

Newton County Housing Assistance Program Application



**Which year was your home damaged?
Please check all that apply.**

2015 Floods **2016 Floods**

Harvey Only

<http://recovery.texas.gov/individuals/programs/homeowner-assistance/east-texas/index.html>

1-844-893-8937

**Which program(s) interest you the most?
Please check all that apply.**

Rehabilitation

Reconstruction

Elevation

Buyout (2016)

Demolition (2016)

Applications must be submitted to:
Elizabeth A. Holloway, County Auditor
110 Court Street, Rm. 308
P.O. Box 296
Newton, Texas 75966



**Application Filing CLOSES
JULY 18, 2019**

HOMEOWNER ASSISTANCE PROGRAM

APPLICANT DOCUMENT CHECKLIST

*Applications will not be accepted without ALL supporting documentation.



VALID PHOTO I.D. FOR APPLICANT



- Driver License
- State/Government-Issued I.D.
- Passport

INCOME INFORMATION FOR ALL ADULT HOUSEHOLD MEMBERS (18+)



- Latest tax return (IRS form 1040 signed and submitted OR
 - 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, TANF, pension or annuity - current letter of benefits should include benefit amount



PROOF OF OWNERSHIP (1 of the following)



- Property tax records (must have proof of payment/tax records)
- Warranty Deed
- Fee simple title
- 99-year leasehold interest as lessee



- Life estate/trusts
- Court order/affidavit/succession
- Proof of mortgage
- Act of Donation

PROOF OF PRIMARY RESIDENCY/OCCUPANCY (1 of the following)

- Homestead Tax Exemption; OR
- Documentation from the month preceding or the month of the event for which the homeowner is applying for assistance. **The applicant or co-applicant's name and address must match the information on the application:**



- 2017 tax records demonstrating homestead exemption for the property of application
- Utility Bill (electric, phone, water, etc.)



- Voter registration card
- Credit card statement
- Bank account statement
- Homeowners insurance policy (declarations page)

All records must be from the month preceding or month of the event for which the homeowner is applying for assistance and must match the name and damaged property address on the application.

PROOF OF CHILD SUPPORT PAYMENT (if applicable)



- Documentation of current child support payments
- Documentation of a payment plan

DISASTER ASSISTANCE PREVIOUSLY RECEIVED



If a homeowner received Harvey-related assistance for damage from the storm from any source he/she should provide documentation and information about the amount received, homeowner name, damaged residence address, and the use of those funds.

Typical sources include:



- FEMA Award Letter
- SBA Award Letter



- Insurance (obtain a copy of the Claim Summary outlining structural payments vs. contents)

- Any other sources of funds or assistance provided to repair the home

- If you are in a floodplain, you may be asked for flood insurance coverage even if claims have not yet been paid out.

PROOF OF PROPERTY TAXES (if applicable)



- Documentation of current property tax payments OR
- Documentation of a payment plan

MANUFACTURED HOUSING UNIT DOCUMENTATION

- Proof of structure ownership (examples)
 - Statement of Ownership

THE FOLLOWING DOCUMENTS MAY ALSO BE NEEDED FOR PARTICIPATION IN THE PROGRAM:

- Proof of Current Flood Insurance (applicants in Flood Zone)
- Proof of Disability (if applicable)

Translation services will be available upon request.

After your initial application is submitted, a housing counselor will advise you of any additional required documentation.

QUESTIONS?

2015 Applicants:

Ron Sigler- 225-772-9001

ronald.sigler@aptim.com

2016 Applicants:

Christel Kiker -903-581-0500 x235

Christel.Kiker@grtraylor.com





**Texas General Land Office
Community Development and Revitalization
Intake Beneficiary Application**

Event Type:
Year of Event:
Date/Time Received:
Subrecipient:
Contract #:

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

1. APPLICANT INFORMATION:

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:

Name and Contact Information of Nearest Relative:

2. CO-APPLICANT INFORMATION: (If applicable)

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Email Address:	Home Phone:
	Cell Phone:

Name and Contact Information of Nearest Relative:

3. ELIGIBILITY INFORMATION: Please answer the following questions:

Which disaster event(s) affected you and/or your residence?	
Were you the owner of the residence on the date of the disaster event?	
Was the damaged property the homeowner's primary residence on the date of the disaster event?	
Was the damaged property covered under homeowners' insurance?	
Did you register with FEMA for repair assistance for structural damage to your home?	
Have you ever received any other assistance for the repair or rehabilitation of your home?	

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 Head of Household	Date of Birth	Gender
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.*

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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:
 A – White
 B – Black/African American
 C – Asian
 D – American Indian/Alaskan Native
 E – Native Hawaiian/Other Pacific Islander
 F – American Indian/Alaska Native/White
 G – Asian/White
 H – Black/African American/White
 I – American Indian/Alaska Native/Black-African American
 J – Other Multi-Racial
 K – Unknown

Special Needs Codes:
 A – Elderly
 B – Person with Disabilities*
 C – Colonia Resident
 D – Homeless
 E – Migrant Farm Worker
 F – Public Housing Resident
 G – Veteran
 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(Head)			
2			
3			
4			
5			
6			

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

Single Family Home | Modular Home | Townhome | Manufactured Housing Unit | Other: _____

Address: _____

City, State, Zip: _____

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

Are you currently living at the damaged residence?	
Is the property in the floodplain?	
If you are seeking assistance for a manufactured housing unit, do you own the land?	
Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community Affairs?	
Are there any other names on the deed for the damaged property?	
Have you had property foreclosed upon or are you in the process of foreclosure?	
Does the damaged property have any liens?	
Are you current or in good standing with a payment plan on your property taxes?	
If you are required to pay child support, are you current on your payments or in good standing with a payment plan?	
Please answer the following questions:	
Are you applying for the reimbursement program?	N/A
If you answered yes above, please indicate the amount you are seeking for reimbursement:	\$

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.

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.):			

9. APPLICANT CERTIFICATION:

I/We understand 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.

Applicant's Authorization:

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:	Contract Number:
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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:

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**Application Filing CLOSES
JULY 18, 2019**



NEWTON COUNTY, TEXAS
HOUSING ASSISTANCE PROGRAM (HAP)
RIGHT-OF-ENTRY and RELEASE OF INFORMATION

Applicant Name:	
Damaged Property Address:	
City:	County:
Current Mailing Address:	
City:	
Phone:	
Email:	

The undersigned (Applicant) hereby unconditionally authorizes Newton County, Texas and its respective employees, agents, contractors, and/or representatives (collectively, "NC") and the Housing Assistance Program (HAP) Managers and their respective assigns, employees, agents, inspectors, and contractors (collectively, the "HAP Program Managers") to access and enter the property located at the Damaged Property Address, as listed above, including any damaged home situated thereon (collectively, the "Property"), for the purpose of performing inspections, taking sample materials for specialized testing, and/or undertaking repairs of damage resulting from Hurricane Harvey for the purposes of participating in the HAP.

It is fully understood that this Right of Entry (ROE) does not create any obligation on the part of NC or HAP Program Managers to perform inspections or undertake repairs to the Property.

Applicant understands and agrees:

- 1) No inspections and repairs will be performed until this ROE is completed and signed by the Applicant.
- 2) This ROE grants NC and HAP Program Managers full access to the Property to complete inspections and construction.
- 3) Granting NC and HAP Program Managers full access to the Property for the purpose of inspections and construction activities is a requirement of the HAP. NC and HAP Program Managers will endeavor to schedule mutually convenient appointment times for an inhabited Property.
- 4) *Time Period:* The ROE shall expire 24 months after this ROE is signed, unless sooner cancelled according to the terms herein. If needed, this ROE may be extended from time to time, however, any extension shall be in writing and signed by NC and the Applicant.
- 5) *Inspections & Repairs:* The ROE authorizes inspections and repairs of the Property. Applicant understands that NC and HAP Program Managers, in their sole discretion, shall determine the extent of the required repairs. Applicant understands that more than one (1) inspection may be required by NC in order to determine the extent of required repairs and agrees to provide access for initial and subsequent inspections and for construction to facilitate all required inspection and repair work.
- 6) *Photos:* Applicant authorizes NC and HAP Program Managers to take photos, digital likenesses, and audio/video recordings of the Applicant, Property, and damages, and authorizes the use of such items for the purposes of promotion of the HAP on the HAP website, newsletters, news releases, or other media outlets.

- 7) *Sampling and Disclosures:* Applicant authorizes NC and HAP Program Managers to collect samples (e.g. drywall compound, floor tile, piping insulation, paint, ceiling tile, etc.) of housing materials for purposes of testing for potentially hazardous materials (including lead paint, asbestos, mold, etc.) in accordance with the requirements of local, state, and federal laws. Applicant understands that this sampling may result in minor damages to the property, and such damages may be repaired **only** if the Applicant receives assistance from the HAP.

No repairs will be made to the Property if the Applicant does not receive assistance from the HAP or if the Applicant elects to discontinue with the HAP.

- 8) *Waiver and Hold Harmless:* IN CONSIDERATION OF AND AS A CONDITION TO THE PERFORMANCE OF THE WORK DESCRIBED HEREIN, APPLICANT HEREBY RELEASES AND FOREVER DISCHARGES THE NC AND HAP PROGRAM MANAGERS FROM ALL LIABILITY FOR INJURY, DEATH, DAMAGE, OR LOSS TO PERSONS, REAL PROPERTY, OR PERSONAL PROPERTY IN CONNECTION WITH THE PERFORMANCE OF THE WORK DESCRIBED HEREIN, EVEN IF THE INJURY, DEATH, DAMAGE, OR LOSS IS THE RESULT OF NEWTON COUNTY, TEXAS, AND/OR HAP PROGRAM MANAGER'S SOLE OR CONCURRENT NEGLIGENCE. APPLICANT AGREES TO LOOK TO THE CONTRACTOR PERFORMING THE WORK DESCRIBED HEREIN TO PAY ANY CLAIM IN CONNECTION TO THIS RIGHT OF ENTRY FOR DAMAGE TO APPLICANT'S PROPERTY OR ASSETS ON APPLICANT'S PROPERTY.

- 9) *Authority:* Applicant represents and warrants that Applicant has full power and authority to execute this ROE and fully perform Applicant's obligations under this ROE. If Applicant is an entity, Applicant also represents and warrants that Applicant has such power and authority pursuant to its governing instruments, without the need for any further action, as duly designated agents of Applicant, to execute this ROE. Applicant expressly represents and warrants that fee title to the Property is vested solely in Applicant as indicated by a title search performed by NC.

- 10) *Tools and Equipment:* All tools, equipment, and other personal property taken upon or placed upon the Property by HAP Program Managers shall remain the personal property of HAP Program Managers and will be removed at the completion of inspection or construction, as applicable.

- 11) *Information Sharing:* Information is collected to make it possible for NC, and HAP Program Managers to enter Applicant's Property, inspect for damage, and/or undertake emergency protective measures. Information submitted will be shared with other federal, state or local agencies, their contractors, subcontractors and/or employees, as well as with vested agencies performing inspections and/or repairs, for official use only in accordance with the purposes stated in this ROE.

Applicant understands this Right of Entry and Release of Information may be cancelled at any time. To cancel this Right of Entry and Release of Information, Applicant understands the cancellation must be in writing, signed by the Applicant, and provided to HAP Program Managers. Phone-in and verbal cancellations will NOT be accepted.

By cancelling this Right of Entry and Release of Information, the Applicant acknowledges that inspections and/or repairs shall not be initiated or completed by NC and/or HAP Program Managers.

Signature(s) and Witness

For the considerations and purposes set forth herein, I/we hereby set my/our hand(s) and seal(s) this _____ day of _____, 20 ____.

Applicant Signature:
Co-Applicant Signature:
Date:
Witness:

**Application Filing CLOSES
JULY 18, 2019**



**Texas General Land Office
Community Development and Revitalization
Self-Certification Statement of Repairs**

Applicant(s) Information

Subrecipient Name:	Contract and/or WO:
Applicant Name:	Project #:
Co-Applicant 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 Repairs	Amount	Receipts: Yes or No
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<i>Total</i>	\$	

Signature(s)

Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I 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 Programs that will accept this Affidavit. 18 U.S.C. Section 1001 states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant Name:	
Applicant Signature:	Date:
Co-Applicant Name:	
Co-Applicant Signature:	Date:

TEXAS GENERAL LAND OFFICE



Receipt of Lead-Based Paint Notification

COG:

Contract Number:

Applicant Name and Address:

Under Title X of the Community and Housing Development Act, certain notifications are required in regard to potential and identified hazards of Lead-Based Paint (LBP). All homeowners, homebuyers, and/or tenants should receive the 17-page booklet *“Protect Your Family from Lead in Your Home (Appendix A-16),”* which contains information about the hazards of lead-based paint.

Receipt of Lead-Based Paint Notice

I have received, read, and understand the booklet *“Protect Your Family from Lead in Your Home (Appendix A-16).”*

Program Participant Signature

Date

Receipt of Lead-Based Paint Evaluation (only if evaluation is required)

I have received and understand the notification of lead-based paint evaluation. The evaluation was completed on _____ (date) and I received the notice on _____ (date).

Program Participant Signature

Date

Receipt of Notification of Lead-Based Paint Hazard Reduction (only if hazard reduction is required)

I have received and understand the notification of lead-based paint hazard reduction. The hazard reduction was completed on _____ (date) and I received the notice on _____ (date).

Program Participant Signature

Date

Receipt of Notification of Lead-Based Paint Clearance (only if clearance is required)

I have received and understand the notification of lead-based paint clearance. The clearance was completed on _____ (date) and I received the notice on _____ (date).

Program Participant Signature

Date



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. **For example:** 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.

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:

- 1) Flood Insurance (**NFIP**);
- 2) **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**);
- 3) NFIP Increased Cost of Compliance (**ICC**);
- 4) Loans from the Small Business Administration (**SBA**);
- 5) Other **FEMA assistance** as determined by program policy;
- 6) Any financial assistance for repairs from other government-funded or private non-profit sources;
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.