority (OCHA) will make the following payment(s) to the property owner/manager:

- owner incentive in the amount of \$ _____
- security deposit in the amount of \$ _____

These payments are in reference to the Housing Assistance Contract with an effective date of: _____ for the rental unit located at:

Street and unit #

City, Zip code

Owner Incentive/Security Deposit check payment will be made payable to:

Full Payee Name

Street

City, State, Zip Code

The owner incentive/security deposit is made pursuant to a County approved Landlord Incentive Program. The security deposit is governed by Civil Code section 1950.5, specifically the subsections regarding refunds of the deposit upon the tenant's termination of tenancy and may not exceed two month's contract rent.

Any remaining security deposit funds paid on behalf of tenant _____ shall be refunded to tenant upon the end of the tenancy, pursuant to the above Civil Code.

Payment of owner incentive/security deposit to property owner/manager may take up to ten (10) business days to process. If payment is not received within this time, please contact the Housing Specialist listed below:

Housing Specialist Signature

Phone Number



Orange County
**Housing
Authority**

1501 ST. ANDREW PLACE, FIRST
FLOOR SANTA ANA, CA 92705
PHONE: 714.480.2700
FAX: 714.480.2945



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TENANT REQUEST FORM FOR REFRIGERATOR REIMBURSEMENT

Date: _____

Tenant Name: _____ ID# _____

Contact Address: _____

City: _____, CA Zip: _____

Telephone#: (____) _____ Alt#: (____) _____

I am requesting the reimbursement for the purchase of a refrigerator in the amount of \$_____ for the unit located at: _____ due _____ to a financial hardship and that I was unable to secure any assistance from existing community programs.

I certify that I did not have access to a refrigerator, that one was not provided by the property and equipped in the above unit, and that I have purchased a refrigerator appropriate for my family size.

I understand that I may receive this assistance one-time only and approval for this request is subject to funding availability.

Tenant Signature



Orange County
**Housing
Authority**

1501 ST. ANDREW PLACE, FIRST
FLOOR SANTA ANA, CA 92705
PHONE: 714.480.2700
FAX: 714.480.2812

For official use only		
OCHA Staff name:		Pass HQS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor signature:		Request Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section Chief/ Manager signature:		Request Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No



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TENANT REQUEST FORM FOR SECURITY DEPOSIT ASSISTANCE

Date: _____

Tenant Name: _____ ID# _____

Contact Address: _____

City: _____, CA Zip: _____

Telephone#: (____) _____ Alt#: (____) _____

I am requesting financial assistance \$_____ to pay the security deposit for the unit located at: _____

_____ due to a financial hardship and I am not able to secure any assistance from the existing community programs. I understand that I am responsible for ensuring I follow the lease agreement and maintain the unit according to housing quality standards to receive a refund of the security deposit. Any refund of the security deposit should be used toward the leasing of a new unit, should I choose to move from the unit.

I understand that funding is limited, and approval of this request is subject to funding availability.

Tenant Signature

Please submit this form with the Request for Tenancy Approval (RTA) form.



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FLOOR SANTA ANA, CA 92705
PHONE: 714.480.2700
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OCHA Staff name:		Pass HQS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor signature:		Request Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Section Chief/ Manager signature:		Request Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No