



CITY OF EL MONTE 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, has experience financial hardship, and meets the income guidelines, you may be eligible for rental assistance. El Monte Rental Program will offer rental assistance for up to 3 consecutive months, not to exceed an amount of \$3,600.00 to provide emergency financial assistance. Assistance is limited up to \$3,600 and available on first-come-first-serve basis.

The grant program is made possible with federal Community Development Block Grant (CDBG) 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 still financially impacted due to the coronavirus pandemic?

No Yes If yes, please describe (i.e. reduction of hours, job loss, other):

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 July 1, 2022								
Persons in Family								
	1	2	3	4	5	6	7	8
Very Low- Income Limit (50%)	\$41,700	\$47,650	\$53,600	\$59,550	\$64,350	\$69,100	\$73,850	\$78,650

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 Rental Assistance Program under CBDG. 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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