

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 and/or utility 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 and/or utility 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."

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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