

CITY OF GALVESTON GRANTS & HOUSING DEPARTMENT



TENANT-BASED RENTAL ASSISTANCE APPLICATION

WARNING: Title 18 U.S. Code §1001 states that a person is guilty of a FELONY for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.

TENANT-BASED RENTAL ASSISTANCE PROGRAM

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**CITY OF GALVESTON, HOME PROGRAM/HOME INVESTMENT PARTNERSHIPS PROGRAM
TENANT-BASED RENTAL ASSISTANCE PROGRAM
CHECKLIST**

APPLICANT NAME: _____ CO-APPLICANT: _____

DATE: _____

RECEIVED BY: _____

IN ORDER FOR OUR OFFICE TO DETERMINE IF YOU ARE ELIGIBLE FOR TENANT-BASED RENTAL ASSISTANCE YOU MUST SUBMIT THE FOLLOWING INFORMATION:

- APPLICATION - COMPLETED AND SIGNED BY THE APPLICANT(S)
- INCOME INFORMATION – COMPLETED AND SIGNED BY THE APPLICANT(S) WITH COMPLETE INCOME INFORMATION
- AUTHORIZATION OF RELEASE OF INFORMATION – COMPLETED AND NOTARIZED
- APPLICANT(S) IDENTIFICATION – COPY OF DRIVER’S LICENSE OR STATE ID AND SOCIAL SECURITY CARD FOR EACH MEMBER OF HOUSEHOLD
- VERIFICATION OF EMPLOYMENT – FORM SIGNED BY THE APPLICANT(S) AND COMPLETED BY THE EMPLOYER (FORM ATTACHED) OR WRITTEN VERIFICATION FROM EMPLOYER. **IF NOT EMPLOYED, WE WILL NEED A CURRENT WAGE RECORD STATEMENT FROM THE TEXAS WORKFORCE.**
- MOST RECENT PAY STUBS, THREE (3) MONTHS, COPY
- VERIFICATION OF DEPOSITS – FORM SIGNED BY THE APPLICANT(S) AND COMPLETED BY THE FINANCIAL INSTITUTION (FORM ATTACHED) OR WRITTEN VERIFICATION FROM FINANCIAL INSTITUTION(S). **IF NO BANK ACCOUNT, WE WILL NEED A NOTARIZED STATEMENT FROM THE APPLICANT.**
- BANK STATEMENTS – COPIES OF SIX (6) MOST RECENT CONSECUTIVE MONTH’S STATEMENTS FOR EACH ACCOUNT IN APPLICANT(S) NAME.
- ADDITIONAL VERIFICATION MAY BE NEEDED SUCH AS:
 - INCOME (SOCIAL SECURITY BENEFIT, RETIREMENT, ETC....)
 - FILED INCOME TAX RETURN (COPY OF THE MOST CURRENT YEAR)
 - CHILD SUPPORT - COPY OF THE COURT ORDERED CHILD SUPPORT GUIDELINE FINDINGS (IF APPLICABLE)

APPLICATION PACKET WILL NOT BE ACCEPTED WITHOUT ALL OF THE REQUIRED DOCUMENTATION.

TENANT-BASED RENTAL ASSISTANCE PROGRAM APPLICATION

APPLICANT NAME: _____

CO-APPLICANT: _____

CURRENT ADDRESS: _____

City, State, Zip Code: _____

Home Phone: _____ **Alternate Phone:** _____

HOUSEHOLD COMPOSITION

List the Head of Household and **all other members** who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship	Date of Birth	Age	Sex	Social Security No.

Race of Head of Household (Check One) - This information is required – it is being collected to ensure compliance with Fair Housing and Equal Opportunity regulations.

- White Black/African American Asian/Pacific Islander
 American Indian/Alaskan Native Hispanic Other Multi Racial

Preference Information: You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

- Are you currently homeless? Yes No
(Proof of Homelessness is required)
- Do Any Members of your household have a disability? Yes No
(Proof of Disability is required)
- Are you a victim of domestic violence? Yes No
- Are Any Members of your household 62 years or older? Yes No
- Are you currently living in the City of Galveston? Yes No

ARE YOU RECEIVING ANY OTHER ASSISTANCE? IF YES, PLEASE CHECK THE BOX

- PUBLIC HOUSING TANF
 SECTION 8 Not Applicable

INCOME INFORMATION

What is the total **gross annual income** of all household members? \$ _____
(Includes: wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC, TANF or other benefits)

Household Member Name	Source of Income	Gross Annual Amount	Payment Basis (weekly, bi-weekly, monthly, etc.)

ASSET INFORMATION

List below the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income from Asset

EXPENSE INFORMATION

- Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
 Yes No
- Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school? Yes No
- Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work? Yes No

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the City of Galveston to verify all information provided on this application.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date

AUTHORIZATION OF RELEASE FOR INFORMATION

NAME PRINT FULL LEGAL NAME	SOCIAL SECURITY NUMBER	SIGNATURE SIGN ONLY IN PRESENCE OF A NOTARY

I/WE hereby authorize persons, organizations, or employers, federal, state or local agencies, governmental entities, utility companies or establishments to furnish information about my/our household to a representative of THE CITY OF GALVESTON HOME INVESTMENT PARTNERSHIPS PROGRAM of Galveston, Texas in conjunction with the City of GALVESTON, Texas Tenant-Based Rental Assistance Program annual verification of primary residency.

I hereby grant permission of the release of information that may be relevant to my/our occupancy of the HOME Program Assisted Unit.

I/We understand that this release of information is valid until it is revoked in writing.

THE STATE OF TEXAS §
COUNTY OF GALVESTON §

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THIS _____ DAY OF

_____ / _____

BY:

SEAL

NOTARY PUBLIC IN AND FOR TEXAS

VERIFICATION OF EMPLOYMENT

**CITY OF GALVESTON
GRANTS & HOUSING DEPARTMENT
2508 BALL AVENUE
GALVESTON, TX 77550
FAX #: (409) 291-4553**

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. Please fax response to **(409) 291-4553** or via email to TBRAProgram@GalvestonTX.gov

Employed since: _____ Occupation: _____

Salary: _____

Effective date of last increase: _____

Base pay rate:

\$ _____/HOUR; OR \$ _____/WEEK; OR
\$ _____/MONTH

**AVERAGE HOURS/WEEK AT BASE PAY RATE: _____
HOURS**

No. weeks _____, or No. weeks _____ worked/Year

Overtime pay rate: \$ _____/Hour

Expected average number of hours overtime worked per week during next 12 months _____

**ANY OTHER COMPENSATION NOT INCLUDED ABOVE
(SPECIFY FOR COMMISSIONS, BONUSES, TIPS, ETC.):**

For: _____ \$ _____ per _____

Is pay received for vacation? • Yes • No

If Yes, no. of days per year _____

Total base pay earnings for past 12 mos. \$ _____

Total overtime earnings for past 12 mos. \$ _____

Probability and expected date of any pay increase:

Does the employee have access to a retirement account? • Yes • No

If Yes, what amount can they get access to:
\$ _____

RELEASE: I hereby authorize the release of the requested information.

Print Name

Signature

DATE: _____

or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Company Name

Signature of Authorized Representative

NAME & TITLE: _____

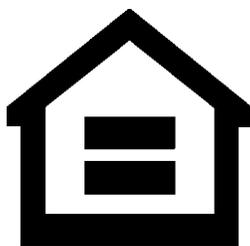
DATE: _____

Telephone: _____

WARNING: 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.

VERIFICATION OF: ASSETS ON DEPOSIT

<p style="text-align: center;">CITY OF GALVESTON GRANTS & HOUSING DEPARTMENT 2508 BALL AVENUE GALVESTON, TX 77550 FAX #: (409) 291-4553</p> <p>AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. Please fax response to (409) 291-4553 or via email to TBRAProgram@GalvestonTX.gov</p>	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Account No. _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____		
Retirement Savings (IRA, Keogh, 401(k))	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
Money Market Funds	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature</p> <p>DATE: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>_____</p> <p>Company Name</p> <p>_____</p> <p>Signature of Authorized Representative</p> <p>NAME & TITLE: _____</p> <p>DATE: _____</p> <p>Telephone: _____</p>				
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FACT SHEET FAIR HOUSING, IT'S YOUR RIGHT!!!

INTRODUCTION:

EVERY AMERICAN HAS A RIGHT TO FAIR HOUSING. THE RIGHT TO LIVE WHERE THEY CHOOSE, TO RAISE A FAMILY, TO OWN A HOME IN DIGNITY AND WITHOUT FEAR OF DISCRIMINATION IS A FUNDAMENTAL RIGHT GUARANTEED TO EVERYONE.

1968 FAIR HOUSING LAW:

IN TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 (THE FEDERAL FAIR HOUSING LAW), CONGRESS DECLARED A NATIONAL POLICY OF PROVIDING FAIR HOUSING THROUGHOUT THE UNITED STATES. THIS LAW MAKES DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, FAMILIAL STATUS, OR HANDICAP ILLEGAL IN CONNECTION WITH THE SALE OR RENTAL OF MOST HOUSING AND ANY VACANT LAND OFFERED FOR RESIDENTIAL CONSTRUCTION OR USE.

IF YOU THINK YOUR RIGHTS HAVE BEEN VIOLATED:

HUD IS READY TO HELP WITH ANY PROBLEM OF HOUSING DISCRIMINATION. IF YOU THINK YOUR RIGHTS HAVE BEEN VIOLATED, YOU MAY WRITE HUD A LETTER OR TELEPHONE THE HUD HOTLINE. YOU HAVE ONE YEAR AFTER THE ALLEGED VIOLATION TO FILE A COMPLAINT WITH HUD, BUT YOU SHOULD FILE IT AS SOON AS POSSIBLE.

WHERE TO WRITE:

**SEND A LETTER TO: OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
801 NORTH CHERRY, 27TH FLOOR
FORT WORTH, TEXAS 76102**

WHERE TO CALL:

CALL: THE HUD HOTLINE NUMBER AT 1-888-560-8913, THE REGIONAL ENFORCEMENT OFFICE FOR TEXAS IN FORT WORTH, TEXAS OR THE CITY OF GALVESTON GRANTS & HOUSING DEPARTMENT AT (409) 797-3820.

THIS INFORMATION IS BEING SPONSORED BY THE CITY OF GALVESTON GRANTS & HOUSING DEPARTMENT.