



CITY OF RIALTO BURIAL REIMBURSEMENT REQUEST

**Applications are processed on a first come, first served basis.
Applications will be processed until all funding is allocated.**

In response to the harsh economic impact that COVID-19 has had on City of Rialto (City) residents, the Rialto Burial Assistance Program was implemented to assist City residents with a one-time reimbursement of up to \$5,000 for funeral expenses for a family member who suffered a COVID-19 related death. Reimbursements can be requested for burial expenses incurred from March 27, 2020 to the present.

Please type or use ink. Do not use pencil. Write legibly. Do not leave any blank spaces. All blank spaces must be completed. If a question does not apply, you still need to respond by writing "N/A" (not applicable) instead of leaving the space blank.

Submit a completed application with the required support documents to rialtocares@rialtoca.gov or drop off the application at City Hall to the attention of Avant Garde - Rialto Cares, 150 S. Palm Ave, Rialto, CA 92376.

CHECKLIST

Please ensure that all the below items are included in your request. Requests submitted with incomplete information will not be processed.

STEP ONE. Determine your eligibility for the program. The following items in Step 1 must **All** be checked to establish eligibility:

- I am a Rialto resident.
- The address of my primary residence is within a qualified census tract **OR** I am within the U.S. Department of Housing and Urban Development (HUD) established "Low- Income Limits". (Please reference the Qualified Census Tract Verification found on page 5 or the 2022 HUD Income Limits Table found on page 6).
- I have not received any other form of assistance for this funeral expense.

STEP TWO. Submit the following documents:

- A completed Burial Reimbursement Request Application (This form).
- Licensed funeral, cremation, or cemetery receipt(s) and proof of payment.
- Copy of Death Certificate.
- Copy of a Government issued Photo Identification (I.D.) **AND** Utility Bill if I.D. does not have a Rialto Address.
- Attachment A: Qualified Census Tract Verification Form.
- Completed W-9 Form (will be provided by staff if approved).
- Any additional requested documents to determine eligibility.



CITY OF RIALTO BURIAL REIMBURSEMENT REQUEST APPLICATION

1. APPLICANT INFORMATION

DATE: _____

Applicant Name(s): _____

Address:

E-mail: _____ Phone: _____

a. COVID-19 Impact

For the time-period of March 27, 2020 to the present, did any member of your household suffer a COVID-19 related death?

Yes No

2. Deceased Person's information

Name: _____ Relationship to applicant: _____ Date of Death: _____

3. BURIAL/CREMATION PROVIDER INFORMATION

Name of Service Provider: _____

Address of Service Provider: _____

Phone: _____



4. REIMBURSEMENT REQUEST AMOUNT

Submit proof of payment for the amount of each reimbursement request.

List the funeral package service expense and the amount of the reimbursement request below:

<u>Service</u>	<u>Date of Service</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total Reimbursement Requested: \$ _____



Acknowledgements and Signatures

I certify the information included in this application and the documentation provided is true and correct. I understand that the penalty for providing false information and/or failing to provide the required documentation shall result in the denial of my Burial Reimbursement Request. I acknowledge that I have not received another form of burial assistance for the requested reimbursement. I understand that the City reserves the right to request additional documentation to determine my eligibility for reimbursement.

Applicant Name

Applicant Signature

Date



Attachment A: Qualified Census Tract Verification

To be eligible for burial reimbursement assistance, the applicant must meet on the following: (1) the Low Mod Area Benefit (LMA) criteria; or (2) be income eligible. The applicant meets the LMA National Objective if, the applicant’s residence is located in an area where at least 51 percent of the residents are LMA persons.

Please complete all the information below. If you need additional guidance, please contact Avant Garde staff at (909) 816-2960 or (909) 816-5132.

APPLICANT INFORMATION

Applicant name(s): _____

Applicant address: _____

Applicant phone number: _____

DETERMINING CENSUS TRACT & BLOCK GROUP

To determine if your residence falls within an eligible census tract/block group, please complete the following steps.

1. Visit the website below:
 - <https://arcg.is/vPmrb>
2. Enter your residence address.
3. Click on the map where your address is located. Find the number under the “FIPS” section: the last 7 digits is your Census Block Group.

Example:

The diagram illustrates the process of identifying a census block group. It begins with a map of Rialto, California, showing a grid of streets including W Rialto Ave, E Rialto Ave, N Rialto Ave, and S Rialto Ave. An arrow points from the map to a window titled "USA Census BlockGroup Area". This window displays the following information:

FIPS	060710039001
COUNTY	San Bernardino
STATE	CA
POP2014	2,392
SQMI	0.28

Below the table is a "Zoom to" link. A second arrow points from the FIPS value in the window to a blue box containing the block group number: 0039001.



4. Please Check the corresponding census tract / block group number below.

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 0034032 | <input type="checkbox"/> 0035052 | <input type="checkbox"/> 0036071 | <input type="checkbox"/> 0039001 |
| <input type="checkbox"/> 0034041 | <input type="checkbox"/> 0035061 | <input type="checkbox"/> 0036091 | <input type="checkbox"/> 0039002 |
| <input type="checkbox"/> 0034052 | <input type="checkbox"/> 0035062 | <input type="checkbox"/> 0036093 | <input type="checkbox"/> 0040032 |
| <input type="checkbox"/> 0034053 | <input type="checkbox"/> 0035091 | <input type="checkbox"/> 0036122 | <input type="checkbox"/> 0040041 |
| <input type="checkbox"/> 0035051 | <input type="checkbox"/> 0035101 | <input type="checkbox"/> 0037001 | <input type="checkbox"/> 0043011 |
| <input type="checkbox"/> 0043023 | <input type="checkbox"/> 0035102 | <input type="checkbox"/> 0037002 | |

My residential address is not in a census tract listed above. I understand that the City will contact me to complete any Supplemental Application Forms and submit income documentation to determine my income eligibility per the below U.S. Department of Housing and Urban Development 2022 Income Limits.

Maximum Annual Household Income Limits as Determined by HUD effective April 2022								
Persons in Household								
	1	2	3	4	5	6	7	8
80% Moderate Income	\$49,300	\$56,350	\$63,400	\$70,400	\$76,050	\$81,700	\$87,300	\$92,950