

Newton County Hurricane Harvey Buyout Program Application



Deadline: December 30, 2022

Return Application to:

Newton County Courthouse Judge's Office

110 Court Street/ P.O. Drawer 1380 Newton, TX 75966

NewtonCountyJudge@co.newton.tx.us

For questions or assistance please contact:

Christel Kiker—Gary Traylor & Associates

Christel.Kiker@grtraylor.com • 903-581-0500 X235





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

Event Type:
 Hurricane 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? Yes No N/A

Was the damaged property the homeowner's primary residence on the date of the disaster event? Yes No N/A

Was the damaged property a rental property on the date of the disaster event? Yes No N/A

Was the damaged property covered under homeowners' insurance? Yes No N/A

Name of Insurance Company:
 Homeowner's Insurance Policy Number:

Was the damaged property covered under flood insurance? Yes No N/A

Name of Insurance Company:
 Flood Insurance Policy Number:

Did you register with FEMA for repair assistance for structural damage to your home? Yes No N/A

Have you ever received any other assistance for the repair or rehabilitation of your home? Yes No N/A

Was the residence occupied full-time at the time of the disaster **by a renter**? Yes No N/A

Was the residence occupied full-time at the time of the disaster **by a homeowner**? Yes No N/A

Was the residence occupied full-time at the time of the disaster **by a renter + homeowner**? Yes No 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?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are you currently living at the damaged residence?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the property currently accessible?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Is the property in the floodplain?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
If you are seeking assistance for a manufactured housing unit, do you own the land?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are there any other names on the deed for the damaged property?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Have you had property foreclosed upon or are you in the process of foreclosure?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Does the damaged property have any liens?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Are you current or in good standing with a payment plan on your property taxes?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 the City of Port Arthur 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:

- Buyout
- Acquisition
- 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 Application – No blanks; please put n/a if not applicable.
- Driver’s license, state-issued ID, or U.S. passport of everyone in household over 18.
- Most **recent** tax return for everyone in household over 18.

If you do not file taxes alternate methods of income documentation include:

- 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).
- Warranty Deed in your name.
- Most recent mortgage statement (if applicable)
- For Manufactured (mobile) homes - 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 property if FEMA/NFIP/SBA funds were received.
- National Flood Insurance Claim Documentation – showing amount received for building repairs.
- 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.
- Proof of disaster damage such as photos of the home damage with a date and time stamp.
- For Rental property, please provide contact information for current occupant:

Name: _____

Phone Number: _____

DUPLICATION OF BENEFITS
ANALYSIS

Duplication of Benefits (DOB) Fact Sheet

What is "duplication of benefits"?

Various forms of assistance and programs (e.g., flood insurance, disaster repair grants, loans, etc.) help people whose properties have been damaged by natural disasters to rebuild and relocate. If your community is offering to purchase your home with Federal grant funds, it must check for duplication of benefits. The total assistance you receive from all programs and insurance combined cannot exceed the fair market value (FMV) of your property. By law, Federal assistance cannot duplicate the benefits provided by other sources. That would be considered a duplication of benefits, or DOB. Consequently, if property owners have already received assistance to repair their properties from one program, the other program (including the property acquisition program) must ensure they don't provide assistance to cover the same loss.

Who determines DOB?

The State and community will ensure that the offer doesn't duplicate previous assistance. The community will complete a DOB analysis based on information provided in your application and a site inspection. The community will then forward the analysis to the State to check against the State and FEMA records. The community and property owners cannot close on the property until the DOB determination is made.

How will the Community know if I have received other benefits?

Your community will ask you to provide a list of benefits you have received. The community will double-check the information you provided with its own records. When you applied for assistance, you were asked to sign a Privacy Act Notice Statement. By signing that form, you have given the community permission to research and identify sources and amounts of federal assistance provided to you.

I want to sell my property, but I have received other benefits.

How does DOB affect me?

First, you and the community will agree on a fair and reasonable price for your property. If it is determined that you have received disaster assistance that is DOB, the community will then subtract the total amount of DOB from that price. The community will pay you the difference. For example, if you and the community agree that \$80,000 is a fair and reasonable price for your home and the community determines that you have received \$5,000 that qualifies as DOB, the community will deduct that amount from the \$80,000 and pay you \$75,000. Please note that only disaster assistance used for home (housing or real property) repairs **that you cannot document with receipts or with a site inspection** will be subtracted from the sale price of your home.

Duplication of Benefits (DOB) Fact Sheet (Continued)

Why subtract that \$5,000?

To comply with federal law, the community considers assistance identified as **DOB** as funds already contributed by the federal government towards the fair market value (FMV) of your property. GLO requires the community to subtract funds **that cannot be documented with receipts or inspection**, from the final price paid to you at closing.

Please note, if you used the disaster assistance provided to you for home (housing or real property) repairs **and you have the receipts to document the use of the funds for those purposes or can be verified through inspection**, GLO **will not** consider the assistance DOB, and **will not** require the community to subtract that amount from the price of your property. Therefore, **please keep all receipts from purchases and services that were paid for with disaster assistance grant funds.**

What programs might duplicate CDBG-DR benefits?

Assistance under the following programs might be considered DOB:

FEMA Disaster Housing Program

Disaster Housing (DH) Program home repair grants are awarded to property owners to repair the home to a habitable condition. This amount is not deducted from the purchase price **if you can provide receipts that document the costs for the repairs to your home or if the repairs can be documented with a site inspection based on your self-certified statement.**

State Individual and Family Grant (IFG) Program

Grants for housing (or real property) repairs may be awarded by the State-administered IFG Program. IFG grant funds designated for **housing repairs only** are deducted from the purchase price **if you cannot provide receipts or otherwise verified** that document the costs for the repairs. IFG grant funds used for any other eligible purpose **are not considered DOB and are not deducted** from the purchase price.

Duplication of Benefits (DOB) Fact Sheet (Continued)

Hazard Minimization Funds	Disaster Housing and IFG-eligible property owners may receive a grant to implement measures that help prevent repeated damage. Hazard Minimization funds will be deducted from the purchase price only if you cannot provide receipts that document the costs for the measures.
Small Business Administration (SBA) loans	SBA loans must be repaid at closing. Home repairs must also be documented through receipts or site inspections.
National Flood Insurance Program (NFIP)	NFIP Settlements for real property will be deducted if repairs can't be verified. NFIP settlements for personal property will not be deducted. (Real property is immovable property such as land for a building. All other property is considered personal property.)
Private Insurance	Private insurance claim payments for real property will be deducted if repairs can't be verified. Personal property claim payments will not.

Duplication of Benefits (DOB) Fact Sheet

Possible Scenarios

Mr. and Mrs. Mostovich own a single family home in the floodplain that was substantially damaged during a flood. They have decided to participate in their community's property acquisition project and sell their home to the community. The fair market value (FMV) of their home is estimated to be \$50,000, which Mr. and Mrs. Mostovich agree is fair and reasonable. Since the disaster, they have received an NFIP real property settlement for \$15,000, a Disaster Housing Program grant for \$10,000, and an IFG Program grant of \$5,000 designated for housing repairs (real property) only.

Scenario 1

Mr. and Mrs. Mostovich decide to make no repairs to their home and save the \$30,000 they have received in assistance to put toward a new home. Consequently, GLO considers the \$30,000 as a down payment on their damaged home. The community can offer them no more than an additional \$20,000 ($\$50,000 \text{ FMV} \text{ minus } \$30,000 \text{ DOB} = \$20,000$) for their home.

Scenario 2

Mr. and Mrs. Mostovich decide to make enough repairs to their home to enable them to live in it until the community buys it. Of the \$30,000, they spent \$10,000 to clean and disinfect the house, remove debris from the house and yard, and make minimum repairs to the foundation. They save all the receipts for the work and, therefore, can prove they used the assistance for its intended purpose. Consequently, the community can offer them an additional \$30,000 ($\$50,000 \text{ FMV} \text{ minus } \$30,000 = \$20,000 \text{ plus } \$10,000 \text{ worth of repairs for which they have receipts} = \$30,000$).

Scenario 3

The National Guard evacuated Mr. and Mrs. Mostovich and their neighbors from their neighborhood. Their car, which was left in their garage, was damaged beyond repair by the floodwaters. They decide to use \$7,000 of the \$30,000 to pay cash for another car. They make no repairs to their home. Since the flood damaged their car, they assume that buying a replacement car is an appropriate expense for which to use their assistance. They saved the bill of sale and expect the community to offer them \$27,000 ($\$50,000 \text{ FMV} \text{ minus } \$30,000 \text{ DOB} \text{ plus } \$7,000 = \$27,000$). A car is not real property and should be covered by an automobile policy. Despite having a bill of sale, replacing a car is not an appropriate real property assistance expense. The community can offer them no more than an additional \$20,000 ($\$50,000 \text{ FMV} \text{ minus } \$30,000 \text{ DOB} = \$20,000$).

Instructions for Completing the DOB Eligible Repair Form

Please provide information for how any funds (FEMA, SBA, insurance, etc.) received for HOME REPAIR were spent using the DOB Eligible Repair Form. The total repairs should equal or exceed the amount of funds received for home repair. If not, then a Duplication of Benefits will occur. Funds intended for repairs that were not utilized for repairs will be subtracted from the final offer price. Listed repairs will be verified during a home inspection. Please do not list expenses for personal property, rental assistance, mortgage payoff, purchase of a new home, etc. Please see the example below. Homeowner received \$9000 from FEMA to complete home repairs. A DOB does not exist.



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)
Electrical Repairs (Sparky Electrical Company)	n/a	\$1,500	Receipt attached.
tore out all sheetrock ourselves (self labor)	n/a	\$1,000	n/a
new flooring installed (Floor Installers-R-US)	n/a	\$3,500	Receipt attached.
new kitchen cabinets installed	n/a	\$1,500	Receipt attached.
replaced sheet rock	n/a	\$1,000	Receipt attached.
paint supplies and painted ourselves (Lowes)	n/a	\$500	Receipt attached.
	n/a	\$	
	n/a	\$	
	n/a	\$	
	n/a	\$	
	n/a	\$	
	n/a	\$	
	n/a	\$	
	n/a	\$	
	n/a	\$	
Total		\$ 9,000.00	
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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Duplication Of Benefits (DOB)
DOB Eligible Repairs Calculation Form

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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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