

Newton County
Hurricane Harvey Buyout Program
Application



Deadline: June 30, 2021

Return Application to:
Newton County Grants Department
107 Davison
P.O. Box 1217
Newton, TX 75966
Elizabeth.Holloway@co.newton.tx.us

For questions or assistance please contact:

Kristi Davis
Gary Traylor & Associates
114 Main Street, Suite 2
Newton, TX 75966-3600
409-379-2019
Kristi.Davis@grtraylor.com





**Texas General Land Office
Community Development and
Revitalization
CDBG-DR Buyout /Acquisition Program
Intake Beneficiary Application**

Event Type: Harvey
Year of Event: 2017
Date/Time Received:
Subrecipient: Newton County
Contract #: 20-066-015-C108

All Blanks Must be Completed or Indicated with "N/A"

1. APPLICANT INFORMATION:

Applicant Name:	
Name Variation (if applicable, list all):	
Social Security Number:	
Current Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:
Name and Contact Information of Nearest Relative:	
Mailing Address if Different Than the Above:	
Street Address:	
City/State/Zip:	

2. CO-APPLICANT INFORMATION: (If applicable)

Applicant Name:	
Name Variation (if applicable, list all):	
Social Security Number:	
Current Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:
Name and Contact Information of Nearest Relative:	
Mailing Address if Different Than the Above:	
Street Address:	
City/State/Zip:	

3. ELIGIBILITY INFORMATION: Please answer the following questions:

Which disaster event(s) affected you and/or your residence? (e.g. 2015 Floods, 2016 Floods, Hurricane Harvey) List all applicable events:	
Were you the owner of the residence on the date of the disaster event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the damaged property the homeowner's primary residence on the date of the disaster event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the damaged property a rental property on the date of the disaster event?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the damaged property covered under homeowners' insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of Insurance Company:	
Homeowner's Insurance Policy Number:	
Was the damaged property covered under flood insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Name of Insurance Company:	
Flood Insurance Policy Number:	
Did you register with FEMA for repair assistance for structural damage to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you ever received any other assistance for the repair or rehabilitation of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Was the residence occupied full-time at the time of the disaster by a renter ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the residence occupied full-time at the time of the disaster by a homeowner ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the residence occupied full-time at the time of the disaster by a renter + homeowner ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all current members of the household and any additional household members anticipated within the next 12 months.

Member Name	Marital Status Head of Household Only	Relationship to Head of Household (HOH)	Date of Birth	Gender
		Head of Household		
Total Number of Household Members:				

5. INCOME INFORMATION (COPY OF PREVIOUS YEAR TAX RETURN): To determine if you are eligible for funding for a specific housing program, all listed occupants over the age of 18 must provide a copy of their previous tax return.

Subrecipients will refer to the GLO's IRS FORM 1040/Adjusted Gross Income (AGI) Method Calculation Policy to determine a beneficiary's household income.

Did you file tax returns in the last two previous years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If no, you may be required to submit income documentation to substantiate your income for occupants.	
If yes, what was your AGI reported on the most recent tax return?	\$

6. DIRECT BENEFIT DATA BY HOUSEHOLDS (DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION):

Ethnicity Codes:		
A – Hispanic: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.		
B – Not Hispanic		
Race Codes:	F – American Indian/Alaska Native/White	J – Other Multi-racial
A – White	G – Asian/White	K – Unknown
B – Black/African American	H – Black/African American/White	
C – Asian	I – American Indian/Alaska Native/Black-African American	
D – American Indian/Alaskan Native		
E – Native Hawaiian/Other Pacific Islander		
Special Needs Codes:	C – Colonia Resident	F – Public Housing Resident
A – Elderly	D – Homeless	G – Veteran
B – Person with Disabilities*	E – Migrant Farm Worker	H – Wounded Warrior

***Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

	Ethnicity Code	Race Code	Special Needs Code(s)
1(HOH)			
2			
3			
4			
5			
6			

7. DAMAGED RESIDENCE INFORMATION: Please indicate the type of structure for the property:

Single Family Home <input type="checkbox"/>	Modular Home <input type="checkbox"/>	Townhome <input type="checkbox"/>	Manufactured Housing Unit (MHU) <input type="checkbox"/>	Other:
---------------------------------------------	---------------------------------------	-----------------------------------	----------------------------------------------------------	--------

Address:

City, State, Zip:

TAX Parcel #:

Date of construction:

Date you acquired title to the property:

Total living area in sq. ft (all floors):

Number of stories above ground:

Please answer Yes, No or N/A to the following questions:

Is this a rental property? Yes No N/A

Are you currently living at the damaged residence? Yes No N/A

Is the property currently accessible? Yes No N/A

Is the property in the floodplain? Yes No N/A

If you are seeking assistance for a manufactured housing unit, do you own the land? Yes No N/A

Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community Affairs? Yes No N/A

Are there any other names on the deed for the damaged property? Yes No N/A

Have you had property foreclosed upon or are you in the process of foreclosure? Yes No N/A

Does the damaged property have any liens? Yes No N/A

Are you current or in good standing with a payment plan on your property taxes? Yes No N/A

What is the current assessed value of the property? \$

If you are required to pay child support, are you current on your payments or in good standing with a payment plan? Yes No N/A

If you are applying for other properties other than the one indicated above, please complete the following:

Address	City	Single Family (SF) or MHU	Assessed Value	Current on Property Taxes	Rental Property	Occupied at Time of Disaster	In a Floodplain	Date Acquired Title	Do you own the land?
		<input type="checkbox"/> SF <input type="checkbox"/> MHU <input type="checkbox"/> Other	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> SF <input type="checkbox"/> MHU <input type="checkbox"/> Other	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> SF <input type="checkbox"/> MHU <input type="checkbox"/> Other	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> SF <input type="checkbox"/> MHU <input type="checkbox"/> Other	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

8. HOUSING ASSISTANCE RECEIVED PREVIOUSLY:

Have you applied for any storm-related assistance for damage to your home from any source (local, state, federal, private)?

If yes, proceed with this section. Use extra pages to record damage history as needed.

Source	Amount	Date Received	Account Number
1. FEMA: Federal Emergency Management Agency			
2. SBA: Small Business Administration			
3. Insurance: Hazard, Wind, Flood			
4. Other Describe:			
Have you received assistance from any federal program to repair your home PRIOR to this event?			
List the names of the programs (e.g., HOME, CDBG, GLO/FEMA etc.):			
Have you filed insurance claims on the property in last 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Have you filed for ICC on the property in last 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the home substantially damaged?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

9. APPLICANT CERTIFICATION & RIGHT OF ENTRY:

I/We understand that is a voluntary program and the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery (CDBG-DR) Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

I/We acknowledge I/we am responsible for completing and returning all required documentation to the GLO Designated Representative ("GDR") within the time period stated by the GDR. If I/we fail to provide these documents in a timely manner, or if I/we fail to respond to any inquiries made by the GDR regarding my application for assistance, I/we may be disqualified from participating in this program, or I/we may have to reapply and, consequently, the original submission date is no longer effective

I/We understand that I am under no obligation to participate and application does not guarantee any assistance or award of funding.

I/We, hereby, provide and authorize Newton County and each of their respective employees, vendors, and contractors, the "Right-of-Entry" in and onto the property describe above for the purpose of performing all necessary activities to carry out the CDBG-DR Program, including the assessment of damage and any work which I am claiming as an eligible use of prior assistance. I will confirm that the officer, official, or employee will present credentials including photo identification, and state the reason for the site visit in order to request entry.

Applicant's Certification:

I authorize the entity to which I am applying for assistance to obtain information about me and my household that is pertinent to determining my eligibility for participation in the CDBG-DR Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND
- (4) All adult household members will sign this form and cooperate with the eligibility verification process.
- (5) I understand that my documents may become electronically permanent.

WARNING: By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. 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.

Signature of Applicant:

Date:

Signature of Co-Applicant:

Date:

10. ELIGIBILITY RELEASE:

Subrecipient: Newton County	Contract Number: 20-066-015-C108
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Name:

Address:

Instructions to Applicant: Your signature on this *Eligibility Release*, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named Subrecipient to obtain information from a third party regarding your eligibility and continued participation in the:

Community Development Block Grant Disaster Recovery (CDBG-DR) Program

Privacy Act Notice Statement: The Texas General Land Office (GLO) or Subrecipient named above require the collection of the information listed in this form to determine an applicant’s eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant’s eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.

Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

Note: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, “Request for a Copy of Tax Form” must be prepared and signed separately.

Information Covered: Inquiries may be made about items initialed below by the applicant.

Description	Verification Required	Initials of Applicants
Disaster Assistance (FEMA, SBA, Insurance, etc.)	X	
Income (all sources)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Child Support Verification	X	
Other (list): Dependent Information:	X	
Full-time Student		
Disabled Household Member		
Minor Children	X	

WARNING:

By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Any person who knowingly makes a false claim or statement to Housing and Urban Development (HUD) may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully makes false or fraudulent statements to any department of the United States Government.

Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

FOR ADMINISTRATIVE USE

Subrecipient, please identify the type of assistance needed:

<input type="checkbox"/> Buyout

<input type="checkbox"/> Acquisition

<input type="checkbox"/> Down Payment

Disclaimer: The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR and/or CDBG-MIT federal rules and regulations, as applicable. It should be noted that the Texas General Land Office assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and the Texas General Land Office's standard review and update schedule.

PLEASE PROVIDE ALL APPLICABLE DOCUMENTS LISTED BELOW TO ENSURE THAT YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER.

- Completed Buyout /Acquisition
- Driver's license, state-issued ID, or U.S. passport.
- 2018 or 2019 tax returns (1040) signed and submitted (*If 2019 tax return has not been filed, applicant may submit 2019 W2.*) or applicable tax return at the time of application.
- Salary/wage: (last 3 months of pay stubs OR signed statement from employer stating wage and frequency of payment).
- Benefits: social security or disability, retirement, SSA, TANF, pension, or annuity (current letter of benefits should include benefit amount).
- Unemployment income: current letter of benefits or printouts (should include benefit amount).
- Child support documentation (If applicable).

Deed in applicant's name, **OR**

Fee simple title (if deed or title cannot be provided, your case manager will work with you to identify other methods of verifying ownership).

Property tax records demonstrating homestead exemption for the property of application, **OR**

Utility bill in the applicant's name at the time of the disaster event. (if tax records or utility bills cannot be provided, your case manager will work with you to identify other methods of verifying ownership).

- Most recent mortgage statement
- Statement of Ownership and Location (SOL) documentation (If applicable)
- Copies of receipts, in applicant's name, for the home repairs that have been made to the damaged proper
- FEMA Award/Denial Letter.
- Small Business Administration (SBA) Award/Denial Letter.
- Private insurance letter (If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable).

- Letter or announcement from an “Other” award received for the repair or replacement of your damaged home, e.g., non-profit, donation grant, etc.
- Flood Insurance Declaration with proof of active policy (if located in a Special Flood Hazard Area(SFHA)).

Note: Policy amount should be the lesser of:

- The full insurable value of the structure as determined by the property insurer **OR**
- The maximum amount available for the structure under the National Flood Insurance Program, or a successor program. The full insurable value of the structure will be based upon the Program’s total project cost for the Applicant.

- Manufactured Home: proof of structure ownership (examples below):

- Certificate of title.*
- Bill of sale.*
- Registration certificate.*
- Tax assessment (homestead exemption and state MH improvement or Manufactured House).*
- Cash deed (with 3rd party verification dated prior to the flood event).*
- Purchase agreement of new mobile home unit or bill of sale dated post-storm*

- Proof of disaster damage such as photos of the home damage with a date and time stamp.

DUPLICATION OF BENEFITS
ANALYSIS



DUPLICATION OF BENEFITS



What Homeowners should know about Duplication of Benefits (DOB) and how this could impact their HUD Grant Award

BASIC FACTS

- Any HUD Program Award is funded with federal funds which are subject to federal rules and regulations, including the Robt. T. Stafford Disaster Relief and Emergency Act (Stafford Act);
- Under the Stafford Act, Homeowners may receive assistance from multiple sources, but the total amount of assistance can not exceed that actual financial need for a particular recovery purpose - such as repair or replacement of the damaged property;
- A “Duplication of Benefits” occurs when the amount received from two or more sources exceeds the amount required to fund repairs.
 - 1) If a family home costs \$ 75,000.00 to repair, and the homeowner received \$50,000.00 in insurance proceeds, the homeowner is eligible for \$25,000.00 in federal disaster recovery funds for home repair. Any additional federal assistance would duplicate the assistance already provided.
 - 2) If a family received \$30,000 from FEMA to complete home repairs, but the funds were used to purchase a new home instead, a DOB occurs. In a buyout program, that amount would be subtracted from the appraised price at closing.

WHAT IS COUNTED AS DOB?

Prior to signing any Award or Grant Agreement, a DOB analysis will be conducted.

All funds received by the homeowner from other sources for eligible repair work (work completed to bring your home into a decent, safe, and sanitary condition) on the damaged property will be included as part of the DOB analysis. This includes:

- 3) Flood Insurance (NFIP);
- 4) Homeowner’s Insurance (Only insurance funds designated for repair work will be considered as DOB. Insurance benefits provided for repair or replacement of personal belongings or automobile insurance are not considered in a DOB analysis);
- 5) NFIP Increased Cost of Compliance (ICC);
- 6) Loans from the Small Business Administration (SBA);
- 7) Other FEMA assistance as determined by program policy;
- 8) Any financial assistance for repairs from other government-funded or private non-profit sources;
- 9) Any money received for contents (e.g., furniture, marine equipment, automobiles, etc.) or for rental assistance are NOT counted as a Duplication of Benefits.

HOW IS DOB CALCULATED AND HOW WILL IT IMPACT MY GRANT/AWARD?

- Most HUD-funded Programs estimate two values to calculate your award: Work in Place (WIP), which is the sum of all the eligible and validated repairs you had completed at the time of the County’s Initial Site Inspection (ISI); and,
- Estimated Cost to Repair (ECR), which is an estimated sum of all the repairs that still need to be completed for your damaged property.



DUPLICATION OF BENEFITS



The WIP and ECR are added together to create a new figure called the Total Development Cost (TDC).

- All sources of funding that constitute a DOB (see list above) are added together and then subtracted from the TDC to determine the unmet need of the homeowner. This unmet need is the potential maximum grant not to exceed the applicable Program Rehabilitation or Reconstruction cap. Program caps are provided by the Texas General Land Office (GLO).

Example: A property with a TDC of \$100,000 (the Work in Place + the Estimated Cost to Repair) received insurance payment of \$50,000 and an SBA loan of \$30,000. The maximum program award the property owner would be eligible to receive is \$20,000 (\$100,000 - \$80,000).

WHAT IF I RECEIVE ADDITIONAL FUNDS FROM THESE SOURCES AFTER MY GRANT/AWARD SIGNING?

1. Most grant/award agreements include a Subrogation and Assignment provision, which states that if you receive additional third party funds after your grant award is provided or your project is completed, you must notify the City in a timely manner.
2. The Program will determine if the additional third party funds constitute a duplication of benefits, and if so, the impact on your grant/award. Therefore, please contact your Housing Advisor regarding any funding that you believe may constitute a duplication of benefits.

WHAT ABOUT MY SBA LOAN?

1. The SBA awards low-interest disaster recovery loans as needed to businesses and homeowners.
2. The SBA provides assistance under four broad categories: refinance, contents, mitigation and real estate.
 - Generally, loan assistance for mitigation and/or real estate purposes will be counted as a DOB in the grant award calculation.
 - However, within each of those four categories are subcategories, some of which may be counted as a DOB, and some of which do not count as a DOB.
3. If you believe that the full mitigation and/or real estate portions of your SBA loan would not be considered a DOB as explained, you must request an updated breakdown of your loan assistance from the SBA and submit it to your Housing Advisor for review and processing, when appropriate.



Texas General Land Office
Community Development and Revitalization
CDBG-DR Buyout / Acquisition
Duplication Of Benefits (DOB)
DOB Eligible Repairs Calculation Form

Applicant(s) Information			
Subrecipient's Name:	Newton County	Contract #:	20-066-015-C108
Applicant Printed Name:		Project #:	
Co-Applicant Printed Name:		Address:	
Project Legal Description:			
Project Type (Rehabilitation, Reconstruction, etc.):			
To verify that repairs were performed on the damaged home due to the recent event(s), identify all eligible items below. Provide a description of the item that was repaired, the amount paid for the repair, and indicate if a receipt is present.			
Description of Eligible Repairs	Program Category	Eligible Amount Verified	Receipts or Invoices + Proofs of Payment (specify)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Total		\$ -	
Signature(s)			
Under penalties of perjury, I/we certify that the information presented in this document is true and accurate to the best of my knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Additionally, if I/we receive future funding for the same purpose of the CDBG-DR funds, I/we will agree to repay the assistance that was duplicated. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.			
Applicant Signature:	Date:		
Co-Applicant Signature:	Date:		

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Texas General Land Office
Community Development and Revitalization
CDBG-DR Buyout/Acquisition Program
Subrogation Agreement

Subrecipient/State Information	
Funding Source: (Harvey, 2016 Floods, etc.) Hurricane Harvey	Federal Award Number: (as reported on line 5b. of your Application for Federal Assistance SF-424 Form) B-17-DM-48-0001
Authorized Representative of Subrecipient/State: Newton County	Subrecipient/State Address: 110 Court Street Newton, TX 75966
Subrecipient/State Contract Number: GLO #20-066-015-C108	Subrecipient/State Contract Date: 12/6/2019
Applicant Information	
Applicant Name:	Co-Applicant(s) Name:
Applicant Address:	Applicant City/State/Zip:
Property's Legal Description "Structure":	

This Subrogation Agreement ("Agreement") is hereby entered into, as of the date listed above, by and between the Applicant and Co-Applicant(s), if applicable, and the Authorized Representative of the Subrecipient/State for the purpose of carrying out eligible activities under the Texas General Land Office's Community Development and Revitalization Program ("Program").

In consideration of Applicant's receipt of GLO-CDR funds administered through the Program, Applicant hereby assigns to the Program all of Applicant's future rights to reimbursement including, but not limited to, any reimbursement or relief program assistance related to or administered by the Federal Emergency Management Agency, the Small Business Administration, or any other source.

Applicant also hereby assigns to the Program all of Applicant's future rights to all payments received under any policy of casualty or property damage insurance including, but not limited to, homeowner's insurance, wind, flood, or any other type or casualty or property damage insurance paid as a result of physical damage to the Structure, as defined within this Agreement, that was the basis of calculation of Applicant's award to the extent that grant or loan proceeds were paid to the Applicant under the Program.

Applicant hereby assigns rights as they relate to the specific Structure defined within this Agreement and with respect to grants and/or loans described within Applicant's correlating application for assistance under the Program. Applicant acknowledges that this assignment of rights only pertains to assistance calculated using physical damage caused to the Structure by the specific correlating disaster event. This includes any insurance and Program proceeds received for damages to the Structure caused by any subsequent event that occurred prior to the commencement of repair or reconstruction of the Structure utilizing Program funds.



Texas General Land Office
Community Development and Revitalization
CDBG-DR Buyout/Acquisition Program
Subrogation Agreement

Applicant agrees to assist and cooperate with the Program should the Program elect to pursue any of the claims Applicant has against the insurers for reimbursement under any such policies. Applicant's assistance and cooperation shall include, but not be limited to, allowing suit to be brought on behalf of the Applicant and in the Applicant's name(s), participation in depositions, provision documents, producing records and/or other evidence, testifying at trial, or any other form of assistance and cooperation reasonably requested by the Program.

Applicant agrees, if requested by the Program, to execute any additional documents and/or instruments that may further and better assign to the Program the rights listed above. Such further documentation shall only further or better assign to the Program rights to the extent of the following proceeds paid to the Applicant either under the Program, Homeowner's policies, or programs administered by the Federal Emergency Management Agency, the Small Business Administration, or any other source. Applicant agrees to take or cause to be taken, all actions and to do, or cause to be done, all things requested by the Program to consummate and make effective the provisions of this Agreement.

Applicant explicitly agrees to permit the Program to request, on Applicant's behalf, to request any pertinent information related to this agreement from any company with which Applicant held any relevant insurance policy or any of the following agencies through which applicant applied or received funding: the Federal Emergency Management Agency, the Small Business Administration, or any other source. Applicant understands that requested information includes any non-public or confidential information needed by the Program to monitor and enforce its' interest in the rights assigned under this Agreement. Applicant hereby gives consent to any and all above listed sources of information to release said requested information to the Program upon request.

Applicant agrees that any future receipt of payment from any sources outlined in the Agreement shall be promptly forwarded to the Program. Program shall maintain the right to recover these payments until they total the amount equal to funding provided by any of the sources presented in this Agreement. Once the Program has recovered an amount equal to assistance paid to the Applicant from any of the sources presented in this Agreement, this Agreement shall no longer be legally effective.

Applicant acknowledges that this Agreement does not impair Applicant's mortgage lender's rights under any Deed of Trust or Mortgage or the Structure.

In any proceeding to enforce this Agreement, the Program shall be entitled to recover all costs of enforcement, including actual attorney's fees.



**Texas General Land Office
Community Development and Revitalization
CDBG-DR Buyout/Acquisition Program
Subrogation Agreement**

Signatures	
Applicant Name:	
Applicant Signature:	Date:
Co-Applicant(s) Name:	
Co-Applicant(s) Signature:	Date:
Subrecipient/State Authorized Representative Name:	
Subrecipient/State Authorized Representative Signature:	Date:

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