



**Housing Services Department**

**ESG Eviction Prevention Program**

**PROGRAM GUIDELINES**

**January 2, 2025**

## ESG EVICTION PREVENTION PROGRAM APPLICATION

### WHAT IS THE ESG EVICTION PREVENTION PROGRAM (EPPP)?

The City of Ontario has established the ESG Eviction Prevent Program (EPPP) to mitigate potential eviction and displacement of existing Ontario residents experiencing housing instability. Specifically, this program will assist Ontario residents at risk of homelessness by providing short-term rental assistance payments. Eligible applicants can receive up to three months of rental assistance, with a maximum financial benefit of \$10,000. Program participants are eligible to receive assistance one time in a 12-month period.

To qualify for this program, participants must have a gross annual household income that does not exceed 30% 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	\$21,550	\$24,600	\$27,700	\$30,750	\$33,250	\$35,700	\$38,150	\$40,600
<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](mailto:Rentalutility@ontarioca.gov).



CITY OF ONTARIO  
ESG EVICTION PREVENTION 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
- Document supporting the household meets the definition of At risk of homelessness (i.e., notice that their right to occupy their housing unit will be terminated within 21 days of application)
- 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.)
- 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 and all parties over 18 years old shown on the lease agreement
- 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  
ESG EVICTION PREVENTION 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



**CITY OF ONTARIO  
ESG EVICTION PREVENTION PROGRAM APPLICATION**

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 mark all appropriate boxes to indicate the household's current risk for eviction.

- Household annual income is below 30% of median family income (provide income documentation required for application review)
- Household does not have sufficient resources or support networks to prevent eviction (no documentation needed)
- Household has moved two or more times during the 60 days immediately preceding the application date (provide prior lease agreements or other documentation)
- Household has received written notice that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application (provide copy of notice)

Explanation of current risk of eviction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**CITY OF ONTARIO  
ESG EVICTION PREVENTION 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 rent payments they are unable to pay;
- Applicant's household income is below 30% of the area median income adjusted for family size;
- Applicant has provided complete household and income information to support this application;
- Applicant meets the definition of At risk of homelessness and has provided information about current risk of eviction; 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

## ESG EVICTION PREVENTION 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





## ESG EVICTION PREVENTION 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 and 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

## ESG EVICTION PREVENTION 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 and 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

**ESG EVICTION PREVENTION PROGRAM  
LANDLORD CERTIFICATION OF RENT AMOUNTS DUE**

The applicant named below is submitting an application for the City of Ontario’s ESG Eviction Prevention 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, current, or prospective 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

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they