



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