



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

<b>SUBRECIPIENT USE ONLY:</b>	
Event Type:	_____
Year of Event:	_____
Date/Time Received:	_____
Subrecipient:	_____
Contract #:	_____

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

**1. APPLICANT INFORMATION:**

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

**2. CO-APPLICANT INFORMATION: (If applicable)**

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

**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) <u>List all applicable events:</u>	
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 <b>homeowner's primary residence</b> 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 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 occupied full time on the date of the disaster event by a <b>renter</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was the damaged property occupied full time on the date of the disaster event <b>by the homeowner and a renter</b> ?	<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 of the date of this application.

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

**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 income claimed for each occupant 18 years of age or older.	
If yes, what was the Adjusted Gross Income (AGI) reported on your 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:**  
A – White  
B – Black/African American  
C – Asian  
D – American Indian/Alaska 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(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 <input type="checkbox"/>	Other: _____
Address:				
City, State, Zip:				
TAX Parcel #:				
Date of construction:				
Date you acquired title to the property:				
Total living area in square feet (all floors):				
Number of stories above ground:				

<b>Please answer Yes, No or N/A to the following questions:</b>	
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
<b>1. FEMA:</b> Federal Emergency Management Agency			
<b>2. SBA:</b> Small Business Administration			
<b>3. Insurance:</b> Hazard, Wind, Flood			
<b>4. Other Describe:</b>			
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 a claim for Increased Cost of Compliance (ICC) coverage on the			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

property in last 10 years?	
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 this 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 Subrecipient Representative within the time period stated. 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 State or Subrecipient Representative 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 \_\_\_\_\_ (subrecipient) 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. The Subrecipient 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 Subrecipient 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 Subrecipient 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; AND
- (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.

<b>Signature of Applicant:</b>	<b>Date:</b>
<b>Signature of Co-Applicant:</b>	<b>Date:</b>

**10. ELIGIBILITY RELEASE:**

Subrecipient:

Contract Number:

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	X	
Minor Children		

**Applicant's Eligibility Release:**

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 SUBRECIPIENT USE:**

identify the type of assistance needed:

 Buyout Acquisition Down Payment