

CITY OF GALVESTON GRANTS & HOUSING DEPARTMENT

2508 BALL AVENUE
GALVESTON, TX 77550
(409) 797-3820

TBRAPROGRAM@GALVESTONTX.GOV



SHORT-TERM TENANT-BASED RENTAL ASSISTANCE APPLICATION

DUE BY: JANUARY 29, 2021

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.

SHORT-TERM TENANT-BASED RENTAL ASSISTANCE PROGRAM

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PROGRAM DESCRIPTION:

The City of Galveston has funding available to provide rental and security deposit assistance to households that have experienced financial hardship because of reduction or loss of income due to COVID-19. Under the ST-TBRA program, the City can assist households with up to 100% of the payment for rent and security deposits. The program will allow up to 3-months of assistance. Landlord must agree to participate. This program does allow for the payment of back rent originally due on or after June 1, 2020.

You are **NOT** eligible if you receive **Public Housing** or **Section 8 Housing Assistance** or have previously received **ST-TBRA** or are currently receiving **TBRA**.

Eligible Participants

To receive ST-TBRA funds applicant:

- Must be able to document financial impact due to the loss of income or job after March 13, 2020
- Must be a legal resident/citizen of the United States
- Must live in Galveston City
- Have income at or below HUD-specified income limits (see below)
- Must meet a \$1,000 minimum for rent assistance
- Must not have more than \$5,000 liquid assets
- Other restrictions do apply

2020 HUD HOME Income Limits

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80%	\$44,150	\$50,450	\$56,750	\$63,050	\$68,100	\$73,150	\$78,200	\$83,250

CITY OF GALVESTON, HOME INVESTMENT PARTNERSHIPS PROGRAM
SHORT-TERM TENANT-BASED RENTAL ASSISTANCE PROGRAM
CHECKLIST

APPLICANT NAME: _____ CO-APPLICANT NAME: _____

DATE RECEIVED: _____

RECEIVED BY: _____

IN ORDER FOR THE CITY TO DETERMINE IF YOU ARE ELIGIBLE FOR SHORT-TERM 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
- MOST RECENT PAY STUB, OR A STATEMENT FROM EMPLOYER
- MOST RECENT BANK STATEMENT/S (CHECKING & SAVINGS) OR OTHER FINANCIAL ACCOUNT SERVICE STATEMENT/S (E.G. DIGITAL WALLET, PAY CARDS, ETC.)
- COPY OF ALL PAGES OF CURRENT RENT/LEASE AGREEMENT (INCLUDE ALL ADDENDUMS, IF APPLICABLE)
 - EVICTION NOTICE (IF APPLICABLE)
- SELF-CERTIFICATION FORM – COMPLETED AND SIGNED BY THE APPLICANT(S)
- PROOF OF INCOME LOSS DUE TO COVID-19 (SUBMIT ALL APPLICABLE DOCUMENTS)
 - ONE (1) PAYSTUB BEFORE 3/01/2020 AND ONE (1) PAYSTUB AFTER 3/01/2020 SHOWING REDUCED HOURS/PAY (2 CHECK STUBS TOTAL)
 - ONE (1) BANK STATEMENT BEFORE 3/01/2020 AND ONE (1) BANK STATEMENT AFTER 3/01/2020 SHOWING REDUCED DIRECT DEPOSIT (2 BANK STATEMENTS TOTAL)
 - LETTER FROM EMPLOYER (MUST BE ON COMPANY LETTERHEAD)
 - VERIFIED LOSS OF STIPEND SHOWING REDUCTION
 - TEXAS WORKFORCE COMMISSION AWARD LETTER OR PAYMENT HISTORY (IF APPLICABLE)
- CHILD SUPPORT - COPY OF THE COURT ORDERED CHILD SUPPORT GUIDELINE FINDINGS (IF APPLICABLE)
- ADDITIONAL VERIFICATION MAY BE NEEDED SUCH AS:
 - FILED INCOME TAX RETURN (COPY OF THE MOST CURRENT YEAR)

DEPENDING ON YOUR INDIVIDUAL APPLICATION CIRCUMSTANCES, MORE INFORMATION MAY BE REQUESTED TO COMPLETE YOUR APPLICATION REVIEW

COMPLETE APPLICATIONS (WITH ALL DOCUMENTATION) WILL BE REVIEWED ON A FIRST-COME FIRST-SERVE BASIS.

INCOMPLETE APPLICATION PACKETS WILL BE PLACED ON HOLD UNTIL ALL REQUIRED DOCUMENTATION IS SUBMITTED.

FUNDS WILL NOT BE HELD FOR INCOMPLETE APPLICATIONS.

SHORT-TERM TENANT-BASED RENTAL ASSISTANCE PROGRAM APPLICATION

PLEASE PROVIDE ANSWERS TO ALL INFORMATION REQUESTED. UNANSWERED INFORMATION REQUESTS WILL RESULT IN AN INCOMPLETE APPLICATION.

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

ADDRESS: _____

UNIT SIZE: IDENTIFY THE NUMBER OF BEDROOMS 1 2 3 4

ARE YOU CURRENTLY RECEIVING FEDERAL/OTHER ASSISTANCE? IF YES, PLEASE CHECK THE BOX

- | | | |
|---|---|---|
| <input type="checkbox"/> Public Housing | <input type="checkbox"/> Housing Choice Voucher/Section 8 | <input type="checkbox"/> Other (Provide Name) |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Not Applicable | _____ |

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.

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other Multi Race |

If you are behind in your rent, how many months? _____

Housing Information – Your Landlord must agree to participate in the Program.

Name of Apartment Complex: _____

Property Management/Company Name: _____

Address: _____ City: _____ State: ____ Zip Code _____

Office Phone Number: _____

Landlord Email: _____

Lease Start: _____ End Date: _____

Employment Information:

Employer Name: _____

Supervisor Name: _____

Office Phone Number: _____ Position Title: _____

Regular Hours Prior to COVID-19 Pandemic: _____

Last Date Worked or Date Hours Reduced: _____ # Reduced Hours: _____

Hourly Pay Rate: _____ If Salaried, Monthly Salary: _____

Explain COVID-19 Financial Impact: _____

AFFIDAVIT OF INCOME SELF-CERTIFICATION

Applicant Name: _____ **Co-Applicant Name:** _____
Current Address: _____
City, State, Zip Code: _____
Home Phone: _____ **Alternate Phone:** _____
Email Address: _____

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	F/T Student (Y or N)	With Disability (Yes/No)	Social Security No.

HOUSEHOLD GROSS INCOME

PLEASE INDICATE AN AMOUNT FOR EACH HH MEMBER AND IF YOU ARE PAID WEEKLY (W), BI-WEEKLY (BW) OR ANNUALLY (A)

Name of Household Member - - >>				
Wages from employment (including commissions, tips, bonuses, etc.);	\$	\$	\$	\$
Social Security payments, disability, Veteran's benefits, annuities, retirement funds, pensions, or death benefits;				
Unemployment or workers compensation payments;				
Unearned income (such as SSI) for minor children;				
Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;				
Business Net Income, rental/real estate income				
Public assistance payments				
Any other source not named above. Describe: _____				
TOTALS				

ASSETS

CASH HELD IN SAVINGS ACCOUNTS, CHECKING ACCOUNTS, RETIREMENT AND PENSION FUNDS, 401K, ETC.

Source	Cash Value	Income from Asset	Bank or Policy Name	Account No. (Last 4 no.)
Checking				
Savings				
Cash/Bank Card				
401K				
Keogh Account				
Retirement				
Money Market				
Stocks, Bonds, Mutual Funds				
Other Accounts				

HOUSEHOLD'S TOTAL ANTICIPATED GROSS ANNUAL INCOME FOR THE NEXT 12 MONTHS \$ _____

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement and reporting of fraud to authorities. Additionally, I/we agree to furnish any additional income or other documentation required by the City of Galveston to document my/our household income.

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
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****NOTES**

Types of Income: include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid, and income earned on assets (checking, savings, IRA, etc.). Include what you receive now and what you anticipate receiving in the next 12 months.

Income from Assets: Income from assets must also be included in Total Annual Income. Assets include, but are not limited to: checking accounts, savings accounts, other financial account service, cash on hand, money market accounts, certificate of deposit, stocks/bonds, 401K and real estate. Include the annual interest from these accounts in your total income.

PLEASE RETURN COMPLETED APPLICATION PACKET BY JANUARY 29, 2021 TO:

City of Galveston, Grants & Housing Department

2508 Ball Avenue, Galveston, TX 77550

(409) 797-3820

Email to: TBRAProgram@galvestontx.gov

AUTHORIZATION FOR RELEASE OF 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, 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 Short-Term 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.

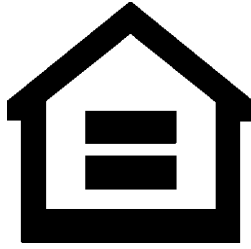
**THE STATE OF TEXAS §
COUNTY OF GALVESTON §**

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THIS _____ DAY OF _____, 2021.

BY:

SEAL

NOTARY PUBLIC IN AND FOR TEXAS



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.