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**City of Ontario**  
**CIT Emergency Grant Program**  
**INCOME SELF-CERTIFICATION**

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NOTE: The information you provide on this form will be used to determine pre-eligibility for the CIT Emergency Grant Program and will be kept confidential.

1. Household name \_\_\_\_\_

2. Address \_\_\_\_\_

3. How many people are in your household \_\_\_\_\_

4. List all household members, their relationship, and gross annual income (prior to taxes and/or deductions)

Name	Age	Relationship	Gross Annual Income

5. Did all household members over the age of 18 file tax returns for the last three years? ☐ Yes ☐ No

6. Provide your Code Enforcement Case Number \_\_\_\_\_ Date of Notice \_\_\_\_\_

Please return this form via e-mail to **CITPrograms@ontarioca.gov**

If your household is determined to be pre-eligible for this program, an application and related documents will be sent to you for completion.