



COVID-19 EMERGENCY LIVING ASSISTANCE APPLICATION

****PLEASE ENSURE ENTIRE APPLICATION IS COMPLETE BEFORE SUBMITTING****

APPLICANT NAME: _____ DATE: _____

PHONE NUMBER: _____ EMAIL: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENTLY RECEIVING FEDERAL HOUSING ASSISTANCE? *Circle one.* YES NO If YES, List the type: _____

Place a CHECK MARK in the box indicating the type of assistance requested:

You may only select one.

Utility Assistance

Rental / Mortgage Assistance

Please fill in income that is Applicable:

EMPLOYMENT INCOME: \$ _____ INCOME FROM SOCIAL SECURITY: \$ _____

CHILD SUPPORT INCOME: \$ _____

GROSS ANNUAL HOUSEHOLD INCOME: \$ _____ TOTAL AMOUNT OF HOUSEHOLD SAVINGS: \$ _____

AMOUNT OF ASSISTANCE REQUESTED: \$ \$ \$ \$
APRIL MAY JUNE JULY

SIZE OF YOUR HOME: _____ BEDROOMS

FAMILY MEMBER INFORMATION

LIST EACH FAMILY MEMBER LIVING IN THE HOUSHOLD	AGE	GENDER (M)ALE (F)EMALE	FEMALE OF HOUSEHOLD	DATE OF BIRTH MM/DD/YYYY	RELATION TO APPLICANT	ETHNICITY – mark Y or N if you are of Hispanic origin.	Race – mark the number that identifies your race
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Race—select one (1) category applicable to each person in the family. Write the number next to the name of each person indicating that person's RACE.

- 11** White **12** Black/African American **13** Asian **14** American Indian/Alaska Native **15** Native Hawaiian / Other Pacific Islander
16 American Indian/Alaska Native & White **17** Asian & White **18** Black/African American & White **19** American Indian/Alaska Native & Black/African/American **20** OTHER MULTI-RACIAL

URGENT NEED FOR ASSISTANCE:

Please describe the urgent need for assistance and the impact COVID-19 as affected you financially.

APPLICATION CONSENT:

Does the applicant give consent for their personal information, including information on this form and in any attachments, to be shared with the City of Amarillo Community Development Block Grant (CDBG) department, and with other partner agencies, as needed for GDBG in order to provide assistance to the applicant?

YES NO

PAYEE NAME(S) AND ADDRESS(ES) PHONE NUMBER:

Please provide the name(s) and address(es) of the landlord/utility provider/etc. to whom the check for assistance should be made payable to. MUST HAVE ALL WAYS OF CONTACT LISTED. IF SEEKING UTILITY ASSISTANCE MUST PROVIDE APPROPRIATE ACCOUNT NUMBERS.

Required Attachments:

- Documentation verifying gross household income (See Income Documentation Checklist)
- Documentation verifying total household savings/assets (See Savings Documentation Checklist)
- Copies of the lease or other documentation to verify rent or mortgage amount owed
- Statement of Invoice from utility provider, as applicable with customer account number and information

Income Documentation Checklist:

Any of the following Documents, provided for each adult household member (18 years and older), will be accepted as documentation verifying total gross household income:

- Copy of last two (2) bi-weekly or four (4) weekly paycheck stubs (going back to date of request) or letter from employer regarding layoff or termination.
- Current benefit award letters or other documents that includes name and amount of the benefit (child support, TANF, etc.)
- Bank statement showing income (including biweekly or monthly payroll deposits, rental income, income from business operation, or interest/dividends from assets)
- Statement from the applicant stating all sources of income and total gross income, and certifying that the information presented in the statement is true and accurate to the best of the signer's knowledge
- Other document not listed above (subject to approval): _____

Savings Documentation Checklist:

- Bank statements showing all savings/assets (including checking and savings accounts, investment and brokerage accounts, inheritance, trusts, etc.)
- Signed from the applicant stating the types and values of all savings/assets and certifying that the information presented in the affidavit is true and accurate to the best of the signer's knowledge.

Revised: 6/3/2020

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

City of Amarillo
PO Box 1971
Amarillo, TX 79105-1971

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



RELEASE OF INFORMATION

As a client with the City of Amarillo, I authorize the release of the requested information.

___ **Asset Information**

___ **Income information**

___ **Information for payment on my behalf to the following:**

___ **Atmos Utility Account#** _____

___ **Xcel Utility Account#** _____

___ **COA Water Utility Account#** _____

___ **Landlord** _____

___ **Apartment** _____

___ **Mortgage Co.** _____

___ **Other information:** _____

Client Name

Client Signature

Social Security Number

Date

Other Adult Name

Other Adult Signature

Social Security Number

Date

Other Adult Name

Other Adult Signature

Social Security Number

Date



**COMMUNITY DEVELOPMENT BLOCK GRANT – CV
EMERGENCY RENTAL/MORTGAGE & UTILITY ASSISTANCE PROGRAM
SELF CERTIFICATION DOCUMENT**

I _____ certify that all of the information I have provided to the City of Amarillo Community Development Department concerning my household composition, income, family assets, allowances, utilities and rental or mortgage information is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under Federal Law.

I certify I have applied for the following assistance and I do not currently reside or receive HCV-Section 8 assistance.

_____ Rental / Mortgage Assistance _____ Utility Assistance

ZERO INCOME SECTION
(ONLY IF APPLICABLE)

_____ Has applied for Financial assistance through the CDBG-CV Rental/Mortgage & Utility Program. The Person/Family named above has stated that they have ZERO (0) income. To assist this applicant, our office must verify their means of support, by self certification if necessary. I also certify the last time/month I had any income was _____ in the amount of \$ _____. I certify that I have been directly affected by COVID-19 which is why I currently do not have any income sources.

****This section does not apply to me or my household _____ (initials)**

Signature of Head of Household: _____ Date: _____

Signature of Adult: _____ Date: _____

Signature of Adult: _____ Date: _____

Signature of Staff Member: _____ Date: _____