

Dear Homeowner(s):

Please complete the enclosed application for **Emergency** assistance to make repairs for the existing emergency only. The Chart below will show you the “maximum” gross annual income qualifications (based on total household income per family size):

| Family Size    | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Maximum Income | \$19,000 | \$21,700 | \$24,450 | \$27,150 | \$29,300 | \$31,500 | \$33,650 | \$35,850 |

Please sign and date where indicated and return the application with **\*\*copies** of the following items:

1. Recorded Grant Deed or Quitclaim Deed (legal description to be included).
  - a. If you do not have a copy, you may obtain a copy from a local title company (listed in yellow pages of telephone book under “Title Companies”).
  - b. Copy of “Death Certificate” is required if any person on title is deceased.
2. If applicable, submit copy of trust (i.e., Living Trust)
3. Copy(s) of California Drivers License or California I.D.
4. Income Verification – (each occupant and all other parties on title)
  - a) A complete month’s **recent/current** income (Example: payroll check stubs, award letters from SSI/SSD, Annuities, Retirement, Rental Income, AFDC, Child Support, Alimony, etc.).
  - b) If self-employed, provide “**complete/entire**” and “**signed**” copies of the 3 most recent/current Income Tax returns).
5. Income Tax Return – (each occupant over 18 years of age and all parties on title)
  - a) Most recent tax return
  - b) A complete and signed copy
  - b) If applicable, both parties signature
6. Mobile Homes – Please provide a copy of: DMV registration or HUD certificate

Upon receipt, review, and approval of the application and materials requested, the Housing Inspector will determine the nature of your emergency and will have the final decision to approve the *need* for assistance.

If you have any questions, please call the office at 909/395-2006

Ontario Housing Agency  
316 East ‘E’ Street  
Ontario, CA 91764

**ONTARIO HOUSING DEPARTMENT**  
 Application for “**EMERGENCY GRANT**“ Program  
**(OWNER OCCUPIED only)**

**PLEASE PRINT CLEARLY**

|   |           |            |            |               |
|---|-----------|------------|------------|---------------|
| <b>Property Owners</b><br><i>(on title)</i> | Last Name | First Name | M.I.       | Soc. Sec. No. |
|   | Last Name | First Name | M.I.       | Soc. Sec. No. |
|   | ( )       |            | ( )        |               |
|   | Address   | Zip Code   | Home Phone | Day Phone     |

**Please describe the emergency:**

**MONTHLY HOUSEHOLD INCOME INFORMATION (this section must be completed or application will not be accepted)**

| OCCUPANT NAME(S)<br><small>(Please list “each” occupant that receives any source of income)</small> | SOURCE OF INCOME<br><small>(Types of income: place of employment or SSI, SSD, AFDC, Disability, Annuities, Retirement, Rental, etc.)</small> | GROSS INCOME (before tax deductions) <b>Please circle one:</b> |         |        |
|---|--|--|---------|--------|
|   |  | Weekly   | Monthly | Yearly |
|   |  | \$   |         |        |
|   |  | \$   |         |        |
|   |  | \$   |         |        |
|   |  | \$   |         |        |
| <b>TOTAL INCOME</b>   |  | \$   |         |        |

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**I. 1) HOUSEHOLD INFORMATION** (Property owner and all other occupants residing in the home) :

|   |                      |  |  |  |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|--|--|--|
| Total number of occupants in household: _____ | Ages are as follows: |  |  |  |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|--|--|--|

2) Income Tax Return – (each occupant over 18 years of age and all parties on title)

- a) Most recent tax return
- b) A complete and signed copy
- b) If applicable, both parties signature

**II. Recorded Grant Deed or Quitclaim Deed** (legal description to be included).

- c. If you do not have a copy, you may obtain a copy from a local title company (listed in yellow pages of telephone book under “Title Companies”).
- d. Copy of “Death Certificate” is required if any person on title is deceased.
- e. If Mobile Home, provide DMV registration or HUD certificate (can be obtained through Dept. of Housing – State of California (800) 952-8356)

**III. Income Verification** – (each occupant and all other parties on title)

- a) A complete month’s **recent/current** income (Example: payroll check stubs, award letters from SSI/SSD, Annuities, Retirement, Rental Income, AFDC, Child Support, Alimony, etc.).
- b) If self-employed, provide “**complete/entire**” and “**signed**” copies of the 3 most recent/current Income Tax returns).

**IV. Copy(s) of California Drivers License or California I.D.**

**V. Do you own other income property?** Yes  No

**VI. Signing of the application acknowledges approval for the City of Ontario to run a credit background check.**

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***

***I/we hereby declare that I/we have received the EPA "Protect Your Family from Lead in your Home" pamphlet and have been advised to read it before work begins on my property.***

"Applicant appoints City of Ontario as its agent (the agency being coupled with an interest) to file for record any notices of completion, cessation of labor, or any other notice that City of Ontario deems necessary or desirable to protect its interests under this Grant".

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT IDENTIFICATION**

To obtain statistical information, we would appreciate your cooperation in providing the following information. This information is not required for eligibility:

Female head of household  Yes  No  
 Property Owned for \_\_\_\_\_ Years

Elderly (62 or older)  Yes  No  
 Disabled  Yes  No

**RACE/ETHNICITY**

*This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.*

| Please check the applicable box(s) below:               |  |
|---|--|
| White   |  |
| Black/African American                                  |  |
| American Indian/Alaskan Native                          |  |
| Native Hawaiian/Other Pacific Islander                  |  |
| American Indian/Alaskan Native & White                  |  |
| Asian & White   |  |
| Black/African American & White                          |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial                                      |  |

| If Hispanic, please check the applicable box(s) below:  |  |
|---|--|
| White   |  |
| Black/African American                                  |  |
| American Indian/Alaskan Native                          |  |
| Native Hawaiian/Other Pacific Islander                  |  |
| American Indian/Alaskan Native & White                  |  |
| Asian & White   |  |
| Black/African American & White                          |  |
| American Indian/Alaskan Native & Black/African American |  |
| Other Multi-Racial                                      |  |

**FOR OFFICE USE ONLY:**

**FLOOD PLAIN :**

Flood Ins. Required:  Yes  No      Panel No. \_\_\_\_\_ Flood Insurance Co: \_\_\_\_\_ Policy No. \_\_\_\_\_

**INCOME GUIDELINES - 50% MEDIAN AREA INCOME NOT TO EXCEED: \$**

30% EL:  \$ \_\_\_\_\_      50% VL:  \$ \_\_\_\_\_      80% L:  \$ \_\_\_\_\_      100% MED:  \$ \_\_\_\_\_      102% MOD:  \$ \_\_\_\_\_

INFORMATION VERIFIED BY: \_\_\_\_\_

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

APPROVED BY: \_\_\_\_\_

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

**City of Ontario Housing Agency  
 316 East 'E' St.  
 Ontario, CA 91764**

**(909) 395-2006**