



RENTAL ASSISTANCE

The City of San Dimas will provide assistance to income eligible seniors (*age 62 and older*) experiencing homelessness or at risk of homelessness with rent support for up to 16 months.

Providing financial support to assist seniors with a portion of their monthly rent paid directly to their landlord, while they focus on becoming self-sufficient.

ELIGIBILITY:

- Seniors (age 62 and older).
- Extremely Low-Income Households (30% AMI) who are experiencing homelessness or at risk of being homeless by paying more than 50% of income on housing costs.
- Must be a current San Dimas resident.
- Must have income to ensure the tenants portion of rent is paid monthly.

APPLICATION PROCESS:

1. Prospective applicants may join the Interest List by completing the interest/waitlist form.
2. Interest forms will **only** be accepted January 22, 2024 - February 5, 2024.
3. The applicant will be added to the Interest List once the City receives a completed form.

Funding is Limited

As funds become available, applicant packets will be sent to prospective applicants in the order received.

Number of Persons in the Household	1	2	3	4
Extremely Low Income (30%)	\$26,500	\$30,300	\$34,100	\$37,850

This project is being supported in part by the LA County Development Authority (LACDA) and Department of Housing & Community Development (HCD) Permanent Local Housing Allocation (PLHA).

For more information, please contact the City of San Dimas Housing Division at (909) 394-6223



**CITY OF SAN DIMAS
PLHA RENTAL ASSISTANCE PROGRAM
WAIT LIST FORM**

The information requested below will be used to determine program eligibility and placement on the Rental Assistance Waiting List. Please return this form to the Information Desk at San Dimas City Hall or mail to the Housing Division at the address listed below. **Due to limited program funds, applications will be processed on a first come first serve basis.**

Forms will only be accepted between January 22, 2024 - February 5, 2024 7:30 am – 5:30 pm

Applicant:	Rental Address:
Co-applicant:	Length of time at rental address:
Daytime Contact #:	Name of owner (landlord):
Email:	Owner (landlord) Contact #:

Please confirm your income eligibility with the table below:

2023 Income Limits
Maximum Annual Income (30% AMI)*

** As published annually by the California State Department of Housing and Community Development (HCD)*

Household Size	Annual Income
1	\$26,500
2	\$30,300
3	\$34,100
4	\$37,850

Household Size (Including children, how many people live in your unit?): _____

Are you 62 years of age or older? _____ YES _____ NO

Household Monthly Income (including all adults that live in your unit): \$_____ (Employment, SS, SSI, Pension)

Monthly Rent: \$_____

Monthly Utility Expenses: gas\$_____ electricity\$_____ water\$_____ trash\$_____ TOTAL \$_____

Do you pay more than 50% of your monthly income towards housing expenses? _____ YES _____ NO

Are you current on your monthly rent? _____ YES _____ NO

Do you have a lease/rental agreement with the owner listed above for your rental? _____ YES _____ NO

I certify this information is true and complete to the best of my knowledge.

Applicant

Date

Co – Applicant

Date

City of San Dimas
254 E. Bonita Ave.
San Dimas, CA 91773

Community Development Department
Housing Division
909-394-6223