



**Program Guidelines  
HOME-ARP Rent Program**

**July 2023**

**City of Ontario**  
**HOME-ARP Rent Program Guidelines**

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**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 and utility 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.
- Households must not have more than six months of deferred rental and utility 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.

| <b>FY 2023 Income Limits*</b>                        |                   |        |        |        |        |        |        |        |
|--|-------------------|--------|--------|--------|--------|--------|--------|--------|
| <b>Riverside-San Bernardino-Ontario MSA</b>          |                   |        |        |        |        |        |        |        |
| 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 |
| <i>*Income limits are subject to change annually</i> |                   |        |        |        |        |        |        |        |

**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.

**Eligibility: Utilities**

The HOME-ARP Rent Program may pay for up to 12 months of utility payments per household, per service, including up to 6 months of utility payments in arrears, per service. A partial payment of a utility bill counts as one month. This assistance may only be provided if the program participant or a member of the same household has an account in his or her name with a utility company or proof of responsibility to make utility payments. Utility payments independent of rental assistance are not eligible for HARP assistance.

Eligible utility services are gas, electric, water, and sewage.

**Benefits:**

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

- Eligible applicants can receive assistance for up to twelve months of rent and utility 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 and utility 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:
    - 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
    - Documentation regarding utility deferment with a statement of balance due for those requesting assistance with utility arrears.
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. Copies of delinquent utility bills showing balances due will be used to verify utility payments owed.
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 and/or utility companies.

**City of Ontario**  
**HOME-ARP Rent Program Guidelines**

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**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. The amount of utility assistance a household is eligible to reserve will be the lesser of the HACSB Housing Choice Voucher Utility Allowance for the household's unit size and utilities paid by the tenant or the amount remaining after the rental assistance has been maximized, evenly divided by the months of rental assistance the household is eligible to receive. Utility payments made on behalf of the household will be the lesser of the actual utility cost or the established utility allowance.

A sample HARP reservation follows:

|    |  |                  |
|----|--|------------------|
| 1  | Maximum Financial Assistance   | 30,000.00        |
| 2  | HACSB 2022-23 MTW Payment Standard - Two Bedroom (P. 15)   | 3,028.00         |
| 3  | HACSB 2022 Utility Allowance Schedule - Two Bedroom*   | 172.00           |
| 4  | Current Household Rent Amount  | 2,800.00         |
| 5  | Number of months eligible for HARP assistance (Line 1 / Line 4) (Rounded down to the nearest whole number) | 10               |
| 6  | <b>HARP Rental Assistance</b>  | <b>28,000.00</b> |
| 7  | Amount remaining for utility allowance (Line 1 – Line 6)   | 2,000.00         |
| 8  | Monthly amount of utility assistance available for reservation (Line 7 / Line 5)                           | 200.00           |
| 9  | Amount of monthly HARP Utility Assistance reserved (lesser of Line 3 or Line 8)                            | 172.00           |
| 10 | <b>HARP Utility Assistance Reserved (Line 5 * Line 9)</b>  | <b>1,720.00</b>  |
| 11 | <b>TOTAL RESERVATION</b>   | <b>29,720.00</b> |

\* Includes gas cooking, gas heating, other electric, air conditioning, and gas water heating.

**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 – Request for Financial Assistance Reservation and Initial Payment**

**Appendix F – Landlord Certification of Rent Amounts Due Form**

**Appendix G – Certification of Non-Duplication of Benefits**

**Appendix H – Request for Monthly Financial Assistance from Reservation**

**Appendix I – Financial Assistance Agreement**

**Appendix J – IRS W-9 Form**

**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 and utility payments, including up to 6 months of deferred rent and utility payments. Payments will be made directly to the landlord and/or utility companies. 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
- 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).***
- Copies of current utility bills showing amount due for all utility assistance requested
- Summary statement from the utility company showing all months for which utility arrears are due, for all utilities where assistance is being requested
- 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)
  - Utilities Release of Information Authorization Form (if utility 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***
- Request for Financial Assistance Reservation and Initial Payment form



**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 Race (use the codes below for race) \_\_\_\_\_ Hispanic?  Yes  No

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 | Hispanic  | Veteran   | Disabled  |
|------|--|-----|------|---|---|---|
|      | <input type="radio"/> Male<br><input type="radio"/> Female |     |      | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Physical<br><input type="radio"/> Developmental |
|      | <input type="radio"/> Male<br><input type="radio"/> Female |     |      | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Physical<br><input type="radio"/> Developmental |
|      | <input type="radio"/> Male<br><input type="radio"/> Female |     |      | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Physical<br><input type="radio"/> Developmental |
|      | <input type="radio"/> Male<br><input type="radio"/> Female |     |      | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Physical<br><input type="radio"/> Developmental |
|      | <input type="radio"/> Male<br><input type="radio"/> Female |     |      | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Physical<br><input type="radio"/> Developmental |
|      | <input type="radio"/> Male<br><input type="radio"/> Female |     |      | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Physical<br><input type="radio"/> Developmental |
|      | <input type="radio"/> Male<br><input type="radio"/> Female |     |      | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Yes<br><input type="radio"/> No | <input type="radio"/> Physical<br><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<br>(i.e., wages, SSI, SSD, TANF, Disability, Annuities, Retirement, etc.) |
|------|----------------------|--|
|      |                      |  |
|      |                      |  |
|      |                      |  |
|      |                      |  |
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|      |                      |  |
|      |                      |  |
|      |                      |  |
|      |                      |  |
|      |                      |  |

Please provide a summary of payments that have been deferred and anticipated prospective payments being requested with this application. Documentation must be provided to support this information, including a copy of the current lease, payment agreements or requests for rent deferral, and copies of utility bills showing balances due or payment agreements with utility companies. If additional space is needed, please attach separate sheets.

| Type of Payment<br>(mark one)  | Due Date | Deferred or<br>Prospective   | Amount or Estimated Amount |
|--|----------|--|----------------------------|
| <input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Water/Sewer/Trash<br><input type="checkbox"/> Other _____ |          | <input type="checkbox"/> Deferred (arrears)<br><input type="checkbox"/> Prospective (future) |                            |
| <input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Water/Sewer/Trash<br><input type="checkbox"/> Other _____ |          | <input type="checkbox"/> Deferred (arrears)<br><input type="checkbox"/> Prospective (future) |                            |
| <input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Water/Sewer/Trash<br><input type="checkbox"/> Other _____ |          | <input type="checkbox"/> Deferred (arrears)<br><input type="checkbox"/> Prospective (future) |                            |
| <input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Water/Sewer/Trash<br><input type="checkbox"/> Other _____ |          | <input type="checkbox"/> Deferred (arrears)<br><input type="checkbox"/> Prospective (future) |                            |
| <input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas<br><input type="checkbox"/> Water/Sewer/Trash<br><input type="checkbox"/> Other _____ |          | <input type="checkbox"/> Deferred (arrears)<br><input type="checkbox"/> Prospective (future) |                            |



**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 or prospective rent and/or utility 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):

| <b>Source of Income</b>  | <b>Frequency of Payment</b><br>(annually, quarterly, monthly, bi-weekly (every two weeks), bi-monthly (twice a month), or weekly) | <b>Amount per Period</b> |
|--|---|--------------------------|
| 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):

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*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. If only requesting rent assistance, then complete the Landlord Release of Information Authorization. If requesting rent and utility assistance, then complete the Landlord Release of Information Authorization and Utility Company Release of Authorization for each utility where assistance is being requested.*

**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, utility companies, 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. If requesting rent and utility assistance, then complete the Landlord Release of Information Authorization and Utility Company Release of Authorization for each utility where assistance is being requested.

**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, utility companies, 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

**HOME-ARP RENT PROGRAM  
UTILITY RELEASE OF INFORMATION AUTHORIZATION**

**Instructions to Applicant:** Please complete release of information authorization forms as necessary based on assistance being requested. If only requesting rent assistance, then complete the Landlord Release of Information Authorization. If requesting rent and utility assistance, then complete the Landlord Release of Information Authorization and Utility Company Release of Authorization for each utility where assistance is being requested.

**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, utility companies, 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.

I authorize the sharing of information with City of Ontario and/or its partners or funding agencies for this program and the following persons/entities:

| Name of Service Provider and Utility Provided | Account Holder Name | Account Number |
|---|---------------------|----------------|
|   |                     |                |
|   |                     |                |
|   |                     |                |
|   |                     |                |

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  
Request for Financial Assistance Reservation  
and Initial Payment**

## HOME-ARP RENT PROGRAM (HARP) REQUEST FOR FINANCIAL ASSISTANCE RESERVATION AND INITIAL PAYMENT

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

I understand if I am qualified for HARP, that a reservation of funds will be made for my household that does not exceed up to 12 months of assistance, of which up to 6 months may be for deferred rent and utility payments. The maximum amount of financial assistance is limited to \$30,000 per household.

**Assistance requested for:**

**Rental Assistance**

Number of months: Deferred \_\_\_\_\_ Future \_\_\_\_\_  
Amount requested: Deferred \_\_\_\_\_ Future \_\_\_\_\_  
Rent Payable to (name and mailing address): \_\_\_\_\_  
\_\_\_\_\_

**Utility Assistance**

I understand that a utility allowance will be established for my household to determine future monthly utility assistance payments based upon the type of utilities paid by me directly and my unit size. Future utility payments on my behalf will be the lesser of actual costs and the established utility allowance and will be available based on available funding with the program limits.

**Electricity** Name of Service Provider: \_\_\_\_\_  
Deferred payments # of months deferred \_\_\_\_\_ Amount \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Natural Gas** Name of Service Provider: \_\_\_\_\_  
Deferred payments # of months deferred \_\_\_\_\_ Amount \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Time period covered by this request: \_\_\_\_\_

**Water/Sewer/Trash**

Paid to Landlord  OR Name of Service Provider: \_\_\_\_\_  
Deferred payments # of months deferred \_\_\_\_\_ Amount \_\_\_\_\_  
Account Number: \_\_\_\_\_

I understand HARP payment requests must be supported with appropriate documentation as noted in the application for assistance. Further, I understand that payments will be made directly to third parties as noted above on my behalf.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Program Guidelines  
HOME-ARP Rent Program**

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





## 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 G  
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 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."*

**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.*

| <b>Funding Source</b>   | <b>Total Rent and/or Utility Amount</b> | <b>Type of Assistance and Status</b>   | <b>Time Period Covered by Funds Received or Requested</b> | <b>Comments</b> |
|---|---|--|---|-----------------|
| Local or Private Funds<br>(i.e., non-profit agencies, friends, family, gifts, etc.)   |   | <input type="checkbox"/> Rent <input type="checkbox"/> Utilities<br><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<br><input type="checkbox"/> Pending <input type="checkbox"/> Received |   |                 |
| State of California Funds<br>(Housing is Key rent relief or other rent and utility assistance programs)   |   | <input type="checkbox"/> Rent <input type="checkbox"/> Utilities<br><input type="checkbox"/> Pending <input type="checkbox"/> Received |   |                 |
| Other Federal Funds<br>(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<br><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<br><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<br><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 H  
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 15<sup>th</sup> 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:** \_\_\_\_\_

**Monthly Utility Allowance:** \_\_\_\_\_

| Type of Assistance                     | Amount | Type of Assistance | Amount |
|--|--------|--------------------|--------|
| Rent                                   |        | Natural Gas        |        |
| Electricity                            |        | Water/Sewer/Trash  |        |
| <b>TOTAL REQUESTED FOR THIS PERIOD</b> |        |                    |        |

- 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.
- The total amount of utility assistance being requested for the period above does not exceed my Monthly Utility Allowance.

#### **TENANT'S CERTIFICATION**

I, \_\_\_\_\_, am the applicant for the HARP assistance and I certify that I have not received any other form of rent and/or utility 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 I  
Financial Assistance Agreement**

**Program Guidelines  
HOME-ARP Rent Program**

**Appendix J  
IRS W-9 Form**