CARES Act CDBG-CV
City of Brownsville
Rental Assistance Program

This program is designed for low-income households impacted by LOSS OF INCOME DUE TO THE COVID-19 PANDEMIC to assist with their mortgage, rent, and utilities. These funds may only be used to prevent, prepare for, and respond to coronavirus. The program is limited to the city limits of Brownsville and subject to the availability of CARES Act CDBG-CV funds and changes in program guidelines from the Department of Housing and Urban Development (HUD).

ELIGIBILITY:

- Must have a loss of income directly related to COVID-19.
- Must be an resident
- Must be a United States Citizen or have eligible immigration status
- Must not have more than $5,000 liquid assets
- Total gross household income (at the time of application) must not exceed

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<thead>
<tr>
<th>Household Size</th>
<th>1</th>
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<tbody>
<tr>
<td>Income Limit</td>
<td>$33,000</td>
<td>$37,700</td>
<td>$42,400</td>
<td>$47,100</td>
<td>$50,900</td>
<td>$54,650</td>
<td>$58,450</td>
<td>$62,200</td>
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<tr>
<td>80% of the City of Brownsville</td>
<td>$33,000</td>
<td>$37,700</td>
<td>$42,400</td>
<td>$47,100</td>
<td>$50,900</td>
<td>$54,650</td>
<td>$58,450</td>
<td>$62,200</td>
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</table>

ELIGIBLE FOR UP TO Three (3) MONTHS OF ASSISTANCE:

Up to $2,100.00 for mortgage or rent and utility relief.

Note: The amount of assistance will not exceed the actual amount needed, including financial assistance from other sources.

Office Use Only: RECEIVED DATE STAMP

Office Use Only: COMPLETE DATE STAMP

COMPLETE: ☐ Yes ☐ No
APPLICATIONS WILL BE ACCEPTED IN THE FOLLOWING WAYS: TO COMPLY WITH SOCIAL DISTANCING

DROP OFF or Mail

Monday–Friday, 9 am–5 pm
Community Development Corporation of Brownsville
901 E. Levee St. Brownsville, Texas 78520

City of Brownsville
CARES Act CDBG – CV
Rental Assistance Program
CHECKLIST FOR APPLICATION SUBMITTAL

Please check items as completed and submit this checklist along with your application.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT

☐ Application Form
☐ Duplication of Benefits Certification
☐ Release of Information for All Adult (Age 18+) Household Members
☐ Documentation of ALL Household Income and Assets Including but not Limited to:
  Employment – Two months of most recent paystubs.
  Self-Employment – Last Two (2) Years Filed Tax Returns

Pandemic Unemployment Assistance – Determination Letter from Texas Workforce Development

Federal Pandemic Unemployment Compensation (FPUC) – Summary of Unemployment Insurance Decision from Texas Workforce Development

Unemployment – Workforce Development Center Weekly Benefit Amount

FIP – Department of Human Services Notice of Decision

Child Support – Last Three (3) Months of Payment Records Including Amounts Retained by the State

Social Security/SSI – Social Security Award Letter

Veteran’s Benefits – Veteran’s Affairs Award Letter

Assets – Current Bank Statement(s) OR Verification of Assets Form (COPY MORE IF NEEDED)
☐ Current State-Issued Driver's License/ID OR Passport for All Adult (Age 18+) Household Members
☐ Social Security Card for All Adult (Age 18+) Household Members
☐ Award Letter from Agencies for Mortgage, Rent, and Utility Assistance, if Applicable

ADDITIONALLY, MORTGAGE RELIEF APPLICANTS REQUIRE

☐ Current Mortgage Monthly Billing Statement
☐ Deferment Agreement with Lender, if Applicable
☐ Foreclosure Notice, if Applicable

ADDITIONALLY, RENT RELIEF APPLICANTS REQUIRE

☐ Current Lease
☐ Payment Agreement with Property Owner for Past Due Rent, if Applicable
☐ Eviction Notice, if Applicable

ADDITIONALLY, UTILITY APPLICANTS REQUIRE

☐ Current Utility Bill
☐ Payment Agreement for Past Due Utilities, if Applicable
☐ Disconnect Notice, if Applicable

★★★ Complete applications will be processed on a first come, first served basis. ★★★
★★★ Funds will NOT be held for incomplete applications! ★★★
City of Brownsville  
CARES Act CDBG-CV  
Rental Assistance Program  

APPLICATION FORM  

PLEASE ANSWER EVERY QUESTION. USE THE CORRECT LEGAL NAME FOR EACH HOUSEHOLD MEMBER AS IT APPEARS ON THEIR SOCIAL SECURITY CARD. ALL ADULT (AGE 18+) HOUSEHOLD MEMBERS MUST SIGN ON THE BACK, CERTIFYING THE INFORMATION PERTAINING TO THEM. IF YOU HAVE ANY QUESTIONS OR NEED HELP FILLING OUT THIS FORM, PLEASE CONTACT OUR STAFF AT (956) 541-4955.

This program provides eligible low-income households with mortgage, rent, and utility relief for up to $2,100.00 for Three (3) months as follows: however, the amount of assistance will not exceed the actual amount needed.

Type of Assistance Requested (check all that apply):

- Mortgage Relief – List Month(s) Owed: ________________________________

Mortgage Company Contact Information (Company Name, Contact Name, Address, Phone Number, Email)

- Rent Relief – List Month(s) Owed: ________________________________

Property Owner Contact Information (Company Name, Contact Name, Address, Phone Number, Email)

- Utility Relief – List Month(s) Owed: ________________________________

Part 1: Head of Household (HOH) Information

Last Name, First Name, Middle Initial (MI)  Email

Current Address*  City, State, Zip  Phone Number (Include Area Code)

Background Information
- Have a Dependent

Marital Status
- Single
(Check All Boxes That Apply)  
- Disabled
- Elderly (age 62+)
- Pregnant
- Veteran or Surviving Spouse of a Veteran
- Live in a Homeless Shelter or Transitional Housing
- None of the Above

(Check Only 1 Box)  
- Married
- Divorced
- Separated
- Widowed

Race  
(Check Only 1 Box)  
- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaska Native & White
- Asian/White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Ethnicity  
(Check Only 1 Box)  
- Hispanic
- Not Hispanic

Language  
Do you speak English as your primary language?  
- Yes
- No

IF NO, what is your primary language?  ___________________________________________

Do you read, write, speak, or understand English well?  
- Yes
- No

* If using General Delivery or a PO Box, must also include physical address (with the exception of ACCESS).

**Part 2: Household Information** – **List the HOH first and then all additional household members.** List the relationship of each person to the HOH. **Attach additional sheet, if needed.**

<table>
<thead>
<tr>
<th>Last Name, First Name, MI</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Sex</th>
<th>Social Security #</th>
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SEE BACK OF SHEET

Part 5: Household Eligibility

1. Has any household member experienced a loss of income due to the COVID-19 pandemic? ☐ Yes ☐ No

   IF YES, please explain:

   ____________________________________________________________

2. Is any household member a college student? ☐ Yes ☐ No

   IF YES, please list the household member’s name:

   ____________________________________________________________

   Is this household member claimed as a dependent on parents' Income Tax return? ☐ Yes ☐ No

Part 4: Household Income PRIOR TO MARCH 17, 2020 – List ALL money earned or received by everyone in your household. This includes money from wages (including temporary or seasonal), self-employment/business, unemployment, financial assistance (i.e. student loans/grants, work study), child support payments, contributions, Social Security Disability Payments, SSI, Worker's Compensation, retirement benefits, ADC/FIP, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources. Attach additional sheet, if needed.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Type of Income</th>
<th>Employer or Other Source of Income</th>
<th>Gross/Mo</th>
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CURRENT Household Income – List ALL money earned or received by everyone in your household. This includes money from wages (including temporary or seasonal), self-employment/business, Pandemic Unemployment Assistance, Federal Pandemic Unemployment Compensation (FPUC), unemployment, financial assistance (i.e. student loans/grants, work study), child support payments, contributions, Social Security Disability Payments, SSI, Worker's Compensation, retirement benefits, ADC/FIP, Veteran’s benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources. Attach additional sheet, if needed.

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<th>Household Member</th>
<th>Type of Income</th>
<th>Employer or Other Source of Income</th>
<th>Gross/Mo</th>
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Does any agency or person outside of your household pay for any of your bills, give you money, or provide subsidy?

☐ Yes  ☐ No  **IF YES, please explain**

[___________________________________________________________________________]

**Part 4: Household Assets** – List ALL sources of household assets including, but not limited to: Checking, Savings, Other Bank Accounts, Stocks, Bonds, CDs, Trusts, and Real Estate. **Attach additional sheet, if needed.**

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Type of Asset</th>
<th>Name of Bank or Other Source Asset</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
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</table>

1. Does any household member own any stocks or bonds?  ☐ Yes  ☐ No

2. Does any household member own or have an interest in real estate and/or a mobile home?  ☐ Yes  ☐ No

**Conflict of Interest Affidavit**

Please review the list below and disclose if you are related by blood, marriage or in any other capacity to any individual listed.

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of the City of Brownsville, Community Development Corporation of Brownsville (CDCB), or the Development Owner?  _____Yes  ____x____No

   If YES, please list name, organization, and role:

   [__________________________________________]

2. Is anyone in the household related to anyone currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of the City of Brownsville, Community Development Corporation of Brownsville (CDCB), or the Development Owner?  _____Yes  ____x____No

**WARNING:** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I/We certify that the information given to the City of Brownsville or Subrecipient on household composition, income, assets, and eligibility is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal, State, and local law. I/We also understand that false statements or information are grounds for denial of my/our application for the CARES Act CDBG-CV Program. Additionally, I/we agree to repay the City of Brownsville any CARES Act CDBD-CV assistance that is determined to be duplicative.
COVID-19 Hardship Form

Please indicate which of the following statements apply to the Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID-19) Explain:
  
- I have had my hours reduced as a result of the coronavirus (COVID-19) Explain:
  
- I have been furloughed as a result of the coronavirus (COVID-19) Explain:
  
- I have been laid off as a result of the coronavirus (COVID-19) Explain:
  
- I have been terminated as a result of the coronavirus (COVID-19) Explain:

Head of Household Name (Please Print)  Signature  Date

Spouse Name (Please Print)  Signature  Date
DUPLICATION OF BENEFITS CERTIFICATION

Check all boxes that apply regarding prior mortgage, rent, and/or utility assistance:

☐ I/we have **not** applied for or received **any** mortgage, rent, and/or utility assistance in the past 12 months. This includes assistance from agencies/organizations/etc.

☐ I/we have applied and received mortgage, rent, and/or utility assistance in the past 12 months. List the name of all agencies/organizations/etc. and amount received:

  Name: ________________________________________________________________
  Received $____________ for Mortgage / Rent / Utility Assistance (circle all that apply)
  For the Month(s) of ______________________________________________________

  Name: ________________________________________________________________
  Received $____________ for Mortgage / Rent / Utility Assistance (circle all that apply)
  For the Month(s) of ______________________________________________________
☐ I/we have a pending application(s) for mortgage, rent, and/or utility assistance.

**List the name of all agencies/organizations:**

Name: ________________________________________________________________

Requested $___________ for Mortgage / Rent / Utility Assistance (circle all that apply)

For the Month(s) of __________________________________

Name: ________________________________________________________________

Requested $___________ for Mortgage / Rent / Utility Assistance (circle all that apply)

For the Month(s) of __________________________________

<table>
<thead>
<tr>
<th># Bedroom</th>
<th>Efficiency</th>
<th>One Bedroom</th>
<th>Two Bedroom</th>
<th>Three Bedroom</th>
<th>Four Bedroom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>$ 590.00</td>
<td>$ 753.00</td>
<td>$ 989.00</td>
<td>$ 1,138.00</td>
</tr>
</tbody>
</table>

I/we certify that the information provided is accurate and current. I/we agree to repay the City of Brownsville any CARES Act CDBD-CV assistance that is determined to be duplicative. I/we also understand that providing false information is a violation of federal regulations, state, and local law.

___________________________________________________
Head of Household Name (Please Print)          Signature          Date

___________________________________________________
Spouse Name (Please Print)          Signature          Date

**For internal use only:**

Total cost for assistance requested: $

Subtract other sources received: $
Award: $