

# COVID-19 CARES ACT FUNDING RENTAL AND UTILITY ASSISTANCE

## Am I Eligible to Apply for this Assistance?

Do you reside within the city limits of Beaumont? Yes or No; if **Yes** proceed to next question >

Were you employed before March 1<sup>st</sup>? **Yes** or No; if **Yes** proceed to next question >

Were you fired, furloughed or laid off due to the COVID pandemic? **Yes** or No; if your answer is **Yes** proceed to the next question >

Are you seeking help with Rent/Utilities or both? Circle your choice then proceed to the next question >

Is your rent currently subsidized with Federal funds? (Housing Choice Voucher (Section 8), Family Unification Voucher, Veteran Affairs Supportive Housing (VASH), mainstream Voucher, Project-based Section 8, Project-based Rental Assistance, or Public Housing Vouchers, etc.)

**If you answered Yes to the question above regarding subsidized housing, then you are not eligible to apply for assistance.**

If you answered **No** to this question, proceed forward >

Does your household income exceed eighty-percent (80%) of the 2020 Area Median Family Income limits for the Beaumont area? Review the income chart below.... If your income is listed in one of these categories according to the number of household members, you are eligible to apply.

### 2020 HUD Income Limits

	<b>1 PERSON</b>	<b>2 PERSON</b>	<b>3 PERSON</b>	<b>4 PERSON</b>	<b>5 PERSON</b>	<b>6 PERSON</b>	<b>7 PERSON</b>	<b>8 PERSON</b>
30% of Median	\$14,200	\$16,200	\$18,250	\$20,250	\$21,900	\$23,500	\$25,150	\$26,750
50% of Median	\$23,650	\$27,000	\$30,400	\$33,750	\$36,450	\$39,150	\$41,850	\$44,550
60% of Median	\$28,380	\$32,400	\$36,480	\$40,500	\$43,740	\$46,980	\$50,220	\$53,460
80% of Median	\$37,800	\$43,200	\$48,600	\$54,000	\$58,350	\$62,650	\$67,000	\$71,300

*Effective 7/1/2020; Income limits are published annually by the U. S. Department of Housing and Urban Development*

**Application for assistance does not guarantee that you will receive assistance.**

### **INFORMATION TO KNOW BEFORE APPLYING:**

Federal funding cannot be used to pay for any property that is located in the floodway. This will be verified by our office staff, at the start of this process.

If funding is approved, you can receive up to three (3) months of assistance. The maximum amount that will be awarded to an applicant for their bills will be \$3,000.00.

**Your rent and utilities cannot be delinquent prior to March 1<sup>st</sup>.** Payment for the months of April, May and June of 2020 will be paid if needed. **If you receive assistance, please note that you will be ineligible for further assistance unless future funding is made available by HUD.**

**All** requested documentation must be provided at the time of application (list of documents needed attached). An incomplete application and missing documents **will be returned to the applicant.**

Once you have all of the necessary documents and a completed application, call Some Other Place/Henry's Place at (409)832-7976 or Habitat for Humanity at (409)832-5853 to make an appointment for an in person interview.

Some Other Place/Henry's Place or Habitat for Humanity will be sending a form to request rental verification information to your landlord for the rent that is owed. This form must be signed and returned by the landlord to the agency that is requesting the information. The monthly amount of rent listed on your signed and dated lease agreement must match the form completed by your landlord. The only difference should be if late fees were assessed, and they should be clearly stated on the form.

Upon receipt of the landlord verification, your approved application and the completed environmental review, payments will be processed.

**All** rent payments will be made to the landlord and the utility payments will be made to the utility companies. **The applicant will not receive any direct funds according to the HUD guidelines for this program.**

**This form must be attached to your application for verification purposes.**

Please sign and date this form if you agree with all that has been stated. Failure to submit true and accurate information will force us to deny your application.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

# Community Development & Housing Services Department

## COVID-19 REQUIRED DOCUMENTS FOR ASSISTANCE

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### **Required Documents to be Included with the Application for Assistance**

1. **Identification for all Adults in the Household**

Acceptable Identification for Adults in the Household:

- State Issued ID Card; OR
- Social Security Card; OR
- Tax Return with all household members listed

2. **Proof of Hardship**

Acceptable Proof of Hardship Documents:

- Unemployment Letter; OR
- Furloughed Letter; OR
- Check stubs noting decrease of hours or pay; OR
- Personal statement of hardship

3. **Proof of Income**

Acceptable Proof of Income Documents:

- Check stubs; OR
- SNAP Benefit letter; OR
- Pay history from employer
- Self-Declaration form for all adult household members if you report no income

4. **Proof of Household Size**

Acceptable Proof of Household Size Documents:

- Tax Return with all household members listed; OR
- SSI Award Letter; OR
- SNAP Benefits Statement; OR
- Medicaid Statement; OR
- Birth certificates for all members of the home: OR
- Social Security cards for all members of the home

5. **Proof of Residence**

- Signed/dated copy of current lease agreement

6. **Other documents needed**

Copy of current lease agreement (signed and dated by landlord and tenant)

Copy of utility bills

\*\*\* If you have any of the following documents, please include them with your application

- Notice to Vacate
- Court Eviction



**APPLICATION FOR EMERGENCY RENTAL  
AND/OR UTILITY ASSISTANCE**

REQUESTED ASSISTANCE: Rent \_\_\_\_\_ Utility \_\_\_\_\_ Both \_\_\_\_\_

(1) APPLICANT NAME: \_\_\_\_\_

(2) CO-APPLICANT NAME: \_\_\_\_\_

DATE OF BIRTH (1): \_\_\_\_\_ DATE OF BIRTH (2): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (1): \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBER (2): \_\_\_\_\_ EMAIL: \_\_\_\_\_

***LIST ALL ADDITIONAL HOUSEHOLD MEMBERS BELOW:***

NAME	DOB	RELATIONSHIP	RACE	Hispanic Latino Y or N	INCOME Y or N	SOURCE OF INCOME

Race chose the most appropriate  
(American Indian or Alaskan Native; Asian; Native Hawaiian or Other Pacific Islander; Black or African American; White)

**EMPLOYMENT:**

**APPLICANT'S EMPLOYER (CURRENT)**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

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

\_\_\_ I have experienced a reduction in salary as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have had a reduction in work hours as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have been furloughed as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have been laid off as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have had a reduction in work hours as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have been terminated from my job as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:**

**CO-APPLICANT'S EMPLOYER (CURRENT)**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

YEARS EMPLOYED: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

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

\_\_\_ I have experienced a reduction in salary as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have had a reduction in work hours as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have been furloughed as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have been laid off as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have had a reduction in work hours as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I have been terminated from my job as a result of the COVID19 virus  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD INCOME:**

Please indicate an amount and if you are paid weekly (2), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

SOURCE	\$ AMOUNT	APPLICANT	CO-APPLICANT	OTHER MEMBERS AGE 18+
Gross Salary (before deductions)				
Overtime, Tips, Bonuses, etc.				
Disability				
Pensions, Veterans Benefits, etc				
Unemployment/Workers Compensation				
Alimony, Child Support				
Welfare Payments (TANF, Aid to Families with Dependent Children, etc)				
Other				
TOTALS				

Are you or the co-applicant on a waiting list for assistance from another agency?  Yes  No

**If you have answered yes, please list the agency and describe the requested assistance:**

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**Warning: Failure to provide all required documentation will delay assistance and may result in the denial of assistance**

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification. I/We understand that the information provided is needed to determine eligibility and in no way assures qualification for assistance. I/We also agree to provide any other documentation necessary to verify my/our eligibility.

I/We are aware that all non-exempt information is subject to Texas's Public Records Law.

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Co-Applicant/Date

# CERTIFICATION PAGE

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

I/We certify the following:

All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.

I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the City of Beaumont's Tenant Based Rental Assistance Program and may result in legal action against me/us.

**Consent to Release Information:** I/We authorize representatives from any of the City of Beaumont's Tenant Based Rental Assistance Program that I/We have applied to, my/our employer(s), my/our financial institution(s), to verify the information contained in this application. This information includes, but is not limited to employment status, income, and other financial information. I also authorize representatives from any of the City of Beaumont's Tenant Based Rental Assistance Program to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with any of our funding sources for the purpose of meeting funding compliance.

I/We release all representatives from any of the City of Beaumont's Tenant Based Rental Assistance Program from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for the TBRA program.

I understand that completion of this application does not guarantee that my/our eligibility for the program will be granted for assistance.

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Signature of Applicant/Date

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Signature of Co-Applicant/Date



**Community Planning and Development  
Community Development Block Grant (CDBG-CV)**

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

**Definition of Income**

<input type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040	<input type="radio"/> American Community Survey
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**Beneficiary Information**

<b>Last Name:</b>	<b>Beneficiary ID (if applicable):</b>
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**Member Information**

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							

**HH** = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

**Contact Information**

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

**Income Information**

Annual gross income (total of all members) = \$ \_\_\_\_\_

**Certification**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

**COMPLETE SIGNATURES ON SECOND PAGE**

**Community Planning and Development  
Community Development Block Grant (CDBG-CV)**

**SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY**

Printed on:

Effective Date:

Beneficiary ID:

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

<b>OTHER BENEFICIARY ADULTS*</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

\* Attach another copy of this page if additional signature lines are required.

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

**RENTAL VERIFICATION FORM**  
**Landlord Release of Information**

Name of Applicant: \_\_\_\_\_

Rental Address: \_\_\_\_\_

I, the above named applicant, hereby give \_\_\_\_\_ (Some Other Place/Henry's Place or Habitat for Humanity) permission to communicate with my current landlord or property manager for the purpose of discussing any and all of the facts and circumstances of my current tenancy, as well as the other information listed on my application with no limitations or restrictions regarding what may be discussed or revealed to them. Please provide the requested information below at your earliest convenience.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**The following information will serve as verification of rent**

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Landlord Information:

\_\_\_\_\_  
Property Name (Name of Apartments)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Landlord Printed Name

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Federal ID # or SSI#

\_\_\_\_\_  
Date Verified

\_\_\_\_\_  
Landlord email address

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Applicant Rent Information:

\$ \_\_\_\_\_  
Monthly rent as stated in lease agreement

\$ \_\_\_\_\_  
Amount Due

\$ \_\_\_\_\_  
Amt. of Interest/late fees included

Are any of these included in the rent amount?

Electric

\$ \_\_\_\_\_

Water

\$ \_\_\_\_\_

Gas

\$ \_\_\_\_\_

As landlord or manager, I certify that all information listed on this form is true and correct as outlined above and will be used as documentation to provide the payment of this applicant's rent payment.

**\*RETURN THIS FORM COMPLETED WITH A W-9 FORM SO THAT PAYMENT CAN BE MADE\***