



CITY OF EL MONTE
TENANT BASED RENTAL ASSISTANCE PROGRAM
Application

Community & Economic
Development Department
Housing Division
11333 Valley Blvd.
El Monte, CA 91731
(626)580-2070

If you are a renter who resides within the City of El Monte, is experiencing financial hardship, and meets the HOME Investment Partnership guidelines, you may be eligible for rental assistance. El Monte Tenant Based Rental Assistance Program will offer rental assistance for up to one year if you remain eligible. The amount of assistance varies depending on the participants' income and monthly rental amount. The program is available on a first-come-first-serve basis.

The grant program is made possible with federal HOME Investment Partnership Program (HOME) funds from the Department of Housing and Urban Development (HUD). Therefore, residents must meet all requirements to be eligible for the program. **Payments will be made directly to landlords.**

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

1. APPLICANT INFORMATION

DATE: _____

Applicant Name: _____

Resident's Address: _____

E-mail: _____ Phone: _____

2. BACKGROUND INFORMATION

- a. Do you currently rent your primary residence?
 No Yes

- b. Are you currently or have previously received Rental Assistance from another program? \$ _____ Date Received: _____

- c. Are you currently behind on your monthly payment?
 No Yes If yes, how many months are you behind? _____

- d. What is your **current** household pre-tax monthly income? \$ _____

- e. Are you a legal resident?
 No Yes

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

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of El Monte or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of El Monte'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.

g. Please provide the requested information for all household members, **including yourself**.

Name	Age	Relationship to Applicant	Employment Status
Applicant:			

FOR REFERENCE

Maximum Annual Household Income Limits as Determined by HUD effective June 1, 2024								
Persons in Family								
	1	2	3	4	5	6	7	8
Very Low- Income Limit (60%)	\$58,260	\$66,540	\$74,880	\$83,220	\$89,880	\$96,540	\$103,200	\$109,860

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 El Monte Tenant Based Rental Assistance Program under HOME. Applicant(s) acknowledge that personal and financial information may be subject to public disclosure under the California Public Records Act.

Applicant Name Date

Applicant Signature Date

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DUPLICATION OF BENEFITS

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

This certification must be completed by applicant, direct beneficiary, or other entity that receives assistance and serves to document compliance with the HOME requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits.

a. Please mark any of the boxes below which apply to your household regarding any prior assistance. Sources of funds from assistance include but are not limited to Federal, State, and local loan/grant programs, private or bank loans, nonprofit donations, or loans.

I, or my household, **have not** applied or received funding assistance from Federal, State, local, or other programs to assist my rent.

I, or my household, **have** received funding assistance from the following programs to assist my rent. Please complete the table below. Add pages, as needed.

Lender/Program		Date Received	
Amount Requested \$		Amount Received \$	
How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.			
Have all funds been expended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Lender/Program		Date Received	
Amount Requested \$		Amount Received \$	
How were the funds used? Please be specific and list how the funds were expended, dates, and amounts.			
Have all funds been expended?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

b. Read and initial each statement below:

As an applicant of HOME funded Program through the City of El Monte, I assert that:

1. I will not apply for more funding than needed for which HOME funds are provided.

_____ (Initials)

2. I will immediately report to the City of El Monte if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits.

_____ (Initials)

3. I acknowledge that any duplication of funds must be paid back to the City of El Monte.

_____ (Initials)

4. I understand that this affidavit is appended to and part of any applicable Agreement that may be executed with the City for HOME funds and is a condition of the receipt of such funds, should my application be determined to be eligible.

_____ (Initials)

I certify that the information that I have provided in this affidavit is accurate and complete. I understand that to perjure myself to obtain assistance is a fraudulent offense for which I can be prosecuted.

_____ (Initials)

Applicant Name Date

Applicant Signature Date