



CITY OF
ONTARIO

Housing Services Department

Emergency Rent Assistance

PROGRAM GUIDELINES

November 25, 2024

EMERGENCY RENT ASSISTANCE PROGRAM APPLICATION

WHAT IS THE EMERGENCY RENT ASSISTANCE (ERA) PROGRAM?

On November 8, 2022, Ontario residents voted in favor of Measure Q, a one percent (1%) retail transactions and use (sales) tax within the City of Ontario. ERA has been established with Measure Q revenue and provides emergency grants to assist Ontario renters with rental arrears due to an unexpected financial hardship. This program provides assistance for up to three months of rent, with a maximum financial benefit of \$10,000, which can include deferred, current, or future rent payments. Payments will be made directly to the landlord.

To qualify for this program, participants must have a gross annual household income that does not exceed 120% of Area Median Income.

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

2024 Income Limits*								
Family Size	1	2	3	4	5	6	7	8
Max. Income	\$81,900	\$93,600	\$105,300	\$117,000	\$126,350	\$135,700	\$145,100	\$154,450
<i>*Income limits are subject to change annually</i>								

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.



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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
- Statement of Unexpected Financial Hardship and supporting documentation
- 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
- 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.)
- 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)



**CITY OF ONTARIO
EMERGENCY RENT ASSISTANCE 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 Race Code _____ 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	Gender	Age	Race Code	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



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Please provide a summary of rent and/or late fees being requested. Documentation must be provided to support this information, including a copy of the current lease, payment agreements or requests for rent deferral. Base rent and late fees associated with deferred rent requested are eligible.

Month	Rent Amount	Late Fee

Please provide a summary of the recent financial hardship(s) experienced by your household that has impacted your ability to pay rent, include the dates and nature of the expenditures.

Large empty rectangular box for providing a summary of financial hardship(s).



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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 rent payments they are unable to pay;
- Applicant’s household income is below 120% of the area median income adjusted for family size;
- Applicant has provided complete household and income information to support this application;
- Applicant has experienced a recent economic hardship; 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

EMERGENCY RENT ASSISTANCE 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

EMERGENCY RENT ASSISTANCE 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

EMERGENCY RENT ASSISTANCE 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

EMERGENCY RENT ASSISTANCE PROGRAM LANDLORD CERTIFICATION OF RENT AMOUNTS DUE

The applicant named below is submitting an application for the City of Ontario’s Emergency Rent Assistance Program. This program will provide an assistance payment directly to the landlord for base rent amounts and associated late fees due at the time of application for up to three months of deferred payments requested by the applicant. The maximum total number of months eligible for assistance is three months with a maximum financial benefit of \$10,000, 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: _____ **Amount Requested:** _____

Is this property registered as part of the City of Ontario’s Systematic Health and Safety Inspection Program and have the required fees have been paid? Yes No

Rental Amounts currently due by month (Can include up to a maximum of three months of deferred, current, or future rent due):

Month	Base Rent per Lease	Late Fee	Amount Paid for this Month	Total Outstanding 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

