



# ESG-10 Rental Assistance Program

Rental Assistance Application

## GENERAL QUALIFICATIONS AND CONDITIONS

I/WE understand the following qualifications, conditions, and documentation requirements for this program:

### I. GENERAL QUALIFICATIONS AND CONDITIONS:

- The ESG-10 Rental Assistance Program provides financial assistance to individuals and families that rent and occupy a residential property in Fontana as their primary residence who because of circumstantial income loss or have lost income because of COVID-19 and who are at risk of becoming homeless by defaulting on their rent payments. Financial assistance is also available for those who are literally homeless and need Rapid-Rehousing.
- The maximum amount of assistance is up to three (3) consecutive months, short-term.
- The form of financial assistance for Homeless Prevention or Rapid-Rehousing, will be paid directly to the property owner/ property manager listed on the lease agreement. Eligible expenses that can be paid with grant funds include past due rent or current rent (no fees) for homeless prevention and for rapid-rehousing, security deposit, utility deposits and rent.

For **Homeless Prevention**, expenses must be evidenced by:

- **Rental Lease Agreement:** Rental lease agreement and statement showing the amount of past due rent.
- To qualify, the total annual family income (adjusted for family size) cannot exceed the limits listed in the table below.

**TABLE "A" - 2020 Eligibility Income Limits**

Family Size	1	2	3	4	5	6	7	8
30% Median Income	26,400	30,150	33,900	<b>37,650</b>	40,700	43,700	46,700	49,700

*Effective April 1, 2020 for the Riverside – San Bernardino, CA MSA and updated from time to time.*

- To qualify, gross family income may not exceed those listed in Table "A". Gross family income includes **all** income from **all** persons over 18 years of age.
- To qualify, the individual or family must demonstrate their income was/is reduced because of COVID-19 or circumstantial impact. Situations causing loss of income include, but are not limited to, loss of employment, reduction of work hours, reduced wages and or excessive medical bills.
- The application period for this program ends when funds have expired or September 30, 2021 (whichever comes sooner).
- The application must be filled out completely and include all required supporting documents.
- The application and all supporting documentation must be submitted to CityLink by email (loisl@wateroflifecc.org) (Subject Line ESG-10 Application") or by appointment:

CityLink  
8440 Nuevo Ave.  
Fontana, CA, 92335  
909-803-1059 X 2204

- The CityLink Case Managers will review applications. If an application is incomplete, the applicant will be given 14 calendar days to submit the missing paperwork.
- Payment will be made directly to the property manager/ property owner.
- CityLink determines the eligibility of applicants to the program and reserves the right to deny requests in specific instances where the applications/applicants do not conform to these or other program guidelines.

## II. DOCUMENTATION REQUIREMENTS:

The following documents must be photocopied and attached to your application. Do not submit originals. No documents will be returned.

1. **PHOTO IDENTIFICATION:** Photo Identification for every person over the age of 18 listed as a member of the family residing in the housing unit for which rental assistance is requested.
2. **PROOF OF COVID-19 ECONOMIC IMPACT, CIRCUMSTANTIAL IMPACT OR NEED RAPID-REHOUSING:**  
Applicants must submit documentation confirming negative economic impact during the COVID-19 pandemic period. Monthly income from January and February of 2020 shall be compared to monthly income from March 1, 2020 forward. Acceptable documentation of negative economic impact shall include:
  - A copy of family member(s) notification of job loss/termination from employer during the eligible pandemic period (March 1, 2020 to present); or
  - A copy of family member(s) notification of furlough from employer during the eligible pandemic period (March 1, 2020 to present); or
  - A copy of family member(s) notification or employer signed form confirming reduction in hours and/or pay during the eligible pandemic period (March 1, 2020 to present). The Request for Verification of Income or Reduction of Hours and/or Pay Form (Exhibit 2) to the Program Guidelines may be used for this purpose; or
  - A copy of family member(s) application during the eligible pandemic period (March 1, 2020 to present) and/or approval for Unemployment Insurance benefits;
  - A notarized affidavit signed that includes the name of the family 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 1, 2020 to present); or
  - Other appropriate documentation acceptable to CityLink
3. **VERIFICATION OF INCOME:** For each adult in the family 18 years or older, submit the supporting documentation appropriate for each type of income indicated in the program application Table C.
4. **LEASE DOCUMENTATION:**
  - Current lease agreement
  - Delinquency Notice (*Arrears Payment request only*)

For **Rapid-Rehousing** use application and Case Manager will contact your with further instructions and/or need for additional information or documents required.

**III. ACKNOWLEDGEMENT:**

I/WE have read and understand the foregoing general qualification and condition statements. I/WE further understand that any omission, misrepresentation, misstatements, deletions, falsifications, or other actions that result in MY/OUR not conforming to the requirements of the program will subject MY/OUR application to immediate cancellation and cause any disbursed funds to be immediately due and payable and may cause further legal action if warranted.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

*Please direct all questions regarding the ESG-10 Homeless Prevention/Rapid-Rehousing Program to 909- 803-1059 X 2204 or [loisl@wateroflifecc.org](mailto:loisl@wateroflifecc.org)*

Date Received: _____
Application No.: _____



# ESG-10 Rental Assistance Program

## RENTAL PROGRAM APPLICATION

### HOW DID YOU HEAR ABOUT THE PROGRAM?

- Neighbor
  Friend/Family Member
  I inquired with the City to see if there was such a Program  
 Direct Mail/Information Sent to me from City
  Newspaper Advertisement – Name of Paper: \_\_\_\_\_  
 Internet – CityLink website or other (please explain): \_\_\_\_\_
  Other, (please explain): \_\_\_\_\_

### HEAD OF HOUSEHOLD INFORMATION:

Name(s): \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Employment:  Retired  Unemployed  Employed – Employer's Name: \_\_\_\_\_  
 Sex:  Male  Female Age: \_\_\_\_\_

### LEASE INFORMATION

Monthly Rent Payment: \_\_\_\_\_ Total Rent Amount Due (including past months due): \_\_\_\_\_  
 Requested Months of Assistance (must be consecutive months): \_\_\_\_\_  
 Requesting arrears (past rent due) assistance
 Have you received a written notice of eviction? No \_\_\_ Yes (if yes, for when) \_\_\_\_\_

### FAMILY COMPOSITION (List the name of each individual living in the housing unit):

**TABLE "B" – FAMILY COMPOSITION**

NO.	NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DISABLED YES / NO	AGE	SEX M / F
1.		SELF			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

### COVID-19 ECONOMIC IMPACT:

- TERMINATION OF EMPLOYMENT DUE TO COVID
  FURLOUGH / REDUCED HOURS DUE TO COVID  
 OTHER:

**YOU MUST ATTACH SUPPORTING DOCUMENTATION INDICATING THE COVID-19 IMPACT**



# ESG-10 Rental Assistance Program

## CERTIFICATION OF ANNUAL INCOME

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. CityLink requires supporting source documentation to be submitted as an attachment to this certification. A summary of documentation recommendations is provided in Table D. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**DEFINITION OF INCOME:** For this program, CityLink is using the Part 5 definition of income.

**APPLICANT’S NAME:** \_\_\_\_\_

**TABLE “C” – CURRENT MONTHLY INCOME AFTER COVID-19 (CURRENT)**

INCOME SOURCE	APPLICANT AMOUNT	CO-APPLICANT AMOUNT	OTHER FAMILY MEMBERS AGE 18 OR OLDER AMOUNT	TOTAL
Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	\$	\$	\$	\$
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).				
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to account.				
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report total amount received.				
Payments in lieu of earnings such as unemployment, disability, worker’s, and severance compensation. Report total amount received.				
Any public assistance or welfare payments from state or local welfare office. Report amount received.				
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.				
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.				
<b>Total Present Gross Monthly Income</b>			<b>A</b>	<b>\$</b>
<b>Multiply by 12 months in a year</b>			<b>B</b>	<b>X12</b>
<b>A times B is equal to TOTAL ANNUAL INCOME</b>			<b>C</b>	<b>\$</b>

**INCOME DOCUMENTATION:** Please provide the requested items below, if applicable to your family for all family members over the age of 18. All documents submitted must be copies and will not be returned. **Do not send originals.**

**TABLE "D" – INCOME DOCUMENTATION REQUIRED**

IF YOU OR A MEMBER OF YOUR FAMILY HAVE INCOME FROM ANY OF THE FOLLOWING SOURCES:	YOU ARE REQUIRED TO SUBMIT THE FOLLOWING DOCUMENTS:	COVERING THE FOLLOWING PERIOD(S) OF TIME:
Wages, salary, commissions, bonuses, or tips from all jobs. Report the amount before deductions for taxes, bonds, dues, or other items.	Copies of last 3 paycheck stubs / earnings statements	Most recent three (3) months
Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions. Report all income and withdrawal (except when reimbursement of cash or assets invested in the operation by the family).	Complete (all pages) for the most recent filed Federal Income Tax Return; or Profit and Loss Statement showing the net amount after business expenses.	January 1, 2020 – Current
Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	Bank Statements	Most recent three (3) months
Social Security, annuities, insurance policies, retirement funds, pensions, disability benefits, death benefits or other types of similar periodic receipts. Report the total amount received.	Social Security or other Award Letter; or Bank Statements	Current year's award letter or Most recent three (3) months bank statements
Payments in lieu of earnings such as unemployment, disability, worker's, and severance compensation. Report the total amount received.	Award letter; or Bank Statements	Current year's award letter or Most recent three (3) months bank statements
Any public assistance or welfare payments from state or local welfare office. Report the amount received.	Award letter; or Statement from source of assistance	Current year's award letter or statement of current benefits from the source of assistance
Periodic and determinable allowances such as alimony and child support payments and regular contributions or gifts received from organizations or persons not residing in the dwelling. Report total amount received.	Award Letter; or Bank Statement	Most recent three (3) months
All regular pay, special pay, and allowance of a member of the Armed Forces except special pay for a family member who is exposed to hostile fire. Report total amount received.	Bank Statement; Copy of last three paystubs	Most recent three (3) months



# ESG-10 Rental Assistance Program

## DEMOGRAPHIC INFORMATION

**INSTRUCTIONS:** The information on this sheet is strictly confidential and will be combined with the statistical information for federal reporting purposes only.

I. **ETHNICITY:** Hispanic  Non-Hispanic

II. **RACIAL BACKGROUND (PLEASE CHECK APPROPRIATE SPACES):**

Single Race Categories:

- African American
- Asian
- Native American
- Pacific Islander
- White (Includes Hispanic)

Double Race Categories:

- African American and White
- African American and Native American
- Asian and White
- Native American and White
- Other Multi – Racial

**CERTIFICATION:** I/we certify that this information is complete and accurate and have provided supporting documentation as part of this application. I/we certify that the address listed in the application is my/our permanent residence.

**DUPLICATION OF BENEFITS CERTIFICATION:** I/We certify under penalty of perjury, under the laws of the State of California, that I/we are not able to receive, and have not received, other federal or non-federal benefits or assistance for rent assistance for the period of rental assistance that will be provided through the ESG-10 Homeless Prevention/Rapid-Rehousing Program. Applicant further certifies that I/We will not pursue other federal or non-federal benefits for the same uses of this grant program for rental costs for the period of rental assistance provided through the ESG-10 Homeless Prevention/Rapid-Rehousing Program.

**TABLE "E" – CERTIFICATION SIGNATURES**

<b>APPLICANT SIGNATURE, PRINTED NAME, AND DATE</b>		
Signature	Printed Name	Date

<b>OTHER ADULTS IN THE FAMILY SIGNATURE, PRINTED NAME, AND DATE</b>		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
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.