



**Claremont Temporary Housing Stabilization and Relocation Program Application**

\*\*\* PLEASE COMPLETE APPLICATION IN LEGIBLE PRINT. If you need additional space, please attach additional page(s) to this application. \*\*\*

*Para información en español - (909) 399-5398.*

All fields on this application and supplemental application are **required** unless otherwise noted.

Applicant Information

Applicant Full Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address (optional):  
\_\_\_\_\_

Applicant Home (or Business) Address:  
\_\_\_\_\_  
\_\_\_\_\_

Type of Applicant

Please check one:

- I am a **renter** applying for financial assistance.
- I am a **housing provider** applying for financial assistance.

Household Composition

If you are a **renter applicant**, please list **all members of your current household**, including all adults and children. **You (the applicant) should be listed in this section as well:**

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Program Cycle

Please indicate the Program Cycle for which you are applying:

- July 1, 2023 – June 30, 2024 – “Cycle 1”
- July 1, 2024 – June 30, 2025 – “Cycle 2”
- July 1, 2025 – June 30, 2026 – “Cycle 3”
- Please check this box if you would like the City of Claremont to keep your application on file for future Cycles.

## Type of Financial Assistance

Please indicate the type of temporary financial assistance for which you are applying (you may only check **one** of the following boxes):

- I am an **income-qualified** applicant (low-, very low-, or extremely low-income as defined by the Department of Housing and Urban Development (HUD)).
- I am seeking emergency rental assistance due to **unemployment**.
- I am seeking emergency rental assistance due to a **medical or psychiatric emergency**.
- I am seeking emergency rental assistance due to a **death** in my household.
- I am a **rent-burdened** household or am at risk of becoming rent-burdened and I am seeking emergency rental assistance due to a rent increase.
- I am seeking reimbursement for relocation expenses due to a **no-fault eviction**.
- I am a **housing provider** seeking financial assistance to make **health and safety upgrades** to a leased property and/or renter-occupied unit(s).
- I am a **housing provider** seeking financial assistance to make **cost and/or energy efficient upgrades** to a leased property and/or renter-occupied unit(s).
- I am a **smaller housing provider** (complexes with 20 units or fewer) seeking a forgivable loan in exchange for agreeing to not increase the rent of a leased property and/or renter-occupied unit(s).
- I am a **smaller housing provider** (complexes with 20 units or fewer) seeking a forgivable loan in exchange for agreeing to rent a property/unit at or below Fair Market Rent (FMR) as defined by HUD.

*To determine if you are income-qualified, please visit*

*<https://www.huduser.gov/portal/datasets/il.html>. The **Los Angeles-Long Beach-Glendale, CA HUD Metro Fair Market Rent (FMR) Area** contains all of Los Angeles County, including Claremont.*

*For the purposes of this Program component, “rent-burdened” is defined as “spending more than 30 percent of gross household income on rent.”*

## Acknowledgement

Please initial below to acknowledge that you have read the **Claremont Temporary Housing Stabilization and Relocation Program Guidelines** in their entirety, and you understand the eligibility requirements of this Program, as well as the required documents that you must provide to supplement this application. Further, you understand that by completing this application, it is in no way guaranteed that you will receive any amount of funding by the City of Claremont. You acknowledge that in order for your application to be considered, it must be complete (including the corresponding supplemental application and all required, supporting documents).

By applying for this Program, you understand that this program is temporary in nature and that the City of Claremont is funding the Program with the use of American Rescue Plan Act (ARPA) funds, which were distributed to local government agencies in an effort to help people recover from the economic effects of the COVID-19 pandemic.

If you are a selected applicant, before receiving Program funding from the City of Claremont, you understand that you will be required to sign an affidavit under penalty of perjury that the information that you have submitted in support of this application is true and that you have not submitted any false or misleading information.

You acknowledge that if your application is approved for one cycle, it does not guarantee that you will be approved or be given priority for subsequent cycles. All applicants will be required to produce dated documents in June 2024 and June 2025, respectively, to determine eligibility for Cycle(s) 2 and 3. Further, applicants may only apply for “Emergency Rental Assistance” one time per Cycle.

Applicant Initials: \_\_\_\_\_

## Certification

I certify that I am a “**tenant**” OR “**housing provider**” applicant (circle one).

This section must be complete by **all** applicants. Please sign below to certify that all of the statements below are true.

- I am a tenant of a real residential property unit located in Claremont, California **OR** I am a property owner who leases real residential property to residential tenants in Claremont, California.
- My household is not more than 2 months (60 days) in arrears on rental payments.
- Attached to this application, I have submitted a copy of my legal, up-to-date lease in writing with appropriate addendums.
- **Tenant applicants only:** I have spoken with my property owner and if I am selected for this program, my property owner has agreed to accept a third party check for payment and complete a W-9 Form. The only exception to this would be for relocation assistance due to a no-fault eviction, in which case the applicant must be willing to accept a check for payment and submit a complete W-9 form to the City of Claremont. Further, I understand that I will be required to sign an affidavit under penalty of perjury that the information that I have submitted in support of my application is true and that I have not submitted any false or misleading information.
- **Tenant applicants only:** Attached to this application, I have submitted copies of some form of identification for every person living in my household (drivers' license, consular card, student ID, immunization record, birth certificate, medical insurance ID, etc.).
- **Housing Provider applicants only:** I am willing to accept a check for payment and submit a complete W-9 form to the City of Claremont. Further, I understand that I will be required to sign an affidavit under penalty of perjury that the information that I have submitted in support of my application is true and that I have not submitted any false or misleading information.
- By submitting a complete application, you certify that **all** information in this application, your supplemental application, and supporting documents is true and correct.

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

## Supplemental Applications

In addition to this Program Application, there are Supplemental Applications based on the type of financial assistance for which you are applying. **Please note that you are required to fill out the Supplemental Application that is specific to your situation and you are required to provide all required documents before your application packet can be processed.**

Complete application packets can only be received in-person at Claremont City Hall or via mail service.

To deliver your completed application **in person**, please visit Claremont City Hall, 207 Harvard Avenue, Claremont, CA 91711.

To send your completed application via **mail service**, please use the following mailing address:

City of Claremont  
Attn: City Manager's Office  
P.O. Box 880  
Claremont, CA 91711