

EMERGENCY HOUSING ASSISTANCE PROGRAM

Required Documentation

Love Network of Baytown is providing rent and mortgage assistance to residents adversely impacted by the COVID-19 pandemic. The following is a general list of eligibility requirements. Applicants **must provide copies** of the following documents and **meet the income eligibility requirements**:

<p><input type="checkbox"/> Identification</p> <p><i>The applicant must prove his/her identity.</i></p>	<p><input type="checkbox"/> Valid ID reflecting the address for which the applicant is seeking assistance</p>
<p><input type="checkbox"/> Baytown Residency</p> <p><i>Only residents that reside within city limits can be served with CDBG-CV funds.</i></p>	<p><input type="checkbox"/> Current residential lease or mortgage statement listing applicant(s) as lessee/owner.</p> <p><input type="checkbox"/> Current utility bills listing applicant(s) as customer (gas, electric and water).</p>
<p><input type="checkbox"/> Evidence of adverse financial impact by COVID-19</p> <p><i>Applicant must demonstrate that he/she has been adversely impacted as a direct result of COVID-19</i></p>	<p><input type="checkbox"/> Loss of employment (layoff letter, unemployment application, etc.)</p> <p><input type="checkbox"/> Reduction in income (furlough letter from employer, payroll records, bank statements, etc.)</p>
<p><input type="checkbox"/> Income Eligibility</p> <p><i>Federal and State income guidelines serve primarily low - income residents earning less than 80% Area Median Income (\$3,679 per month for a household of 1) and with limited assets.</i></p>	<p><input type="checkbox"/> Bank statements (reflecting income prior to the pandemic and the most recent statement showing the reduction in income)</p> <p><input type="checkbox"/> Payroll records (reflecting income prior to the pandemic and the most recent pay stub showing the reduction in income)</p> <p><input type="checkbox"/> Verification of other income received (Social Security Administration, child support, SNAP, pension, etc., if applicable)</p> <p><input type="checkbox"/> 2019 tax return</p>

Complete application packages include all the items Applicants are required to submit. To schedule a phone appointment prior to submittal please call the number provided below. Program staff will **not** accept incomplete application packages.

**Additional documents may be needed to determine your eligibility for financial assistance*

For more information, call Love Network of Baytown at

281-837-5096

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APPLICATION

IMPORTANT: Some information in this application is strictly confidential and will not be released to persons outside of the program without written consent from the applicant. Information is requested to establish eligibility and for federal reporting requirements.

Section I: Applicant/Head of Household Information (completed by the APPLICANT)

Name _____	_____	_____
Last	First	Middle Initial
Current Address _____	_____	
_____	_____	_____
City	State	Zip
Home Phone _____	Work Phone _____	_____
Email Address _____	_____	
Driver's License No. _____	Date of Birth _____	_____

Section II: Co-Applicant (completed by the APPLICANT)

Name _____	_____	_____
Last	First	Middle Initial
Current Address _____	_____	
_____	_____	_____
City	State	Zip
Home Phone _____	Work Phone _____	_____
Email Address _____	_____	
Driver's License No. _____	Date of Birth _____	_____
Relationship to Applicant _____	_____	

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Employment & Income History

Applicant's Employer _____	Occupation _____
Estimated Gross Monthly Income \$ _____	# of Years with Employer _____
Co-Applicant's Employer _____	Occupation _____
Estimated Gross Monthly Income \$ _____	# of years with employer _____

Section IV: Household Members (completed by APPLICANT)

Total number of persons in the household _____ (# of Adults _____, # of children _____)

Section V: Property Information (completed by APPLICANT)

Property Address _____

City _____ State _____ Zip _____

Ownership: Rent Own

Section V: Landlord/Lender Information (Skip if OWN)

Landlord Name: _____ Address: _____

Landlord Phone#: _____ CITY _____ ST _____ ZIP _____

Section VI: Lender Information (Skip if Rent)

Lender Name: _____ Address: _____

Lender Phone#: _____ CITY _____ ST _____ ZIP _____

Community Development Block Grant Income Certification

Federally funded Community Development Block Program (CDBG) participants must disclose family income information and documentation. The information on this application is necessary for federal reporting purposes.

Source of Income	Yes/No	Documentation <i>If yes, please indicate the source of documentation used to verify this information.</i>
Salary, Wages, Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Three (3) most current paychecks/paystubs; or <input type="checkbox"/> Written verification of employment from employer including salary/wage information and number of hours worked each week and the last filed Federal Income Tax Returns.
Self-employed Profits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Account records; or <input type="checkbox"/> Most current quarterly income tax return
Unemployment Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award/benefit letter; or <input type="checkbox"/> Most recent check; or <input type="checkbox"/> Three most recent bank statements showing deposits of award/benefit check
SSI/SSDI – Supplemental Security Income/Disability Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award letter stating the amount of benefit; or <input type="checkbox"/> Most recent check; or <input type="checkbox"/> Written statement from Caseworker stating the benefit amount
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Award letter stating the current benefit; or <input type="checkbox"/> Printout from HHS verifying benefit
SNAP (Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly or monthly check; or <input type="checkbox"/> Court decree establishing payments; or <input type="checkbox"/> Affidavit of child support
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interest & Dividend Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bank statement showing last 12 months of interest; or <input type="checkbox"/> Investment statements indicating the amount of dividends earned
No Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Affidavit of Zero Income
Other Sources of Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please Describe:

Certification: (Please read before signing)

This organization is supported with Federal funding. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government.

By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification.

Applicant/Head of Household

Date

Co-Applicant, if applicable

Date

Demographic Information Certification Form Community Development Block Grant

Federally funded Community Development Block Program (CDBG) participants must disclose demographic information in order to participate. The information on this application is necessary for federal reporting purposes. Please print and answer all questions completely.

Applicant Name _____ Date of Birth _____
 Co-Applicant Name _____ Date of Birth _____
 Street Address _____ City _____ Zip code _____
 Phone Number _____ e-mail (Optional) _____

Gender Female Male

Which best describes your ethnicity? (Check one)

Hispanic/Latino Non-Hispanic/Latino

Which best describes your race? (Check one)

White Native Hawaiian/Other Pacific Islander Amer. Indian/Alaskan Nat. and Black/African American
 Black/African American American Indian/Alaskan Native and White Other/Multiracial
 Asian Asian and White
 American Indian/Alaskan Native Black/African American and White

Family Income

Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

Family Income Table* (below)

1. FIRST circle the number of persons in your household
2. THEN go across and circle your household annual Income Category

Household Size	Income Bracket 1	Income Bracket 2	Income Bracket 3
1 Person	\$0-\$16,600	\$16,601-\$27,600	\$27,601-\$44,150
2 Person	\$0-\$18,950	\$18,951-\$31,550	\$31,551-\$50,450
3 Person	\$0-\$21,300	\$21,301-\$35,500	\$35,501-\$56,750
4 Person	\$0-\$23,650	\$23,651-\$39,400	\$39,401-\$63,050
5 Person	\$0-\$25,550	\$25,551-\$42,600	\$42,601-\$68,100
6 Person	\$0-\$27,450	\$27,451-\$45,750	\$45,751-\$73,150
7 Person	\$0-\$29,350	\$29,351-\$48,900	\$48,900-\$78,200
8 Person	\$0-\$31,250	\$31,251-\$52,050	\$52,051-\$83,250

*Effective July 1, 2020

Female Head of Household: Yes No
 Family Size = Children (0-17 years of age) _____ + Adults (18+ years of age) _____
 Total: _____

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By signing this Document, I certify under penalty of perjury, that all the information on this application is correct to the best of my knowledge and belief, and I acknowledge that such information is subject to verification.

 Applicant/Head of Household Date

 Co-Applicant, if applicable Date