

**CDBG-CV SHORT-TERM RENT AND UTILITY ASSISTANCE 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 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.

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