



**Program Guidelines
HOME-ARP Rent Program**

Updated June 2024

City of Ontario
HOME-ARP Rent Program Guidelines

Overview: The City of Ontario has established the HOME-ARP Rent Program (HARP) to mitigate potential homelessness and displacement of existing Ontario residents experiencing housing instability. Specifically, this program will assist Ontario residents at risk of homelessness by providing prospective (future) and deferred rent payments.

Purpose: To enhance housing stability and minimize the likelihood of eviction and homelessness among very low-income renters, the program aims to assist households maintain their housing status and potentially reduce the amount of back rent owed.

Method: The program offers a comprehensive financial assistance package, which includes up to twelve months of support, of which up to six months can be used for rental arrears, with a maximum program limit of \$30,000. Eligible households will receive this assistance to help stabilize their housing situation. Additionally, the program will provide supportive services aimed at facilitating long-term housing stability.

Eligibility: Tenants

All tests below must be met in order for an individual or family to participate in this program:

- Eligibility is limited to tenants who are currently housed.
- Eligibility is limited to households with regular income.
- Total value of household assets may not exceed \$5,000 at time of application.
- Households must not have a co-signer on the residential lease.
- Households must not have more than six months of deferred rental payments due at the time of application.
- Households must have received notification in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance for non-payment of rent (i.e., Notice to Pay or Quit).
- Tenant must be a legal Tenant as defined in these guidelines and must reside in a Qualified Housing Unit as defined in these guidelines.
- Households must not be overcrowded (i.e., occupancy must not exceed two occupants per bedroom plus one occupant in the living room).
- Households must certify that they have not received or been scheduled to receive rental assistance for the same period for which HARP funding assistance is being requested from any other source.
- Maximum Income Limits
 - Household income must be at or below 50% of the area median income as established by HUD and adjusted for family size. Current Income documentation for all adult members of the household for two months prior to the financial assistance will be required to demonstrate household income.

FY 2023 Income Limits*								
Riverside-San Bernardino-Ontario MSA								
50% of AMI (\$)	Persons in Family							
	1	2	3	4	5	6	7	8
	32,650	37,300	41,950	46,600	50,350	54,100	57,800	61,550

**Income limits are subject to change annually*

Eligibility: Rental Units

Rental units include apartment units, homes, or condominiums in the City of Ontario with a valid lease. In order to be eligible to receive payment, landlords must complete the attached landlord certification of rental amounts due, certification of no duplication of benefits, and enter into a financial assistance agreement with the City and HARP Applicant. In addition, rental properties must be enrolled in the City of Ontario's Systematic Health and Safety Inspection Program and must not have rental inspection fees due to the City at the time of payment. Property owners with rental units that have active code violations with the City of Ontario Community Improvement Department are required to develop a written commitment and compliance plan to correct the violations.

Rental payments cannot be provided unless the rent does not exceed the Fair Market Rent established by HUD and complies with HUD's standard of rent reasonableness as provided under 24 CFR part 888 and 24 CFR 982.507.

Benefits:

The HOME-ARP Rent Program will provide assistance for rental arrears and future rent payments, or a combination of these items.

- Eligible applicants can receive assistance for up to twelve months of rent payments with a maximum financial benefit of \$30,000
- Payment of rental arrears will consist of a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
- Prospective rent payments may consist of up to twelve months of payments made upon payment due date per the written agreement among the City, the HARP participant, and the landlord.

Procedures for HOME-ARP Rent Program Assistance:

1. Should a waiting list be established, the program administrator will pull applicants off of the waiting list in the order of the date their name was added to the waiting list.
2. As applicants are pulled off the waiting list to apply for the program, the program administrator will meet with the individual and conduct an initial assessment of eligibility. Complete applications will be reviewed on a first-come, first-served basis. Incomplete applications will not be accepted.
3. Once the applicant has submitted a complete application and all supporting documents necessary to determine eligibility to the program administrator, the file will be reviewed. All income documentation must be current (not older than 60 days from date complete application is received for eligibility determination).
 - Supporting documents include the following:
 - Government issued identification cards for all adult members of the household and Social Security Cards for all household members.
 - Declaration of Income and two months of current income documentation for all adult members of the household and all adults shown on the lease agreement;
 - Copies of last two months bank account statements or certification of no bank account;
 - Copy of current lease with all required signatures;
 - Copy of notice that the right to occupy the housing unit will be terminated within 21 days after the date of application for assistance for non-payment of rent;
 - Certification of non-duplication of benefits;
 - Landlord certification of total amount of rent due to prevent eviction; and
4. Landlords will need to provide a certification of rent amounts due and sign the certification of non-duplication of benefits prior to assistance being provided.
5. Landlords will need to enter into a three-way financial assistance agreement setting forth the terms under which rental payments will be provided, including the requirements that apply under the HOME-ARP Implementation Notice published on September 13, 2021.
6. Upon determination of a household's program eligibility a reservation of funds will be set-aside in an amount not to exceed \$30,000.
7. Financial assistance will be provided directly to landlords.

City of Ontario
HOME-ARP Rent Program Guidelines

Reservation:

Once a household has been determined eligible and selected to receive assistance by the program administrator and/or City, a reservation of HARP funds will be set-aside, in an amount not to exceed \$30,000. HARP assistance will maximize the number of months a household can receive the full amount of rent as stated in their lease.

A sample HARP reservation follows:

1	Maximum Financial Assistance	30,000.00
2	HACSB 2023-24 MTW Payment Standard - Two Bedroom (P. 15)	3,028.00
3	Current Household Rent Amount	2,800.00
4	Number of months eligible for HARP assistance (Line 1 / Line 4) (Rounded down to the nearest whole number)	10
5	Total HARP Rental Assistance	28,000.00

No Duplication of Payments

HARP is prohibited from making a payment on behalf of a household that would duplicate another payment the household receives under federal, state, or local law for the same period. Households receiving assistance from this program are required to sign a self-certification stating that they are not receiving duplicate assistance.

Program Termination

Households will be given a copy of the HARP guidelines upon application approval to ensure they are aware of program requirements for continued eligibility. The City may terminate assistance to a program participant who violates program requirements or conditions of occupancy or no longer needs the services as determined by the City.

If a HARP participant is determined to be ineligible for continued program assistance, the City will issue a written notice to the participant informing them of the reason for their program termination. The program participant shall have the opportunity to appeal the decision to terminate assistance before an unbiased party by making a request for appeal in writing (email requests will be considered) within 5 days of the notice of intent to terminate. Prompt written notice of the final continued eligibility determination will be sent electronically to the program participant.

Reporting

City of Ontario will maintain the following demographic and statistical information for each client served by HARP:

- Demographics of all clients served, including gender, age, ethnicity, and race;
- Veteran status for all adults served;
- Monthly household income amount and types of income;
- Disability status and female head of household status; and
- Narratives of significant accomplishments achieved by the program.

Record Keeping

- The City of Ontario shall maintain adequate records of services and payments to persons served by this program in sufficient detail to demonstrate compliance with the policies and procedures of the program. These records shall be retained for at least 5 years from program completion.
- Financial and client records are confidential regarding their use as public information; however, the information may be provided to another city, state or federal agency if required to provide information or prevent duplication of payments.

Definitions:

Household is defined as one or more persons occupying a housing unit.

Program Participant is defined as an individual or family with or without children that is provided HARP financial assistance.

Qualified Housing Unit is defined as a unit that can be legally occupied as housing and is not restricted from being used as rental housing by regulations or restrictions.

Tenant is defined as a person or persons 18 years old or older who is listed on the lease, any child under the age of 18 years who lives with an adult who is listed on the lease, or any other person who can provide acceptable proof of occupancy as determined by the City of Ontario.

ATTACHMENTS

Appendix A – Application/Intake Form for Assistance

Appendix B – Declaration of Income

Appendix C – Self-Declaration of Bank Account(s)

Appendix D – Release of Information Authorization

Appendix E – Landlord Certification of Rent Amounts Due Form

Appendix F – Certification of Non-Duplication of Benefits

Appendix G – Request for Monthly Financial Assistance from Reservation

Appendix H – Financial Assistance Agreement

Appendix I – Acknowledgment of Required Documents

Appendix J – IRS W-9 Form

Appendix K – VAWA Notice of Occupancy Rights

**Program Guidelines
HOME-ARP Rent Program**

**Appendix A
Application Form for Assistance**



City of Ontario HOME-ARP Rent Program (HARP)

WHAT IS THE HOME-ARP RENT PROGRAM?

The American Rescue Plan Act was signed into law on March 11, 2021, to respond to the growing effects of the coronavirus health crisis. The American Rescue Plan Act made available HOME Investment Partnerships (HOME-ARP) funds. HARP provides emergency grants to assist very low-income renters that have received written notification that their right to occupy their housing unit will be terminated within 21 days for non-payment of rent. This program provides assistance for up to twelve months of rent, including up to 6 months of deferred rent. Payments will be made directly to the landlord. The maximum grant amount is \$30,000.

To qualify for this program, participants must have a gross annual household income that does not exceed 50% of Area Median Income **and** have received written notification for termination of housing within 21 days for non-payment of rent.

This chart below will show you the maximum gross household annual income qualifications:

2023 Income Limits*								
Family Size	1	2	3	4	5	6	7	8
Max. Income	\$32,650	\$37,300	\$41,950	\$46,600	\$50,350	\$54,100	\$57,800	\$61,550

**Income limits are subject to change annually*

HOW DO I APPLY?

Incomplete applications that do not have all required documentation will not be accepted. Funding is limited and completed applications will be reviewed on a first come-first served basis.

Complete the attached application and submit along with the checklist shown on the following page with copies of the required information to the Housing Services Department.

Email applications will not be accepted. Applications may be submitted by mail or in person at the following address:

**CITY OF ONTARIO HOUSING SERVICES DEPARTMENT
208 W. EMPORIA STREET
ONTARIO, CA 91762**

Appointments for an intake review and to submit an application may be scheduled online at <https://booknow.appointment-plus.com/b8gbr1me>.

The City of Ontario is not responsible for applications submitted by U.S. Mail and strongly encourages applicants who submit applications via U.S. Mail to contact the Housing Services Department to verify receipt of application. Applications submitted by mail that are incomplete will be returned via U.S. Mail to the applicant.

For further information, please call (909) 395-2006 or email Rentalutility@ontarioca.gov.



CITY OF ONTARIO
HOME-ARP RENT PROGRAM APPLICATION

APPLICATION AND SUPPORTING DOCUMENTATION CHECKLIST

Incomplete applications that do not have all required supporting documentation will not be accepted.

- Completed and signed Application Form
- Government issued identification cards for all adult household members
- Social Security Cards for all household members
- Copy of the current lease agreement – must be current, signed by all required parties, cover the time period for which assistance is sought, and has not yet expired or has a provision that the lease converts to a month-to-month term upon expiration
- Copy of the written notification that the right to occupy the housing unit will be terminated within 21 days of application
- Income Verification – **Each occupant over 18 years old and all parties over 18 years old shown on the lease agreement must complete a Declaration of Income.** Income verification documentation consists of a minimum of two consecutive current paystubs, documenting a minimum of 60 days, or documentation of all sources of income for at least two months (i.e., Social Security, Supplemental Security Income, pension or retirement fund payments, child support/alimony, etc.).
- Bank Statements – **Each occupant over 18 years old and all parties over 18 years old shown on the lease agreement must complete a Declaration of Bank Accounts** Copies of last two months bank account statements for all bank accounts held by each occupant over 18 years old
- Landlord Certification of Rent Amounts Due Form – ***to be completed by landlord and submitted with application***
- W9 Form completed by the landlord for payment – ***to be completed by landlord and submitted with application (may be submitted via e-mail at rentalutility@ontarioca.gov).***
- Release of Information Authorization Forms
 - Income Release of Information Authorization Form for each adult income earner and each source of income
 - Landlord Release of Information Authorization Form (if rental assistance is requested)
- Certified Statement of Non-Duplication of Benefits signed by both the applicant and the landlord – ***to be signed by landlord and submitted with application***
- Acknowledgement of Required Documents



**CITY OF ONTARIO
HOME-ARP RENT PROGRAM APPLICATION**

APPLICANT AND HOUSEHOLD INFORMATION

Applicant's First Name _____

Applicant's Last Name _____

Street Address _____

City, State, and Zip Code _____

Daytime Telephone Number _____

E-Mail Address _____

Applicant's Gender Male Female

Please check any that apply Veteran Female Head of Household
 Physical Disability Developmental Disability

Applicant's Age _____ Applicant's Date of Birth _____

Applicant's Social Security Number _____

Applicant's Race _____ Hispanic? Yes No
 (use the codes below for race)

Use the appropriate code listed below to indicate your race in the space provided above:

11 White	16 American Indian/Alaskan Native and White	19 American Indian/Alaskan Native and Black/African American
12 Black/African American	17 Asian and White	20 Other Multi-Racial
13 Asian	18 Black/African American and White	
14 American Indian/Alaskan Native		
15 Native Hawaiian/Other Pacific Islander		

Number of people in Household _____ Number of bedrooms in housing unit _____

Using the table below, please list information for each member of your household, *not including yourself* (if additional space is needed, please attach a separate sheet). Use the codes above to indicate race for each member of your household.

Name	SSN	Gender	Age	Race	Hispanic	Veteran	Disabled
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
		<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental



**CITY OF ONTARIO
HOME-ARP RENT PROGRAM APPLICATION**

HOUSEHOLD INCOME AND BENEFITS

Please provide the requested information for each adult member of the household over 18 years of age pertaining to income amounts and types. If additional space is needed, please attach separate sheets.

Name	Gross Monthly Income	Source of income (i.e., wages, SSI, SSD, TANF, Disability, Annuities, Retirement, etc.)

Please provide a summary of rent that has been deferred. Documentation must be provided to support this information, including a copy of the current lease, payment agreements or requests for rent deferral.

Month	Rent Amount	Late Fee



**CITY OF ONTARIO
HOME-ARP RENT PROGRAM APPLICATION**

CERTIFICATIONS

By marking the boxes below and signing this application, the applicant hereby certifies the following statements to be true and correct:

- Applicant's household has deferred rent payments they are unable to pay;
- Applicant's household income is below 50% of the area median income adjusted for family size and applicant has been given written notification that their right to occupy their housing unit will be terminated within 21 days of this application for non-payment of rent;
- Applicant has provided complete household and income information to support this application; and
- Applicant has not received or applied for assistance for the same period and payment amounts as requested in this application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT

Note: This application is signed by the head of household on behalf of all household members.

Signature

Date

Print Name

**Program Guidelines
HOME-ARP Rent Program**

**Appendix B
Declaration of Income**



HOME-ARP RENT PROGRAM DECLARATION OF INCOME

Applicant Name: _____

Applicant Address: _____

Household Member completing this declaration: _____

Please complete one form for every adult (over age 18) household member and all adults (over age 18) shown on the lease agreement.

I do not have any income from any source at this time and I do not anticipate receiving any income or public benefits within the next 12 months; **OR**

I have income from the following sources (attach verification documentation (i.e., paystubs, notice of award, notice of public benefits, etc.) behind this form):

Source of Income	Frequency of Payment (annually, quarterly, monthly, bi-weekly (every two weeks), bi-monthly (twice a month), or weekly)	Amount per Period
Gross wages from employment before taxes and deductions		
Net income from self-employment		
Payment from Social Security, annuities, retirement funds, pensions, disability, and other periodic payments		
Payments in lieu of earnings such as unemployment		
Income from public benefits such as CalWorks, General Relief, or TANF (excluding food stamps and WIC)		
Alimony, child support, and foster care payments		
Regular periodic payments from persons no residing in the dwelling		

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT

Signature of household member completing this form

Date

**Program Guidelines
HOME-ARP Rent Program**

**Appendix C
Self-Declaration of Bank Account(s)**

HOME-ARP RENT PROGRAM SELF-DECLARATION OF BANK ACCOUNT(S)

Head of Household Name: _____

Household Member completing this declaration: _____

Please complete one form for every adult (over age 18) household member and all adults (over age 18) shown on the application.

BANK ACCOUNTS Please provide a minimum of the most recent two months of bank statements for all bank accounts

I have a **CHECKING** account(s)

I have a **SAVINGS** account(s)

I do not have a bank account and do not receive income.

I do not have a bank account and receive my income in an alternate way (please describe):

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION AND ATTACHMENTS IS TRUE AND CORRECT

Signature of household member completing this form

Date

**Program Guidelines
HOME-ARP Rent Program**

**Appendix D
Release of Information Authorization**

HOME-ARP RENT PROGRAM INCOME RELEASE OF INFORMATION AUTHORIZATION

Instructions to Applicant: Please complete release of information authorization forms as necessary based on assistance being requested. For all applications, complete the Income Release of Authorization for each household income source, then complete the Landlord Release of Information Authorization.

Applicant Name: _____

Applicant Address: _____

Employee/Income Earner Name: _____

I understand that submitting an application for assistance, does not guarantee assistance. I understand that at any time it may be necessary for the City of Ontario to share information or request information from other entities, including, but not limited to, the landlord, employer, other government agencies, etc. to verify the information provided in this application. I hereby authorize the City of Ontario, and/or its partners or funding agencies for this program, to seek and/or share information relevant to my request for assistance from the City of Ontario. I further certify that under the penalty of perjury that all information I have provided is true and correct, and I have given my permission for verification and understand that the discovery of any false information is ground for denial.

Employer/Source of Income: Please complete one form for each source of household income.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail: _____

NOTE: This form is signed by the head of household on behalf of all household members and by the employee/income earner for the above employer/source of income.

Applicant Signature

Date

Employee/Income Earner Signature

Date

HOME-ARP RENT PROGRAM

LANDLORD RELEASE OF INFORMATION AUTHORIZATION

Instructions to Applicant: Please complete release of information authorization forms as necessary based on assistance being requested. For all applications, complete the Income Release of Authorization for each household income source. If only requesting rent assistance, then complete the Landlord Release of Information Authorization.

Applicant Name: _____

Applicant Address: _____

I understand that submitting an application for assistance, does not guarantee assistance. I understand that at any time it may be necessary for the City of Ontario to share information or request information from other entities, including, but not limited to, the landlord, employer, other government agencies, etc. to verify the information provided in this application. I hereby authorize the City of Ontario, and/or its partners or funding agencies for this program, to seek and/or share information relevant to my request for assistance from the City of Ontario. I further certify that under the penalty of perjury that all information I have provided is true and correct, and I have given my permission for verification and understand that the discovery of any false information is ground for denial.

Landlord:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail: _____

Property Manager:

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ E-mail: _____

NOTE: This form is signed by the head of household on behalf of all household members.

Applicant Signature

Date

**Program Guidelines
HOME-ARP Rent Program**

**Appendix E
Landlord Certification of Rent Amounts Due Form**



CITY OF
ONTARIO

HOME-ARP PROGRAM LANDLORD CERTIFICATION OF RENT AMOUNTS DUE

The applicant named below is submitting an application for the City of Ontario's HOME-ARP Rent Program. This program will provide an assistance payment directly to the landlord for rent due at the time of application for up to six months of deferred rent payments requested by the applicant. The maximum total number of months eligible for assistance is twelve months, including rent arrears and future rent payments. Please review this certification form, complete the form, and return it to the applicant to submit to the City.

Applicant Name: _____

Applicant Address: _____

Total Number of Persons Living in Unit: _____ **Total Amount Due:** _____

This property is registered as part of the City of Ontario's Systematic Health and Safety Inspection Program and the required fees have been paid Yes No

Rental Amounts currently due by month (Can include up to a maximum of six months of deferred assistance and the current month's rental payment due):

Month	Total Rent Amount for this Month	Amount Paid for this Month	Amount Due for this Month

Payment information (make sure this information matches the information on the W9 form):

Make check payable to: _____

Mailing address: _____

I understand the payments will be made directly to landlord on behalf of the above-named tenant. I certify that the information provided is true and correct to the best of my knowledge.

Landlord Signature

Date

**Program Guidelines
HOME-ARP Rent Program**

**Appendix F
Certified Statement of Non-Duplication of Benefits**

HOME-ARP RENT PROGRAM

CERTIFIED STATEMENT OF NON-DUPLICATION OF BENEFITS (Page 1 of 2)

Applicant Name: _____

Applicant Address: _____

Landlord Name: _____

We, the undersigned, hereby certify that no members of the applicant's household or the landlord on behalf of the applicant's household are currently receiving assistance and have not received/will not receive assistance from any other source, such as gifts, federal money, local non-profits, or churches for rental expenses for the period for which this application is requesting assistance. The use of this assistance for any other expense shall constitute an inappropriate use of program funds which will be subject to repayment by applicant and/or landlord up to the full amount of the assistance provided. Proof of eligible rental expenses are due before additional assistance will be provided. In the event that the applicant receives duplicated benefits, the applicant understands that they will be required to repay the duplicated assistance to the City of Ontario's HOME-ARP Rent Program (HARP).

TENANT'S CERTIFICATION

I, _____, am the applicant for the HARP assistance and I certify that the completed form on the next page is an accurate disclosure of all rental assistance benefits that I have received or applied for. I understand that falsifying documents to obtain assistance is a criminal offense.

NOTE: This form is signed by the head of household on behalf of all household members.

Applicant Signature

Date

LANDLORD'S CERTIFICATION

I, _____, am the landlord for the property where the applicant for the HARP assistance is being requested. By my signature below, I certify that I have not received funding from any other source that would duplicate any payments made as part of this application. I understand that falsifying documents to obtain assistance is a criminal offense.

Landlord Signature

Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT U.S.C. TITLE 18, SECTION 1001, PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKE ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED UP TO \$10,000, OR IMPRISONED UP TO 5 YEARS OR BOTH."

HOME-ARP RENT PROGRAM
CERTIFIED STATEMENT OF NON-DUPLICATION OF BENEFITS (Page 2 of 2)

Applicant Name: _____

Applicant Address: _____

Landlord Name: _____

Instructions: Please use the table below to disclose all assistance received or requested from all other sources for rental and/or utility assistance. Please include all assistance received or requested regardless of the period covered by the assistance.

Funding Source	Total Rent and/or Utility Amount	Type of Assistance and Status	Time Period Covered by Funds Received or Requested	Comments
Local or Private Funds (i.e., non-profit agencies, friends, family, gifts, etc.)		<input type="checkbox"/> Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Pending <input type="checkbox"/> Received		
County of San Bernardino Funds (SBC rent relief or other rent and utility assistance programs)		<input type="checkbox"/> Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Pending <input type="checkbox"/> Received		
State of California Funds (Housing is Key rent relief or other rent and utility assistance programs)		<input type="checkbox"/> Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Pending <input type="checkbox"/> Received		
Other Federal Funds (i.e., U.S. Treasury Funds, FEMA, Other Federal CARES Act funding, Housing Choice Voucher (Section 8), other Tenant Based Rental Assistance, etc.)		<input type="checkbox"/> Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Pending <input type="checkbox"/> Received		
City of Ontario CDBG-CV Short-Term Rental and Utility Assistance Program		<input type="checkbox"/> Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Pending <input type="checkbox"/> Received		
ESG-CV Emergency Rent and Utility Assistance Program (this application)		<input type="checkbox"/> Rent <input type="checkbox"/> Utilities <input type="checkbox"/> Pending <input type="checkbox"/> Received		

NOTE: This form is signed by the head of household on behalf of all household members.

Applicant Signature

Date

**Program Guidelines
HOME-ARP Rent Program**

**Appendix G
Request for Monthly Financial Assistance from
Reservation**

HOME-ARP RENT PROGRAM

REQUEST FOR MONTHLY FINANCIAL ASSISTANCE FROM RESERVATION

Use this form to request payment of financial assistance from the reservation for your household. This form must be completed each month and submitted to the Housing Services Department by the 15th of the month to ensure timely payment of the amounts due. The applicant is responsible for any late fees accrued related to the payments requested.

Date of this request: _____

Applicant Name: _____

Applicant Address: _____

Period Requested: _____ **# of months requested previously:** _____

Type of Assistance	Amount
Rent	

I still occupy the unit listed above as my primary residence and will continue to occupy the unit as my primary address for the duration of the period of assistance being requested.

TENANT'S CERTIFICATION

I, _____, am the applicant for the HARP assistance and I certify that I have not received any other form of rent assistance for the amounts/period requested on this form. I understand that falsifying documents to obtain assistance is a criminal offense.

NOTE: This form is signed by the head of household on behalf of all household members.

Applicant Signature

Date

LANDLORD'S CERTIFICATION

I, _____, am the landlord for the property where the applicant for the HARP assistance is being requested. By my signature below, I certify that I have not received funding from any other source that would duplicate any payments made as part of this application. I understand that falsifying documents to obtain assistance is a criminal offense.

Landlord Signature

Date

**Program Guidelines
HOME-ARP Rent Program**

**Appendix H
Financial Assistance Agreement**

**Program Guidelines
HOME-ARP Rent Program**

**Appendix I
Acknowledgment of Required Documents**

HOME-ARP RENT PROGRAM ACKNOWLEDGMENT OF REQUIRED DOCUMENTS

Applicant Name: _____

Applicant Address: _____

An intake meeting for HOME-ARP Rent Program (HARP) application completeness was conducted for the above applicant's household on the below date. The following HARP materials were provided to the applicant as a part of this meeting:

- 1) HOME-ARP Rent Program Guidelines**
- 2) Violence Against Women Act (VAWA) Notice of Occupancy Rights**

During the course of the intake meeting these documents were discussed in full.

The standards and requirements requiring these documents to be provided are contained in 24 CFR Part 92.

APPLICANT'S CERTIFICATION

I, _____, am the applicant for the HARP assistance and I certify that I received the two documents listed above.

NOTE: This form is signed by the head of household on behalf of all household members.

Applicant Name

Date

**Program Guidelines
HOME-ARP Rent Program**

**Appendix J
IRS W-9 Form**

**Program Guidelines
HOME-ARP Rent Program**

**Appendix K
VAWA Notice of Occupancy Rights**