|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Program Selection** | | | | | | | | | | | | | | | | | |
| **Are you applying for HAP, HRP, or Both?**  HAP HRP Both | | | | | | | | | | | | | | | | | |
| 1. **Applicant Information *(All Blanks Must be Completed or Indicated with “N/A”)*** | | | | | | | | | | | | | | | | | |
| **Applicant Name:** | | | | | | | | | | | | | | | | | |
| **Email Address:** | | | | | | | | | | | | | | | | | |
| **Primary Phone Number:** | | | | | | | | **Secondary Phone Number:** | | | | | | | | | |
| 1. **Co-Applicant Information *(All Blanks Must be Completed or Indicated with “N/A”)*  Not Applicable** | | | | | | | | | | | | | | | | | |
| **Co-Applicant Name:** | | | | | | | | | | | | | | | | | |
| **Email Address:** | | | | | | | | | | | | | | | | | |
| **Primary Phone Number:** | | | | | | | | **Secondary Phone Number:** | | | | | | | | | |
| 1. **Damaged Residence Information (*All Blanks Must be Completed or Indicated with “N/A”)*** | | | | | | | | | | | | | | | | | |
| **Type of Structure:**    Single Family Multi-Family Manufactured Housing Unit (MHU) Condominium or Cooperative  Townhouse Duplex Travel Trailer Other *(please specify)*: | | | | | | | | | | | | | | | | | |
| **Damaged Property Address:** | | | | | | | | | | | | | | | | | |
| **Damaged Property City, State, Zip:** | | | | | | | | | | | | | | | | | |
| **County:**  *(please select)* | | | | | | | | | | | | | | | | | |
| **Is this the address where you currently reside?**  Yes No | | | | | | | | **Current Address:**  *(indicate if not applicable)* | | | | | | | | | |
| **Current City, State, Zip:**  *(indicate if not applicable)* | | | | | | | | | |
| **Is this also your current mailing address?**  Yes No | | | | | | | | **Mailing Address:**  *(indicate if not applicable)* | | | | | | | | | |
| **Mailing Address City, State, Zip:**  *(indicate if not applicable)* | | | | | | | | | |
| 1. **Housing Assistance Received**   Have you applied for any storm-related assistance for damage to your home from any source (local, state, federal, private) or filed a claim to an insurance company? If yes, complete this section. If not, please indicate, **Not Applicable, (***if not applicable skip section 5****)*** | | | | | | | | | | | | | | | | | |
| **5(A). FEMA – Federal Emergency Management Agency** | | | | | | | | | | | | | | | | | |
| **Did you register with FEMA for repair assistance for structural damage to your home?**  Yes No *(if no, please skip section 5(A))* | | | | | | | | **FEMA Application Number:** | | | | | | | | | |
| **Did you receive FEMA Assistance?**  Yes No (*if no, please skip remaining of section 5(A))* | | | | | | | | | | | | | | | | | |
| **FEMA Home Repair Assistance Award Amount:** | | | | | **FEMA Rental Assistance**  **Award Amount:** | | | | | | | **FEMA Critical Needs Assistance**  **(or other Amount):** | | | | | |
| **$** | | |  | | **$** |  | | | | | | **$** |  | | | | |
| **5(B). SBA – Small Business Administration** | | | | | | | | | | | | | | | | | |
| **Did you apply for an SBA Loan?**  Yes No *(if no, please skip section 5(B))* | | | | | | | | **SBA Application Number:** | | | | | | | | | |
| **Did you receive an SBA Loan?**  Yes No *(if no, please skip remaining of section 5(B))* | | | | | | | | **SBA Loan Number:** | | | | | | | | | |
| **SBA Loan Amount for Real Estate Repair/Replacement:** | | | | | | | | **SBA Loan Amount for Other Purposes:** | | | | | | | | | |
| **$** |  | | | | | | | **$** | |  | | | | | | | |
| **5(C). USDA – United States Department of Agriculture** | | | | | | | | | | | | | | | | | |
| **Did you apply for a USDA Loan?**  Yes No Not Applicable *(if no, please skip section 5(C))* | | | | | | | | **USDA Application Number:** | | | | | | | | | |
| **Did you receive a USDA Loan?**  Yes No *(if no, please skip remaining of section 5(C))* | | | | | | | | **USDA Loan Number:** | | | | | | | | | |
| **USDA Amount Received to Repair or Rebuild your Home:** | | | | | | | | | | | | | | | | | |
| **$** | |  | | | | | | | | | | | | | | | |
| **5(D). Flood Insurance** | | | | | | | | | | | | | | | | | |
| **Were you required to carry Flood Insurance on the structure as a condition of receiving prior disaster assistance?**  Yes No | | | | | | | | | | | | | | | | | |
| **Was there a Flood Insurance policy in effect for the property at the time of the storm?**  Yes No *(if no, please skip remaining of section 5(D))* | | | | | | | | | | | | | | | | | |
| **Flood Insurance Carrier Name:** | | | | | | | | **Flood Insurance Policy Number:** | | | | | | | | | |
| **Did you file a Flood Insurance claim?**  Yes No *(if no, please skip remaining of section 5(D))* | | | | | | | | **Flood Insurance Claim Number:** | | | | | | | | | |
| **Did you receive a Flood Insurance payment amount?** *(please indicate claim payments you received)*  Structure Payment Contents Payment Increased Cost of Compliance (ICC) Benefits  Additional Living Expenses (ALE) or other claims None- All Claims were Denied | | | | | | | | | | | | | | | | | |
| **Flood Insurance Payment Amount for Structure Claims** | | | | | | | | **$** | |  | | | | | | | |
| **Flood Insurance Payment Amount for Contents Claims** | | | | | | | | **$** | |  | | | | | | | |
| **Flood Insurance Payment Amount for Cost of Compliance** | | | | | | | | **$** | |  | | | | | | | |
| **Flood Insurance Payment Amount for ALE or other Claims** | | | | | | | | **$** | |  | | | | | | | |
| **5(E). Windstorm Insurance** | | | | | | | | | | | | | | | | | |
| **Was there a Windstorm Insurance policy in effect for the property at the time of the storm?**  Yes No Not Applicable *(if no, please skip remaining of section 5(E))* | | | | | | | | | | | | | | | | | |
| **Windstorm Insurance Carrier Name:** | | | | | | | | **Windstorm Insurance Policy Number:** | | | | | | | | | |
| **Did you file a Windstorm Claim?**  Yes No *(if no, please skip remaining of section 5(E))* | | | | | | | | **Windstorm Insurance Claim Number:** | | | | | | | | | |
| **Did you receive a Windstorm Insurance payment amount?** *(please indicate claim payments you received)*  Dwelling Claims Personal Property Claims Additional Living Expenses (ALE) or other claims  None- All Claims were Denied | | | | | | | | | | | | | | | | | |
| **Windstorm Insurance Payment Amount for Dwelling Claims** | | | | | | | | **$** | |  | | | | | | | |
| **Windstorm Insurance Payment Amount for Personal Property Claims** | | | | | | | | **$** | |  | | | | | | | |
| **Windstorm Insurance Payment Amount for ALE or other Claims** | | | | | | | | **$** | |  | | | | | | | |
| **5(F). Homeowners Insurance** | | | | | | | | | | | | | | | | | |
| **Was there a Homeowners Insurance policy in effect for the property at the time of the storm, other than flooding or windstorm?**  Yes No *(if no, please skip remaining of section 5(F))* | | | | | | | | | | | | | | | | | |
| **Homeowners Insurance Carrier Name:** | | | | | | | | **Homeowners Insurance Policy Number:** | | | | | | | | | |
| **Did you file a Homeowners Claim?**  Yes No *(if no, please skip remaining of section 5(F))* | | | | | | | | **Homeowners Insurance Claim Number:** | | | | | | | | | |
| **Did you receive a Homeowners Insurance payment amount?** *(please indicate claim payments you received)*  Structure Claims Contents Claims Additional Living Expenses (ALE) or other claims None- All Claims were Denied | | | | | | | | | | | | | | | | | |
| **Homeowners Insurance Payment Amount for Structure Claims** | | | | | | | | **$** | |  | | | | | | | |
| **Homeowners Insurance Payment Amount for Contents Claim** | | | | | | | | **$** | |  | | | | | | | |
| **Homeowners Insurance Payment Amount for ALE or other claims** | | | | | | | | **$** | |  | | | | | | | |
| **5(G). Other Assistance** | | | | | | | | | | **Amount or Type of Assistance** | | | | | | | |
| **Did you receive any legal settlement from insurance arising from disaster related losses?**  Yes *(if yes, please indicate amount in the next box)* No | | | | | | | | **$** | |  | | | | | | | |
| **Did you receive cash assistance for home repair or temporary housing (e.g. rental assistance) from any other sources?**  Yes *(if yes, please indicate amount in the next box)* No | | | | | | | | **$** | |  | | | | | | | |
| **Did you receive any other NON-CASH assistance for home repair?** *(e.g., Habitat for Humanity, Salvation Army)*  Yes No | | | | | | | | **Please specify assistance received:** | | | | | | | | | |
| 1. **Household Composition, Characteristics, and Demographics**   List all current members of the household and any additional household members anticipated within the next 12 months. | | | | | | | | | | | | | | | | | |
| **Ethnicity Codes:**  A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.  B – Not Hispanic | | | | | | | | | | | | | | | | | |
| **Race Codes:** | | | | | | | | | | | | | | | | | |
| W – White  AF – Black/African American  AS – Asian  AI – American Indian/Alaskan Native | | | | | NH – Native Hawaiian/Pacific Islander  NW – American Indian/Alaskan Native and White  AW – Asian and White  BW – Black/African American and White | | | | | | | AIB – American Indian/Alaskan Native and Black/African American  OT – Other Multi-Racial  UN – Unknown | | | | | |
| **Disability Definition:**  The term disability means a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of such an impairment, even if they do not currently have a disability, or are regarded as having such an impairment. | | | | | | | | | | | | | | | | | |
| **Household Member Name** | | | | **Relationship to Head of Household** | | | **Date of Birth**  mm/dd/yyyy | | **Gender** | | **Marital**  **Status** | | | **Ethnicity**  **Code** | | **Race**  **Code** | **Disability**  Y/N |
| **1.** | | | |  | | |  | |  | |  | | |  | |  |  |
| **2.** | | | |  | | |  | |  | |  | | |  | |  |  |
| **3.** | | | |  | | |  | |  | |  | | |  | |  |  |
| **4.** | | | |  | | |  | |  | |  | | |  | |  |  |
| **5.** | | | |  | | |  | |  | |  | | |  | |  |  |
| **6.** | | | |  | | |  | |  | |  | | |  | |  |  |
| **Total Number of Household Members:** | | | | | | | | | | | | | | |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Income Information**   To determine if you are eligible for funding for a specific housing program, all listed occupants 18 years and older must provide a copy of their previous tax return. | | | | | | |
| **Household Member** | **Dependent**  Y/N | **Full Time Student**  Y/N | **Joint Tax Filer with Another Household Member?**  Y/N | | **Total Annual Income** | |
|  |  |  |  | | **$** |  |
|  |  |  |  | | **$** |  |
|  |  |  |  | | **$** |  |
|  |  |  |  | | **$** |  |
|  |  |  |  | | **$** |  |
|  |  |  |  | | **$** |  |
| 1. **Eligibility Questionnaire *(All Blanks Must be Completed or Indicated with “N/A”)*** | | | | | | |
| Was your home damaged in Tropical Storm Imelda or by the 2018/2019 flooding events in South Texas and the Rio Grande Valley? | | | |  | | |
| Did you own the damaged property at the time of the disaster? | | | |  | | |
| Do you currently own the property that was damaged by Tropical Storm Imelda or the 2018/2019 flooding events in South Texas and the Rio Grande Valley? | | | |  | | |
| Was the damaged property your primary residence at the time of the storm? | | | |  | | |
| Is the damaged property currently your primary residence? | | | |  | | |
| Is the damaged home occupied by tenants/renters, or is it owner-occupied? (*Answer with one of the following Owner-Occupied Only, Renter-Occupied, Owner and Renter Occupied*)? | | | |  | | |
| Do you have an existing mortgage on the damaged home? | | | |  | | |
| Is the damaged home built completely over water? | | | |  | | |
| Is the damaged home a manufactured home or travel trailer? | | | |  | | |
| Is the damaged home currently in foreclosure? | | | |  | | |
| How many total dwelling units are on the property (One, Two, Three, More than Three)? | | | |  | | |
| Is any portion of the damaged property a separate unit that is exclusively for commercial/storefront activities? | | | |  | | |
| Are you currently in good standing on your property taxes, or in a good standing with a property tax payment plan? | | | |  | | |
| Are you required to pay child support? | | | |  | | |
| Did you spend your own money for disaster related expenses beyond what you received from other sources (FEMA, SBA, insurance, etc.)? | | | |  | | |
| Have you completed all of the repairs for which you are claiming reimbursement in this application? | | | |  | | |
| Do you anticipate receiving any ADDITIONAL 2018-2019 Flooding or Imelda-related recovery funds, from FEMA or any other source, that have not already been reported in this application? | | | |  | | |
| Did you experience Contractor Fraud? | | | |  | | |
| Do you have a copy of the police report related to Contractor Fraud? | | | |  | | |

|  |  |
| --- | --- |
| 1. **Applicant Certification** | |
| I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery (CDBG-DR) Program.  I/We hereby certify that all the information provided herein is true and correct.  I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. | |
| **Applicant’s Authorization** | |
| **I authorize the entity to which I am applying for assistance to obtain information about me and my household that is pertinent to determining my eligibility for participation in the CDBG-DR Program. I acknowledge that:**   1. **A photocopy of this form is valid as the original; AND** 2. **I have the right to review information received using this form; AND** 3. **I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND** 4. **All adult household members will sign this form and cooperate with the eligibility verification process** 5. **I understand that my documents may become electronically permanent** | |
| **WARNING:** *By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729..* | |
| **Signature of Applicant:** | **Date:** |
| **Signature of Co-Applicant:** | **Date:** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Eligibility Release** | | | |
| **GLO’s Designated Representative (“GDR”) Name:** | | **Contract and/or WO:** | |
| **GDR Address:** | | | |
| **Instructions to Applicant:** Your signature on this Eligibility Release, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named GDR to obtain information from a third -party regarding your eligibility and continued participation in the:  **Community Development Block Grant Disaster Recovery (CDBG-DR) Program**  Privacy Act Notice Statement: The Texas General Land Office (GLO) or GDR named above require the collection of the information listed in this form to determine an applicant’s eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant’s eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.  **Note: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, “Request for a Copy of Tax Form” must be prepared and signed separately.** | | | |
| **Information Covered: Inquiries may be made about items initialed below by the applicant** | | | |
| **Description** | **Verification Required** | | **Applicant(s) Initials** |
| Disaster Assistance (FEMA, SBA, Insurance, etc.) | **X** | |  |
| Income (all sources) | **X** | |  |
| Accessibility Needs  *if applicable* | **X** | |  |
| Child Support Verification | **X** | |  |
| Other (list): Dependent Information:   * Full Time Student * Disabled Household Member * Minor Children | **X** | |  |

|  |  |
| --- | --- |
| **WARNING:** *By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Any person who knowingly makes a false claim or statement to the Housing and Urban Development (HUD) may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.* | |
| **DISCLAIMER:** *The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR and/or CDBG-MIT federal rules and regulations, as applicable. It should be noted that the Texas General Land Office assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and the Texas General Land Office's standard review and update schedule.* | |
| **Printed Name of Applicant:** | **Date:** |
| **Signature of Applicant:** |
| **Printed Name of Co-Applicant:** | **Date:** |
| **Signature of Co-Applicant:** |
| **Printed Name of Household Member:** | **Date:** |
| **Signature of Adult Household Member:** |
| **Printed Name of Adult Household Member:** | **Date:** |
| **Signature of Adult Household Member:** |
| **Printed Name of Adult Household Member:** | **Date:** |
| **Signature of Adult Household Member:** |
| **Printed Name of Adult Household Member:** | **Date:** |
| **Signature of Adult Household Member:** |

**PLEASE PROVIDE AT LEAST ONE DOCUMENT IN EACH OF THE REQUIRED DOCUMENT GROUPS LISTED BELOW**

Completed Housing Intake Application

Properly executed Eligibility Release Form

Valid Photo I.D. (required for every adult household member)

Proof of Ownership

Proof of Primary Residency/Occupancy at Time of Disaster Event

Property Taxes/Payment Plan

Income Information (required for every adult household member)

FEMA Award/Denial Letter (if applicable)

Small Business Administration (SBA) Award/Denial Letter (if applicable)

Private Insurance Claim/Letter (if applicable)

Letter or Announcement from “Other” awards received, e.g., non-profit, donation grant, etc. (if applicable)

Child Support Documentation (if applicable)

Copy of Receipts for Repairs made to Damaged Property (if applicable)