

CDBG-CV SHORT-TERM RENT AND UTILITY ASSISTANCE 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 by 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