



City of Ontario Short-Term Rent and Utility Assistance Program (STRUAP)

WHAT IS THE SHORT-TERM RENT AND UTILITY ASSISTANCE PROGRAM?

The Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law on March 27, 2020, to respond to the growing effects of the coronavirus health crisis. The CARES Act made available Community Development Block Grant Coronavirus (CDBG-CV) funds. The Short-Term Rental and Utility Assistance Program provides emergency grants to assist very low-income renters that have a documented loss in household income related to COVID-19 (coronavirus). This program provides assistance for up to six months of deferred or prospective rent and utility payments. Payments will be made directly to the landlord and/or utility companies. The maximum grant amount is \$10,000 and payments must be supported by deferred payment documentation.

To qualify for this program, participants must have a gross annual household income that does not exceed 80% of Area Median Income **and** have experienced an income loss related to COVID-19 (coronavirus).

This chart below will show you the “maximum” gross household annual income qualifications:

2022 Income Limits*								
Family Size	1	2	3	4	5	6	7	8
Max. Income	\$49,300	\$56,350	\$63,400	\$70,400	\$76,050	\$81,700	\$87,300	\$92,950
<i>*Income limits are subject to change annually</i>								

HOW DO I APPLY?

Incomplete applications that do not have all required documentation will not be accepted. Funding is limited and 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 Department.

Email applications will not be accepted. Applications may be submitted by mail or in person at the following address:

**CITY OF ONTARIO HOUSING DEPARTMENT
303 EAST B STREET
ONTARIO, CA 91764**

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 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
SHORT-TERM RENTAL AND UTILITY ASSISTANCE 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, 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
- 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 30 days, or documentation of all sources of income for at least one month (i.e., Social Security, Supplemental Security Income, pension or retirement fund payments, child support/alimony, etc.).
- Certified Statement of COVID-19 Impact to Income and any supporting documentation (i.e., unemployment benefit application or award statement dated after March 14, 2020, letter from employer documenting reduction in hours, etc.).
- Landlord Certification of Rental Arrears 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
- 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 form



CITY OF ONTARIO
SHORT-TERM RENTAL AND UTILITY ASSISTANCE 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 <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental
	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Physical <input type="radio"/> Developmental

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 (i.e., wages, SSI, SSD, TANF, Disability, Annuities, Retirement, etc.)

Please provide a summary of deferred 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 (mark one)	Due Date	Amount or Estimated Amount
<input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Water/Sewer/Trash <input type="checkbox"/> Other _____		
<input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Water/Sewer/Trash <input type="checkbox"/> Other _____		
<input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Water/Sewer/Trash <input type="checkbox"/> Other _____		
<input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Water/Sewer/Trash <input type="checkbox"/> Other _____		
<input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Water/Sewer/Trash <input type="checkbox"/> Other _____		
<input type="checkbox"/> Rent <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Water/Sewer/Trash <input type="checkbox"/> Other _____		

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 had an impact to its household income as a result of COVID-19 (coronavirus);
- Applicant's household has deferred rent and/or utility payments as a result of this impact; and
- Applicant has provided complete household and income information to support this application.
- 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

Signature

Date

Print Name

Date