



CITY OF RIALTO RENTAL/MORTGAGE AND UTILITIES ASSISTANCE PROGRAM

City of Rialto
City Manager's Department
(909) 820-2689
www.yourrialto.com

**Applications are processed on a first come, first served basis.
Applications will be processed until all funding is allocated (No Deadline Date)**

In response to the harsh economic impact that COVID-19 has had on residents, the Rialto Rental/Mortgage and Utilities Assistance program will offer housing and utility assistance payments to Rialto residents. Rialto residents can apply for a maximum of \$1,600 per month (\$4,800 total) for up to three (3) consecutive months for rent or mortgage assistance, and/or a one-time utilities assistance up to \$500 (not to exceed three months), to help renters and homeowners in the City. **Previously approved applicants may re-apply for any remaining eligible balance up to the total maximum amount allowed, provided the new application is received within three months of the previously approved application.** Financial assistance will be offered to low/moderate income households meeting the Housing and Urban Development (HUD) guidelines who rent/own in the City and have experienced loss of income due to the COVID-19 pandemic. The grant program is made possible with federal Community Development Block Grant CARES Act (CDBG-CV) funds from the Department of Housing and Urban Development (HUD), therefore residents must meet all requirements to be eligible for the program. Applications are processed on a first come, first served basis until all funding is allocated (No Deadline Date). **Payments will be made directly to landlords/mortgage provider/mortgage servicer/utility companies. Mortgage payments are for the monthly amount of principal and interest only, late fees are not eligible.**

Please type or use ink. Do not use pencil. Please write legibly. All blanks must be completed or have N/A written.

APPLICATION CHECKLIST

Please ensure that all of the items below are included in your application. Applications with incomplete information will not be processed.

STEP ONE: Determine your eligibility for the program (must be able to check **all** items below in order to be eligible).

- I am a renter or homeowner residing in the City of Rialto.
- My Rialto residence is my primary residence
- I have a Rental/Lease Agreement or **two (2)** most recent Mortgage Statements, and/or **two (2)** months recent Utility Bills (if applying for utility assistance).
- I am within the U.S. Department of Housing and Urban Development (HUD) established "Low-Income Limits". (Please check the attached 2021 HUD Income Limits Table found on page 10.)

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto's verification of various eligibility requirements. The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code which states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making false or fraudulent statement to the Department of the United States Government.

- I, or my household, have been economically impacted during the COVID-19 pandemic period beginning March 27, 2020 to present, causing loss of income and inability to pay rent or mortgage.
- I currently do not receive any other forms of resident assistance payments (examples: Housing Choice Voucher - Section 8, senior housing section 202 or disabled housing section 208 with rental assistance subsidies, or other resident assistance programs).

STEP TWO: Submit the following documents

- Completed Rental/Mortgage and Utilities Application
- Proof of applicant's loss of or reduction in income/employment due to COVID-19 pandemic. This can be provided by:
 - A copy of household member(s) notification of job loss/termination from employer during the eligible pandemic period (March 27, 2020 to present); **OR**
 - A copy of household member(s) notification of furlough from employer during the eligible pandemic period (March 27, 2020 to present); **OR**
 - A copy of household member(s) notification confirming reduction in hours and/or pay during the eligible pandemic period (March 27, 2020 to present); **OR**
 - A copy of household member(s) application during the eligible pandemic period (March 27, 2020 to present) and/or approval for Unemployment Insurance benefits; **OR**
 - A signed self-certification that includes the name of the household member who is self-employed, the name and nature of the business, and narrative confirming economic impact on self-employment during eligible pandemic period (March 27, 2020 to present).
- A copy of the current residential lease agreement for the address the applicant resides in as a part of this application; or **two (2)** recent mortgage statement; and/or **two (2)** recent utility bills (if applying for utility assistance)
- Copies of Income verification for all household members. Include all income sources for all household members. (See page 6 for list of income sources)
- Copies of **two (2)** most recent months bank statements for all household member bank accounts over the age of 18 years old.
- Copy of Government issued Photo Identification (I.D.)



CITY OF RIALTO RENTAL/MORTGAGE AND UTILITIES ASSISTANCE PROGRAM APPLICATION

1. APPLICANT INFORMATION

DATE: _____

Applicant Name: _____

Resident's Address: _____

E-mail: _____ Phone: _____

a. Applicant Demographics

Race/Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Latina/Latino | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other multi-racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | |

2. RENTAL/MORTGAGE INFORMATION

Landlord/Property Management or Mortgage Company: _____

Contact Person: _____ Telephone No.: _____

Email Address: _____

a. Do you currently rent or own your primary residence?

- Rent Own

b. How much do you pay a month for rent/mortgage? \$ _____

c. Are you currently behind on your monthly rent/mortgage payment?

No yes

If yes, how many months are you behind since March 27, 2020? _____

d. How long have you lived at your current address? _____

e. Do you currently have a sewer account with Rialto Water Services (RWS)?

No Yes

f. If you **do not** have a sewer account with RWS, how much do you pay a month for electric service? \$ _____

g. Are you currently behind on your utilities? (only if applying for utility assistance)

No Yes

If yes, how many months are you behind since March 27, 2020? _____

h. Have you been financially impacted due to the coronavirus pandemic?

No Yes

If yes, please describe (i.e. reduction of hours, job loss, other):

i. What is the total number of household members that occupy this address as their primary residence? _____

Continue to next page

HOUSEHOLD INCOME AND COMPLETED APPLICATION CERTIFICATION (REQUIRED)

INSTRUCTIONS: This is a written statement documenting the Annual Income, the number of members in the family or household, and relevant characteristics of each member for the purposes of income determination. List of income is found on page 6.

To complete this statement, fill in the blank fields below. The applicant Head of Household(s) must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Must list all household members and income for all members of the household, including roommates, etc.

Name	Total Annual Income	HH Head of Household	CH Co-Head	DIS Disabled	S≥18 Student Older than 18	<18 Child Under 18	<15 Child Under 15

HH = Head of Household; CH = Co-Head of Household; DIS = Person with disabilities; S≥18 = Fulltime student age 18 or over; <18 = Child under the age of 18 years; <15 = Minor under the age of 15 years

Annual Gross Income (total of all members) = \$ _____

I certify that this information is complete and accurate. I agree to provide, upon request, documentation on all income sources to the City of Rialto. **(all household members over age 18 must sign)**

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

INCOME DOCUMENTATION WORKSHEET (REQUIRED)

Applicant must indicate income from all applicable sources for all household members and attach supporting documentation:

Source of Income	Gross Monthly Income in Dollars	Supporting Documentation
Salary	\$	<ul style="list-style-type: none"> • Copies of all paycheck stubs from the last 2 months; AND • 2020 Federal income tax returns; OR • 2019 Federal income tax return AND 2020 W-2 forms
Self-Employed Profits	\$	<ul style="list-style-type: none"> • A copy of 2020 or 2019 IRS Form 1040/1040A (tax return); OR • An affidavit signed by the applicant that includes the name of the household member who is self-employed, the name of the business, and the prior year's estimated annual income (Self-Employment Income Self-Certification Form attached.)
Social Security Income (SS)	\$	<p>The following must not be older than one year unless noted:</p> <ul style="list-style-type: none"> • Copy of applicant's monthly award check; OR • Copy of applicant's benefit verification letter (applicant can request from local Social Security office); OR • Form SSA-2458 (applicant can request from local Social Security office); OR • Form SSA-1099 (yearly benefit statement that may not be older than one (1) year); OR • Written certification from awarding agency verifying monthly benefits; OR • Copy of bank statement showing direct deposit of applicant's award check.
Supplemental Security Income (SSI)	\$	
Social Security Disability (SSD)	\$	
California Work Opportunity and Responsibility for Kids (CalWORKs)	\$	
Temporary Assistance for Needy Families (TANF)	\$	<ul style="list-style-type: none"> • Award letter stating the amount of applicant's benefit; OR • Copy of applicant's most recent bi-monthly award check(s); OR • Written statement from Caseworker stating the applicant's benefit amount; OR • Written certification from awarding agency verifying monthly benefits.
Pension	\$	<ul style="list-style-type: none"> • Copy of applicant's most recent pension check/payment stubs; OR • Copy of pension award letter showing monthly benefits; OR • Bank statement showing direct deposit of applicant's award check.
Alimony	\$	<ul style="list-style-type: none"> • Copy of applicant's weekly or monthly check; OR • Court decree establishing payments, (divorce papers); OR • Notarized affidavit of child support certifying amount received.
Child Support	\$	
Unemployment Insurance	\$	<ul style="list-style-type: none"> • Copy of award notice stating applicant's benefit; OR • Payment booklet.
Rental Property Income (income you receive from a rental property you own)	\$	<p>At least two (2) from the following:</p> <ul style="list-style-type: none"> • Copy of property rental agreement signed by current tenant showing monthly rent; OR • Copy of recent rent check; OR • Copy of applicant's income tax return declaring earned rental

Other Income not shown above - List Sources	\$	• Attach documentation to support declaration.
TOTAL HOUSEHOLD INCOME	\$	
CITY STAFF USE ONLY IN THIS SECTION:		
Total Gross Monthly Income:		Comments:
Total Gross Annual Income:		Comments:
Income Qualified?	YES NO	Comments:

Additional Comments:

Zero Income Certification Form

(To be completed by adult household members who are claiming zero income from any source, if appropriate)

This form should only be completed by family/household members are claiming **zero income** from any source. A separate Zero Income Self Certification must be completed for **each** family/household member that is claiming zero income.

Zero Income Self-Certification	
Print Name	Address (No., Street, City, Zip) :
<p>1. I hereby certify that I do not individually receive income from any of the following sources:</p> <ul style="list-style-type: none">a. Wages from employment (including commissions, tips, bonuses, fees, etc.);b. Net income from operation of a business or income from self-employment (i.e. sales of Avon, MaryKay, Shaklee, etc. or other business income);c. Rental income from real or personal property;d. Interest or dividends from assets;e. Social Security payments (SS)/Supplemental Security (SSI) payments, annuities, insurance policies, retirement funds, pensions, or death benefits;f. Unemployment or disability payments;g. Public assistance payments (i.e. welfare, TANF, CAPI payments, etc.);h. Periodic allowance such as alimony, child support, or gifts received from persons not living in my household; and/ori. Any other source not named above. <p>2. Choose the statement below that most closely applies to your situation:</p> <p><input type="checkbox"/> Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer currently.</p> <p><input type="checkbox"/> Currently, I have no income and I am a part-time or full-time student.</p>	

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Signature (Applicant)

(Print Name)

Date



CITY OF RIALTO RENTAL/MORTGAGE AND UTILITIES ASSISTANCE PROGRAM

Applicant's Affidavit

This Affidavit is sworn evidence from the applicant(s) of the existence of certain special circumstances to be considered by the City of Rialto in its evaluation of supporting documentation submitted by the Affiant.

SUBJECT PROPERTY ("Property"): _____

Street Address

Rialto, California _____

92376
ZIP Code

I, _____, being duly sworn on (his or her) oath, deposes and says the
Name of Affiant

following:

I did not file personal income tax returns for the tax year _____
Tax Year

I am presently unemployed and am not receiving unemployment benefits.

I am a full-time student over the age of 18.

Other: _____

I hereby certify, under penalty of perjury, to the City of Rialto, that the above information I have provided is true and correct and that knowingly making any false statement with the intent that it be relied upon by the City in approving the expenditure of public funds is a public offense, punishable under law.

Signature of Affiant Date

FY 2021 HUD Income Limits

Number of Persons in Household								
Riverside - San Bernadino County Area								
Income Category	1	2	3	4	5	6	7	8
Extremely Low 30%	\$16,600	\$19,000	\$21,350	\$23,700	\$25,600	\$27,500	\$29,400	\$31,300
Low 50%	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
Moderate 80%	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

3. ASSURANCES AND SIGNATURES

I understand and by signing agree that all information I have provided in this application is true and correct to the best of my knowledge. I agree to notify you promptly in writing upon any material change in the information provided herein. You are authorized to make such inquiries, as you deem necessary and appropriate to verify the accuracy of this application.

The information supplied is used strictly for establishing eligibility for the Rialto Rental/Mortgage Assistance Program under CBDG-CV funds. Applicant(s) acknowledge that personal and financial information may be subject to public disclosure under the California Public Records Act. If chosen for funding, applicant may subsequently be required to provide additional financial documentation, if required by HUD or the City.

Applicant Name
Date

Applicant Signature
Date