



## CITY OF RIALTO BURIAL REIMBURSEMENT REQUEST

**Applications are processed on a first come, first served basis.  
Applications will be processed until all funding is allocated.**

In response to the harsh economic impact that COVID-19 has had on City of Rialto (City) residents, the Rialto Burial Assistance Program was implemented to assist City residents with a one-time reimbursement of up to \$5,000 for funeral expenses for a family member who suffered a COVID-19 related death. Reimbursements can be requested for burial expenses incurred from March 27, 2020 to the present.

**Please type or use ink. Do not use pencil. Write legibly. Do not leave any blank spaces. All blank spaces must be completed. If a question does not apply, you still need to respond by writing "N/A" (not applicable) instead of leaving the space blank.**

**Submit a completed application with the required support documents to [rialtocares@rialtoca.gov](mailto:rialtocares@rialtoca.gov) or drop off the application at City Hall to the attention of Janet Franco, 150 S. Palm Ave, Rialto, CA 92376.**

### **CHECKLIST**

Please ensure that all the below items are included in your request. Requests submitted with incomplete information will not be processed.

**STEP ONE.** Determine your eligibility for the program. The following items in Step 1 must **All** be checked to establish eligibility:

- I am a Rialto resident.
- The address of my primary residence is within a qualified census tract **OR** I am within the U.S. Department of Housing and Urban Development (HUD) established "Low- Income Limits". (Please reference the Qualified Census Tract Verification found on page 5 or the 2021 HUD Income Limits Table found on page 6).
- I have not received any other form of assistance for this funeral expense.

**STEP TWO.** Submit the following documents:

- A completed Burial Reimbursement Request Application (This form).
- Licensed funeral, cremation, or cemetery receipt(s) and proof of payment.
- Copy of Death Certificate.
- Copy of a Government issued Photo Identification (I.D.) **AND** Utility Bill if I.D. does not have a Rialto Address.
- Attachment A: Qualified Census Tract Verification Form.
- Completed W-9 Form (will be provided by staff if approved).
- Any additional requested documents to determine eligibility.



## CITY OF RIALTO BURIAL REIMBURSEMENT REQUEST APPLICATION

### 1. APPLICANT INFORMATION

DATE: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Address:

\_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

#### a. COVID-19 Impact

For the time-period of March 27, 2020 to the present, did any member of your household suffer a COVID-19 related death?

Yes       No

### 2. Deceased Person's information

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### 3. BURIAL/CREMATION PROVIDER INFORMATION

Name of Service Provider: \_\_\_\_\_

Address of Service Provider: \_\_\_\_\_

Phone: \_\_\_\_\_



#### 4. REIMBURSEMENT REQUEST AMOUNT

Submit proof of payment for the amount of each reimbursement request.

List the funeral package service expense and the amount of the reimbursement request below:

<u>Service</u>	<u>Date of Service</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Reimbursement Requested: \$ \_\_\_\_\_



## Acknowledgements and Signatures

I certify the information included in this application and the documentation provided is true and correct. I understand that the penalty for providing false information and/or failing to provide the required documentation shall result in the denial of my Burial Reimbursement Request. I acknowledge that I have not received another form of burial assistance for the requested reimbursement. I understand that the City reserves the right to request additional documentation to determine my eligibility for reimbursement.

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**Applicant Name**

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**Applicant Signature**

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**Date**



## Attachment A: Qualified Census Tract Verification

To be eligible for burial reimbursement assistance, the applicant must meet on the following: (1) the Low Mod Area Benefit (LMA) criteria; or (2) be income eligible. The applicant meets the LMA National Objective if, the applicant's residence is located in an area where at least 51 percent of the residents are LMA persons.

**Please complete all the information below. If you need additional guidance, please contact Avant Garde staff at (909) 816-2408 or (909) 816-2863.**

### APPLICANT INFORMATION

Applicant name(s): \_\_\_\_\_

Applicant address: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_

### DETERMINING CENSUS TRACT & BLOCK GROUP

To determine if your residence falls within an eligible census tract/block group, please complete the following steps.

1. Visit the website below:
  - <https://arcg.is/vPmrb>
2. Enter your residence address.
3. Click on the map where your address is located. Find the number under the "FIPS" section: the last 7 digits is your Census Block Group.

Example:

USA Census BlockGroup Area	
FIPS	060710039001
COUNTY	San Bernardino
STATE	CA
POP2014	2,392
SQMI	0.28

Zoom to

0039001



4. Please Check the corresponding census tract / block group number below.

- |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0034032 | <input type="checkbox"/> 0035052 | <input type="checkbox"/> 0036071 | <input type="checkbox"/> 0039001 |
| <input type="checkbox"/> 0034041 | <input type="checkbox"/> 0035061 | <input type="checkbox"/> 0036091 | <input type="checkbox"/> 0039002 |
| <input type="checkbox"/> 0034052 | <input type="checkbox"/> 0035062 | <input type="checkbox"/> 0036093 | <input type="checkbox"/> 0040032 |
| <input type="checkbox"/> 0034053 | <input type="checkbox"/> 0035091 | <input type="checkbox"/> 0036122 | <input type="checkbox"/> 0040041 |
| <input type="checkbox"/> 0035051 | <input type="checkbox"/> 0035101 | <input type="checkbox"/> 0037001 | <input type="checkbox"/> 0043011 |
| <input type="checkbox"/> 0043023 | <input type="checkbox"/> 0035102 | <input type="checkbox"/> 0037002 |                                  |

My residential address is not in a census tract listed above. I understand that the City will contact me to complete any Supplemental Application Forms and submit income documentation to determine my income eligibility per the below U.S. Department of Housing and Urban Development 2021 Income Limits.

Maximum Annual Household Income Limits as Determined by HUD effective April 1, 2021								
Persons in Household								
	1	2	3	4	5	6	7	8
80% Moderate Income	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450