

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
 - 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! *****

**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 \$10,000 liquid assets
- Total gross household income (at the time of application) must not exceed

Household Size	1	2	3	4	5	6	7	8
Income Limit 80% of the City of Brownsville	\$38,150	\$43,600	\$49,050	\$54,450	\$58,850	\$63,200	\$67,550	\$71,900

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: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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
(Check All Boxes That Apply) Have a Dependent
 Disabled

Marital Status
(Check Only 1 Box) Single
 Married

- Elderly (age 62+)
- Pregnant
- Veteran or Surviving Spouse of a Veteran
- Live in a Homeless Shelter or Transitional Housing
- None of the Above

- 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.**

Last Name, First Name, MI	Relationship	Date of Birth	Age	Sex	Social Security #
_____	HOH	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____
_____	_____	_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M	_____

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.**

Household Member	Type of Income	Employer or Other Source of Income	Gross/Mo
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.**

Household Member	Type of Income	Employer or Other Source of Income	Gross/Mo
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.**

Household Member	Type of Asset	Name of Bank or Other Source Asset	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____ 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 _____ 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 CDBG-CV assistance that is determined to be duplicative.

Signature of Head of Household Date

Signature of Spouse Date

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
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Spouse Name (Please Print)	Signature	Date
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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 _____

FINAL FY 2021 FMRS BY UNIT				
Efficiency	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom
\$ 586.00	\$ 590.00	\$ 753.00	\$ 989.00	\$ 1,138.00
# Bedroom _____				

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: \$

Rental Assistance Program

Community Development Block Grant Program-CV



APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION (All Adult Household Members Must Complete and Sign)

Last Name, First Name, MI	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Street Address/City/State/ZIP Code

The undersigned hereby authorizes any or all of the following resources to **release, disclose, and/or deliver** to the **City of Brownsville and Community Development Corporation of Brownsville (CDCB)** information related to the above named client for the purposes of determining eligibility and/or continued participation in the CDBG-CV Rental Assistance Program for Mortgage, Rent, and Utility Relief:

- ◆ Employers
- ◆ State/County Human Service Agencies (i.e. Social Security, Human Services, Case Managers, etc.)
- ◆ Financial Institutions
- ◆ Relatives/Friends
- ◆ Property Managers/Owners
- ◆ Utility Companies
- ◆ Law Enforcement/Correctional Agencies
- ◆ Educational Institutions
- ◆ City of Brownsville Housing Authority (HACB)
- ◆ Other _____
- ◆ Other _____

I understand that I have a right to inspect the disclosed information at any time by making inquiry to the above named resources at any time.

This Authorization will automatically expire 1 year from the date of signature, except as specified: _____ (list specific number of days or months). I understand that I may revoke this Authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the City of Brownsville and CDCB.

A photocopy or exact reproduction of the signed Authorization shall have the same force and effect as the original. **I hereby authorize the release of information as indicated above.**

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date



VI. Household Income Calculation:

- 1. Enter Total Annual Gross Income (Page 7) \$ _____
- 2. Enter Greater of Actual Income or Passbook Amount (Page 9) _____
- 3. Add lines 1 and 2 \$ _____

VII. Certification of Applicant

Circle income limit based on household size.

INCOME TABLE
(BELOW): As of June 15, 2022

Household Size	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1 Person	\$14,350	\$23,850	\$38,150
2 Persons	\$16,400	\$27,250	\$46,600
3 Persons	\$18,450	\$30,650	\$49,050
4 Persons	\$20,450	\$34,050	\$54,450
5 Persons	\$22,100	\$36,800	\$58,850
6 Persons	\$23,750	\$39,500	\$63,200
7 Persons	\$25,400	\$42,250	\$67,550
8 Persons	\$27,000	\$44,950	\$71,900

Applicant is _____ Eligible _____ Not Eligible

I, _____, hereby acknowledge that
(Print Name)

(1) eligibility for assistance under this CDBG-funded program is based upon having a presumption or qualifying household income; (2) the information furnished to the Agency providing the services and Grantee is current as of the date signed; (3) this information may be subject to further verification by the Grantee and/or the U.S. Department of Housing and Urban Development (HUD) and HUD–Office of Inspector General (HUD-OIG); (4) I authorize such verification; and (5) falsification of the information provided may subject me to prosecution under applicable state and federal laws.

Signature _____
Date

VIII. Certification of Agency

I, _____, hereby acknowledge that I have
(Print Name)

received the necessary documentation in order to provide services under the CDBG Program.

Signature _____
Date