



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 City of Ontario has received an allocation of CDBG-CV funds from the U.S. Department of Housing and Urban Development (HUD).

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 up to three months of assistance for deferred rent balance due and utility payments due. Payments will be made directly to the landlord and/or utility companies.

To qualify for this program, participants must have a gross annual household income that does not exceed 50% 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:

2020 Income Limits*								
Family Size	1	2	3	4	5	6	7	8
Max. Income	\$26,400	\$30,150	\$33,900	\$37,650	\$40,700	\$43,700	\$46,700	\$49,700
<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.

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**

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

- Completed and signed Application Form
- Copies of Social Security Cards or other documentation of residency status for all household members – numbers on Social Security Cards may be redacted to only display the last four digits
- Copy of the current lease agreement – must be current and not expired or indicate that lease converts to a month-to-month term upon expiration
- Income Verification – **(each occupant over 18 years old and all parties over 18 shown on the lease agreement)** 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.). If any occupant over 18 years old receives no public benefits or income, a certified statement of these facts must be provided.
- 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***
- 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)



**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 Social Security Number _____

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	SSN	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



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Please check appropriate impacts to income as a result of COVID-19 (coronavirus). Sufficient documentation to demonstrate the checked factors will be required to be attached with this application.

- Loss of employment
- Loss of income due to reduction of working hours
- Reduced working hours due to illness related to COVID-19 (coronavirus)
- Reduced working hours due to care given to sick family member related to COVID-19 (coronavirus)
- Reduced working hours due to providing childcare necessary due to children unable to attend school

IMPACTS OF COVID-19 (CORONAVIRUS) NARRATIVE

Please attach Statement of COVID-19 income impact to the 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 (i.e., wages, SSI, SSD, TANF, Disability, Annuities, Retirement, etc.)

Please attach copies of one-month current income documentation for all members of the household and all adults (18 or over) listed on the lease agreement.

DEFERRED PAYMENTS

Please provide a summary of payments that have been deferred as a result of the reduction of income due to COVID-19 (coronavirus). 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.



CITY OF ONTARIO
SHORT-TERM RENTAL AND UTILITY ASSISTANCE 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 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.

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



CDBG-CV SHORT-TERM RENTAL AND UTILITY ASSISTANCE PROGRAM STATEMENT OF COVID-19 IMPACT TO INCOME

Applicant Name: _____

Applicant Address: _____

Please provide a statement regarding the impact COVID-19 (coronavirus) has had on household income. In order to be eligible for assistance under the Short-Term Rent and Utility Assistance Program (STRUAP), the household must be able to demonstrate an impact to household income from the coronavirus pandemic (i.e., loss of employment, reduction in working hours, loss of income due to caring for children not able to be in school, etc.). Attach additional sheets if necessary.

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 THE ABOVE STATEMENT IS TRUE AND CORRECT.

Applicant Signature

Date

**CDBG-CV SHORT-TERM RENTAL AND UTILITY ASSISTANCE PROGRAM
CERTIFIED STATEMENT OF NO INCOME**

Applicant Name: _____

Applicant Address: _____

Household Member completing certification: _____

Please complete this form for any adult household member who has no income and does not anticipate receiving any income or benefits in the next 12 months. Please review the statement explaining income and benefits expected in the next 12 months and add any additional statement necessary to explain status of income.

I currently do not receive, nor do I anticipate receiving income or benefits for the next 12 months.

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 THE ABOVE STATEMENT IS TRUE AND CORRECT.

Signature

Date



CDBG-CV SHORT-TERM RENTAL AND UTILITY ASSISTANCE 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: _____

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.

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



CDBG-CV SHORT-TERM RENTAL 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



CDBG-CV SHORT-TERM RENTAL 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