



Event Type:
Year of Event:
Date/Time Received:
Subrecipient:
Contract #:

All Blanks Must be Completed or Indicated with "N/A"

1. APPLICANT INFORMATION:

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:
Name and Contact Information of Nearest Relative:	

2. CO-APPLICANT INFORMATION: (If applicable)

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:
Name and Contact Information of Nearest Relative:	

3. ELIGIBILITY INFORMATION: Please answer the following questions:

Which disaster event(s) affected you and/or your residence?	
Were you the owner of the residence on the date of the disaster event?	
Was the damaged property the homeowner's primary residence on the date of the disaster event?	
Was the damaged property covered under homeowners' insurance?	
Did you register with FEMA for repair assistance for structural damage to your home?	
Have you ever received any other assistance for the repair or rehabilitation of your home?	

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all current members of the household and any additional household members anticipated within the next 12 months.

Member Name	Marital Status Head of Household Only	Relationship to Head of Household Head of Household	Date of Birth	Gender
Total Number of Household Members:				

5. INCOME INFORMATION (COPY OF PREVIOUS YEAR TAX RETURN): To determine if you are eligible for funding for a specific housing program, all listed occupants over the age of 18 must provide a copy of their previous tax return. Subrecipients will refer to the GLO's IRS FORM 1040/Adjusted Gross Income (AGI) Method Calculation Policy to determine a beneficiary's household income.

6. DIRECT BENEFIT DATA BY HOUSEHOLDS (DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION)

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:
 A – White
 B – Black/African American
 C – Asian
 D – American Indian/Alaskan Native
 E – Native Hawaiian/Other Pacific Islander
 F – American Indian/Alaska Native/White
 G – Asian/White
 H – Black/African American/White
 I – American Indian/Alaska Native/Black-African American
 J – Other Multi-Racial
 K – Unknown

Special Needs Codes:
 A – Elderly
 B – Person with Disabilities*
 C – Colonia Resident
 D – Homeless
 E – Migrant Farm Worker
 F – Public Housing Resident
 G – Veteran
 H – Wounded Warrior

***Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

	Ethnicity Code	Race Code	Special Needs Code(s)
1(Head)			
2			
3			
4			
5			
6			

7. DAMAGED RESIDENCE INFORMATION: Please indicate the type of structure for the property:

Single Family Home Modular Home Townhome Manufactured Housing Unit Other: _____

Address: _____

City, State, Zip: _____

Please answer Yes, No or N/A to the following questions:

Are you currently living at the damaged residence? _____

Is the property in the floodplain? _____

If you are seeking assistance for a manufactured housing unit, do you own the land? _____

Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community Affairs? _____

Are there any other names on the deed for the damaged property? _____

Have you had property foreclosed upon or are you in the process of foreclosure? _____

Does the damaged property have any liens? _____

Are you current or in good standing with a payment plan on your property taxes? _____

If you are required to pay child support, are you current on your payments or in good standing with a payment plan? _____

Please answer the following questions:

Are you applying for the reimbursement program? _____

If you answered yes above, please indicate the amount you are seeking for reimbursement: _____ \$

8. HOUSING ASSISTANCE RECEIVED PREVIOUSLY:			
Have you applied for any storm-related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section.			
Source	Amount	Date Received	Account Number
1. FEMA: Federal Emergency Management Agency			
2. SBA: Small Business Administration			
3. Insurance: Hazard, Wind, Flood			
4. Other Describe:			
Have you received assistance from any federal program to repair your home PRIOR to this event?			
List the names of the programs (e.g., HOME, CDBG, GLO/FEMA etc.):			

9. APPLICANT CERTIFICATION:	
<p>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.</p> <p>I/We hereby certify that all the information provided herein is true and correct.</p> <p>I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.</p>	
Applicant's Authorization:	
<p>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:</p> <ul style="list-style-type: none"> (1) A photocopy of this form is as 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. 	
<p><i>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. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</i></p>	
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

10. ELIGIBILITY RELEASE:

Subrecipient:	Contract Number:
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Name:

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 Subrecipient 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 Subrecipient 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.

Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

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	Initials of Applicants
Disaster Assistance (FEMA, SBA, Insurance, etc.)	X	
Income (all sources)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Child Support Verification	X	
Other (list): Dependent Information:	X	
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 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. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully makes false or fraudulent statements to any department of the United States Government.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date:

PLEASE PROVIDE ALL APPLICABLE DOCUMENTS LISTED BELOW TO ENSURE THAT YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER.

- Completed Housing Intake Application.
- Properly executed Eligibility Release Form.
- FEMA Award/Denial Letter.
- Small Business Administration (SBA) Award/Denial Letter.
- Private insurance letter (If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable).
- Letter or announcement from an “Other” award received for the repair or replacement of your damaged home, e.g., non-profit, donation grant, etc.
- Copy of the applicant’s driver’s license (or a state-issued photo ID).
- Deed in applicant’s name.
- Copy of receipts, in applicant’s name, for the home repairs that have been made to the damaged property.
- IRS Income Tax Documents for all individuals that live at the property and that are over the age of 18.
- Property tax records including latest payment of property taxes or payment plan documentation from the applicable county appraisal office. Ensure the list of exemptions are listed for your home (ex: Homestead Exemption).
- Utility bill in the applicant’s name at the time of the disaster event.
- Child support documentation (If applicable).
- SOL documentation (If applicable).