



CITY OF RIALTO RIALTO REVIVE: HOME REHABILITATION GRANT PROGRAM APPLICATION

Dear Applicant(s):

Thank you for your interest in the City of Rialto (City), Rialto Revive: Home Rehabilitation Grant Program (Program). Please complete the attached application, and attach copies of the following items required for the evaluation of your application:

1. Completed application: filled out and signed by all applicants.
2. Proof of ownership: submit a copy of the property tax bill AND Grant Deed.
3. Copy of property hazard insurance policy.
4. Proof of residency at the residence for which you are applying: a copy of your most recent utility bill (water, gas, telephone, or electric).
5. Complete signed copies of the most recent Federal and State Tax Returns (three most recent years if self-employed) and corresponding W-2s (Wage and Tax Statement) for all income-earning household members over the age of 18 years old, who are not full-time students, inclusive of all tax attachments and schedules.
6. Bank statements for each household member for the last three (3) most recent months.
7. Proof of Income for all household members. Examples of acceptable proof include: A copy of the last three (3) months of consecutive pay stubs for all income producing family members living at home, verifications of income such as award letters or notifications from sources of income (i.e. Social Security), or other forms of verification acceptable to the City. Verification of other income, whether taxable or not (including, but not limited to Social Security, SSI, AFDC, disability, unemployment, IRA withdrawals, etc.).
8. Provide the most current mortgage statement.
9. A photocopy of each of the applicant's current identification such as: (a) Driver's License, or (b) Passport, or (c) Resident Alien Card or California Identification Card.
10. Signed copy of the General Qualification and Conditions form (Page 3).
11. Signed copy of the Consent and Declaration form (Page 10).
12. Signed copy of the attached Confirmation of Receipt of Lead Based Paint Pamphlet (Page 11).
13. Signed copy of the attached Borrower Certification of No Conflict of Interest (Page 12).
14. Signed copy of the attached Race & Ethnic Data Form (Page 13).
15. Signed copy of the attached Duplication of Benefits (DOB) Affidavit (Page 15).

Please be advised additional program requirements/documentation may be required. Funding is limited and subject to availability and participants are considered on a first-come, first served basis.

When submitting the requested supporting documentation – DO NOT SEND ORIGINALS – please provide photocopies, as submissions will not be returned.

We cannot accept incomplete applications. Only those applications furnishing all required information at the time of submission will receive consideration.





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GENERAL QUALIFICATIONS AND CONDITIONS

1. The intent of the Rialto Revive: HOME Rehabilitation Grant Program (Program) is to provide financial assistance to Low-Income homeowners for the preservation of decent, safe, and sanitary housing; to correct hazardous structural conditions; to make improvements considered necessary to eliminate blight; and, to correct building and health code violations. All properties to be repaired must be residential property located within the corporate city limits of the City of Rialto (City).
2. In order to participate, household income may not exceed 80% (Low-Income) of the Area Median Income. Housing income includes all income from all members living in the household to be repaired.

2024 ELIGIBILITY INCOME LIMITS FOR HOME FUNDED PROJECTS Effective April 1, 2024 (adjusted annually by HUD)

No. of Persons in Household	30% Limit	Very Low Income (50%)	Low Income (80%)
1	\$ 21,550	\$ 35,900	\$ 57,400
2	\$ 24,600	\$ 41,000	\$ 65,600
3	\$ 27,700	\$ 46,100	\$ 73,800
4	\$ 31,200	\$ 51,250	\$ 82,000
5	\$ 36,580	\$ 59,450	\$ 95,150
6	\$ 41,960	\$ 63,550	\$ 101,650
7	\$ 47,340	\$ 67,650	\$ 108,250
8	\$ 52,720		

3. The City will prepare a description of work to be completed and will provide all necessary documentation to the homeowner. The homeowner must procure a qualified construction contractor to complete the required repairs. Contracts shall be awarded to the lowest most responsible bidder. (See Program Guidelines Section VII for more information about the Bid Process and Contractor requirements).
4. Subsequent to all required program approvals and the execution of a Program Agreement, the homeowner will be authorized to contract with the appropriately awarded licensed contractor who maintains a current license in good standing with the Contractors State License Board, who have the required general liability and workmen's compensation insurance coverage, and who will obtain or already have a City business license.
5. Rehabilitation work may not commence until all permits are issued and a Notice to Proceed is issued by the City of Rialto Program Staff (City Staff) or Consultant.
6. The City will not be responsible for any work initiated or performed prior to funding approval, or for any personal funds advanced to the Contractor or any expenses incurred on your own. Side agreements entered with the Contractor are prohibited.
7. All funds are disbursed through the City upon receipt of an invoice and proper documentation from the Contractor, as well as written acceptance and consent from the homeowner, and review and approval by the City. All funds disbursed are payable to the Contractor/Vendor for work performed.
8. Program grant proceeds may only be used for the costs of services and materials necessary to carry out the repair work. No direct payments shall be made to the homeowner.
9. Eligible repairs may include work to be performed on the main residential unit and limited repairs on accessory structures on the property. The City Staff or Consultant will establish the priority of repairs included in the grant funded work scope.



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10. Applicants must provide proof of ownership of the property to be repaired, have clear fee simple title, have a good credit history, and be current on debts and property taxes.
11. Applicants shall permit City Staff or Consultant to conduct necessary property and repair work inspections.
12. The City solely determines the eligibility of the repairs requested by the applicant to the Program, to ensure conformance with Program requirements and policy. The City reserves the right to deny requests in specific instances where the repairs to be completed do not conform to Program requirements.
13. The City determines the eligibility of the applicant for participation in the Program.
14. Lead-Based Paint. Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Prior to disturbance, remodeling or demolition activities, these materials should be properly sampled and/or abated by a certified, licensed Lead Professional.
15. Asbestos. Buildings constructed prior to 1980 are likely to contain Asbestos. Confirming that a material is an asbestos-containing requires sampling of the material by certified asbestos professionals, then analysis by a licensed asbestos analytical laboratory to determine if the samples are asbestos-containing. Any material that is “presumed” to contain asbestos must be treated as “asbestos-containing” and therefore must be properly abated by an asbestos abatement contractor prior to any building renovation or demolition activities.
16. The undersigned acknowledges that for those projects in which Federal funds are used to perform housing rehabilitation repairs, the City may be required to have the subject property inspected and tested for the presence of lead-based paint and/or asbestos hazards. The costs associated with the lead testing typically range between \$300-\$700, depending on the severity or lack of the presence of lead or asbestos. Should a lead or asbestos hazard be discovered, abatement or mitigation of the hazard will take priority over all other housing repairs. Please keep in mind that abatement or mitigation measures may be costly. Therefore, depending on the severity of the presence of lead and/or asbestos, if any, you may not be able to perform all the housing repairs indicated in your scope of work. Please note that all costs associated with the testing and/or abatement services will be included as part of the overall funding award for each project. No out-of-pocket expenses will be incurred.
17. After a property is inspected for the presence of lead-based paint, a report is prepared that describes any lead hazards in the home. Federal Law (24 CFR part 35 and 40 CFR part 745) mandates that any report related to the presence of lead-based paint in your home must be provided to new lessees (tenants) and purchasers of your property before they become obligated under a lease or sales contract.

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Please complete all entries. Where items are non-applicable, please enter none or “n/a.” Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.





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Address of the Property to be Repaired:	
Mailing Address (if different from above):	Email address:

APPLICANT			CO-APPLICANT		
Name			Name		
Date of Birth	Gender		Date of Birth	Gender	
Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Number of Dependents	Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Number of Dependents
Day Telephone No.	Evening Telephone No.		Day Telephone No.	Evening Telephone No.	

Household – Please enter the requested information for all property residents (attach additional sheets, if necessary)

Applicant Name	Age	Self	Employment Status	Are you a full-time student? Yes No
Co-Applicant Name	Age	Relationship	Employment Status	Are you a full-time student? Yes No
Name	Age	Relationship	Employment Status	Are you a full-time student? Yes No
Name	Age	Relationship	Employment Status	Are you a full-time student? Yes No
Name	Age	Relationship	Employment Status	Are you a full-time student? Yes No?
Name	Age	Relationship	Employment Status	Are you a full-time student? Yes No
Name	Age	Relationship	Employment Status	Are you a full-time student? Yes No
Name	Age	Relationship	Employment Status	Are you a full-time student? Yes No
Enter Household Size: _____ persons				

Please provide copy of school transcripts for any full-time students over 18 years or older.



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Employment and Income – Please complete the following:

APPLICANT	CO-APPLICANT
Current Employer	Current Employer
Employer Address	Employer Address
Business Phone	Business Phone
Position/Title	Position/Title
Length of Time Currently Employed	Length of Time Currently Employed
Previous Employer (If employed less than three years at current employer)	Previous Employer (If employed less than three years at current employer)
Previous Employer Address (If employed less than three years at current employer)	Previous Employer Address (If employed less than three years at current employer)
Previous Business Phone (If employed less than three years at current employer)	Previous Business Phone (If employed less than three years at current employer)
Current Hourly Rate of Pay: \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment	Current Hourly Rate of Pay: \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment

INCOME EARNED BY OTHER HOUSEHOLD MEMBERS				
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment	Annual Income

All additional sources of income must be disclosed, whether taxable or not. List all additional sources of income within the household:

EMPLOYMENT EARNINGS FROM APPLICANT	Annual Income
EMPLOYMENT EARNINGS FROM CO-APPLICANT	Annual Income
EMPLOYMENT EARNINGS FROM OTHER HOUSEHOLD MEMBERS	Annual Income
Pension/Retirement/Social Security (Specify)	Recipient Annual Income



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Alimony/Child Support/Foster Care (Specify)	Recipient	Annual Income
Unemployment/Disability (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS		

Please list All Other Asset Accounts and their respective values (checking/savings/stocks/401K/bonds/annuities/pensions/cash value of life insurance policies, etc.):

ACCOUNT CATEGORY	CURRENT CASH VALUE
Total Value of Checking/Savings/Other Cash Accounts Indicated Above	\$
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Other Assets (list):	\$
TOTAL ASSETS	\$

Do you currently own, or have an interest in any real estate (residential, commercial, or other real property), other than the property which you are seeking to acquire under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must complete and submit the attached Schedule of Real Estate Owned (Page 16)
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Financial Information - Please list all applicable Savings and Checking Account Information for each account held:

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number: (Last 4 digits)
Address:	Savings or Checking: (Last 4 digits)
Account Holder:	Current Account Balance:

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number: (Last 4 digits)
Address:	Savings or Checking: (Last 4 digits) (Last 4 digits)



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Account Holder:	Current Account Balance:
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number: (Last 4 digits)
Address:	Savings or Checking: (Last 4 digits)
Account Holder:	Current Account Balance:

List applicable information regarding all your Loan Obligations - (Attach additional sheets as necessary):

Creditor / Financial Institution	Account Number: (Last 4 digits)	Monthly Payment Amount	Current Outstanding Balance
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			

Property Information

Number of Housing Units on Property:		Number of Bedrooms:		Number of Bathrooms:	
Year Property Acquired:		Original Purchase Price:	\$		
Lender and Amount of 1 st Mortgage:	Outstanding Loan Amount:	Mortgage Holder			
Lender and Amount of 2 nd Mortgage:	Outstanding Loan Amount	Mortgage Holder			



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Lender and Amount of 3 rd Mortgage:	Outstanding Loan Amount	Mortgage Holder
Total Outstanding Debt against which the Property is used as security:	Total Amount	
Estimated Market Value:	Amount	

Please answer all the following questions:

	Applicant	Co-Applicant
Do you have any judgments currently outstanding against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all loan and other payment obligations which are secured by the property current (not delinquent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a property foreclosed on, or given a deed-in-lieu in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in a loan default (eg.: mortgages, SBA loans, home improvement loans, any financial obligation, bond or loan guaranty, etc.) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any members of your household disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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CONSENT AND DECLARATION

I/We, as undersigned, hereby consent to an authorized representative of the City of Rialto (City) to enter my/our property and single-family residence for the purpose of evaluating the housing structure. This evaluation will be performed jointly by the undersigned property owner (or property owner’s agent), and an authorized representative of the City. In addition, by signing below, I/We declare that the information provided within my/our application package is true and accurate to the best of my/our belief and knowledge and that I/We made no misrepresentations in the application or its related documents, nor did I/We omit pertinent information.

The undersigned certify the following: I/We have applied for funding under the City of Rialto’s Rialto Revive: HOME Rehabilitation Grant Program. In applying for assistance, I/We completed this application containing private information for the purpose of obtaining funding. I/We understand and agree that the City shall maintain the financial information contained in my/our application package as a confidential file, and with the exception of representatives from Housing and Urban Development (HUD), shall not disclose any of it to any third party without my/our authorization, unless required to pursuant to applicable law or court order.

I/We understand and agree that the City, reserves the right to change the review process to a full documentation program on a case-by-case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with the City, including, but not limited to providing further confirmation or documentation as the City may request from time to time. I/We understand and agree that the City reserves the right to change the requirements of this application and the City of Rialto’s Rialto Revive: HOME Rehabilitation Grant Program at any time.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS

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 have read and understand the foregoing, and agree and consent by my signature below:

Applicant's Signature

Date

Co-Applicant's Signature

Date

**PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE APPLICATION CHECKLIST.
DO NOT SEND ORIGINALS.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**





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CONFIRMATION OF RECEIPT OF LEAD PAMPHLET CERTIFICATION:

I have received a copy of the pamphlet, "*The Lead Safe Certified Guide To Renovate Right*" and "*Protect Your Family From Lead In Your Home*" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received these pamphlets before the work began.

Property Address

Printed name of Owner

Date

Signature of Owner

Printed name of Co-owner

Date

Signature of Co-owner

**PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE APPLICATION CHECKLIST.
DO NOT SEND ORIGINALS.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**





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CERTIFICATION OF NO CONFLICT OF INTEREST

The City of Rialto, hereafter called Grantee, will use U.S. Department of Housing and Urban Development (HUD), HOME Investment Partnerships Program (HOME) funds to provide assistance to eligible homeowners, hereafter called Participants. These HOME funds are administered by the Community Development Department (Housing Division) hereafter called Department. As part of receiving HOME funds from HUD, the Grantee is required to ensure there is no conflict of interest created when using these funds on eligible activities. As such, all Participants must certify that no conflict of interest has been created.

State Conflict of Interest: Pursuant to California Government Code 87100, et seq., financial assistance is not available if there is a conflict of interest. Any person/ business loan participant that is an employee of the Grantee, an elected official, or consultant involved in administering a business assistance activity would not be eligible to receive funds due to a conflict of interest. If there is a real or perceived conflict of interest, the Grantee must have a legal determination that will be placed in the Participant’s file.

Conflicts prohibited. Except for eligible administrative or personnel costs, the general rule is that no persons who exercise or have exercised any functions or responsibilities with respect to activities assisted under this subpart or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest or benefit from the activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Persons covered. The conflict-of-interest provisions apply to any person who is an employee, agent, consultant, officer, elected official or appointed official of the state, or of a unit of general local government, or of any designated public agencies, or subrecipients.

If there is a real or perceived conflict of interest relative to the federal language above, the Grantee must submit a request to the Department for an exception to the Conflict-of-Interest determination. The Department will render a written decision that will be placed in the Participant’s file.

By signing below, I certify that no conflict of interest, as prohibited by California Government Code Section 87100, et seq.

Applicant’s Signature

Date

Co-Applicant’s Signature

Date





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ETHNICITY & RACE DATA COLLECTION FORM

1. Female Head of Household:

Is this a female-headed household?

Yes No

2. Ethnicity:

Do you identify as Latino/a or Hispanic?

Yes No

3. Select all that apply:

- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Other: (Check "other" for any category that is not identified above)
- _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

There is no penalty for persons who do not complete this form. Initial here if you choose not to disclose race and ethnicity information for the above Household Member: ► _____



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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 any 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 you 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 co-applicant, **have not** applied or received funding assistance from Federal, State, local, or other programs that will result as a duplication of benefits for the proposed project.
 - I, or my co-applicant, **have** received funding assistance from the following programs *however* these funds will not result as a duplication of benefits for the proposed project. Please complete the table below. (*Add pages, as needed*).
 - I, or my co-applicant, **have** received funding assistance from the following programs and will result as a duplication of benefits for the proposed project. (Please note that applicants with funding that will result as a duplication of benefits will not be assisted).

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.			



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Have all funds been expended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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b. Read and initial each statement below:

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

1. I will not apply for more funding than needed for the Project. *For example*, if I have \$5,000 available from another source towards my project and the project total cost is \$30,000, the City of Rialto funds will be limited to \$25,000.

_____ (Initials)

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

_____ (Initials)

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

_____ (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)

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 the City of Rialto promptly in writing upon any material change in the information provided herein. The City of Rialto and its consultants are authorized to make such inquiries as deemed necessary and appropriate to verify the accuracy of this application.

Applicant's Signature

Date

Co-Applicant's Signature

Date

