

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

HOMEOWNER APPLICATION

A. TEMAP PROGRAM ADMINISTRATOR/SUBRECIPIENT INFORMATION

1. Administrator Name :

B. APPLICANT INFORMATION

1. Applicant Name:

2. Street Address:

3. City/State/Zip Code:

4. County:

5. Email Address:

6. Home Phone: () -

7. Cell Phone: () -

C. MORTGAGE INFORMATION

1. Mortgage Lender's Name:

Mortgage lender is an eligible lender according to the TEMAP Guidelines Yes No

Contact Information (Email and/or Phone Number):

2. Is your mortgage in forbearance? Yes No

If yes, is your forbearance greater than 5 months? Yes No

3. Your mortgage is: 1) first lien or a first and second lien mortgage

4. Is your mortgage funded through Federal, State, or Local funds? Yes No

5. Date of Purchase:

Date the home was constructed:

6. Number of bedrooms in the Home:

7. Monthly Mortgage Payment amount: \$

Include the total amount on the Mortgage Statement (Principal, Interest and Escrow for Taxes and/or Insurance).

If you need assistance in determining the correct amount below, please ask the assistance provider.

8. 150% SAFMR or FMR: \$

Determine the applicable 150% of Small Area Fair Market Rent (SAFMR) or Fair Market Rent (FMR) for your current unit size and county or zip code. [HERE](#).

** If the contract rent is higher than 150% of the SAFMR or FMR, your home is not eligible for assistance and you can stop filling out the rest of the application.*

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)
HOMEOWNER APPLICATION

D. NEEDS ASSESSMENT

1. Amount Owed to Mortgage Lender

- a. Does your mortgage payment include escrow for taxes and insurance? Yes No

Indicate the monthly amount for escrow \$

- b. Do you owe any late fees? Yes No

Indicate the total amount of late fees \$

- c. Total amount of mortgage currently owed to your lender: \$

Include current month's mortgage and any arrears owed.

- d. List the prior months for which mortgage is owed:

Include both month and year. For example: 10/2020, 11/2020 and 12/2020.

- e. List the current and future months for which you are seeking mortgage assistance:

Note that the months of prior, current and future assistance cannot exceed 6 months and you must include at least one current or future month.

2. Mortgage Assistance Received

- a. Have you received any mortgage assistance from other sources (for example, city, county, church or other organization) for the months that you are seeking mortgage assistance? Yes No

→ If no, skip the rest of this question.

- b. If, yes, what is the total amount of mortgage assistance already received?

• List the month(s) the mortgage assistance covered:

• What was the source of assistance (for example, name of assistance program)?

3. Unmet Need

What is your total unmet need?

Calculate the total amount of mortgage currently owed to your mortgage company (item D1c) minus (-) total amount of mortgage assistance already received (item D2b).

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

HOMEOWNER APPLICATION

E. HOUSEHOLD COMPOSITION INFORMATION

(List all members of the household)

Full Name (exactly as it appears on driver's license or other identification document)	Relationship to Head of Household	Date of Birth	Gender	Student Status	Receives Income?	Check if Veteran
1.	Head of Household		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
7.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
8.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
9.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
10.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
11.	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

a. Is any household member listed above a foster child? No Yes, who?

b. Is any household member listed above a live-in attendant? No Yes, who?

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

HOMEOWNER APPLICATION

F. CATEGORICAL ELIGIBILITY

Is the household made up of 6 or fewer members AND receiving benefits under SSI (for the head or co-head of household), LIHEAP, or SNAP?

Yes If yes, attach source support documentation and skip Section H. No

G. CURRENT EMPLOYMENT INFORMATION

Add an additional sheet if you need space to list the income of additional household members.

1. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Employer Email:
2. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Employer Email:
3. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Employer Email:
4. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Hours worked per week:	Employer Email:

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

HOMEOWNER APPLICATION

H. CURRENT EMPLOYMENT INFORMATION

Add an additional sheet if you need space to list the income of additional household members.

5. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Employer Email:
6. Household Member Name:		Occupation:		Work Phone: () -	
Employer Name and Address:		City:		State:	Zip Code:
Date Hired:	Salary: \$	Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other		Hours worked per week:	Employer Email:

I. DEMOGRAPHIC INFORMATION: The Texas Department of Housing and Community Affairs (TDHCA) requests this information for reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to provide it. You may not be discriminated against on the basis of this information, or on whether or not you choose to provide it.

If you do not wish to provide this information, please check this box:

Ethnicity Codes:

H – 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.

NH – Not Hispanic

Choose all applicable Race Code(s):

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

Age Codes:

- A. 0 – 17 years
- B. 18 – 24 years
- C. 25 – 61 years
- D. 62 years +

Disability Status:

A person with a disability has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or is regarded as having such an impairment. The definition of disability does not include current, illegal use of or addiction to a controlled substance.

Member	Ethnicity Code	Race Code	Age Code	Check if Person has Disability
Example	<i>H</i>	<i>2, 3</i>	<i>C</i>	<input checked="" type="checkbox"/>
1 (Head)				<input type="checkbox"/>

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

HOMEOWNER APPLICATION

2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>
9				<input type="checkbox"/>
10				<input type="checkbox"/>
11				<input type="checkbox"/>

J. RELEASE AND SIGNATURES

Each of the undersigned Applicants for the Texas Emergency Mortgage Assistance Program (TEMAP) hereby certifies that all of the information provided in the above Application is true and correct, and does hereby authorize the release and/or verification of employment, tenancy, and income information.

Applicant's Printed Name	Signature	Date
Co-Applicant's Printed Name	Signature	Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Reasonable accommodations to complete the application will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 | Mailing Address: PO Box 13941, Austin, TX 78711

Main Number: 512-475-3800 Toll Free: 1-800-525-0657

Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



Texas Emergency Mortgage Assistance Program (TEMAP)

Homeowner Certification

Office Use ONLY

Organization Name:

Organization Email and Phone:

Homeowner Use

Homeowner Name:

Property Address:

Homeowner Phone Number:

Homeowner Email:

I/We, above named Homeowner(s), hereby certify that:

1. I/We have owned and occupied the above-referenced home as my/our principal residence during the period of time for which the mortgage assistance, if any, is requested and will occupy the home as my/our principal residence throughout the remaining months for which the assistance is provided.
2. I/We understand that this program requires participation from both the Mortgage Servicer and Homeowner and if the Mortgage Servicer does not elect to participate, no assistance will be provided.
3. To my/our knowledge, the mortgage for which I am receiving assistance was not made with federal, state, or local funds.
4. To my/our knowledge, the mortgage is a first lien mortgage, or a first and second lien mortgage in which the first lien mortgage was not made with federal, state or local government funds.
5. I/We will not seek to obtain mortgage assistance in the future for the same months of mortgage arrears or mortgage covered by this assistance, and that if I/we do receive such assistance I will report it to the Mortgage Servicer using the contact information in my/our mortgage statement, and to the TEMAP Program Administrator using the contact information at the top of this form.
6. I/We will inform the TEMAP Program Administrator, using the contact information at the top of this form, within ten calendar days if home is foreclosed on or if I/we no longer occupy the home as my/our principal residence during the period of assistance.
7. To my/our knowledge, neither I/We, nor the Mortgage Servicer, have previously received mortgage assistance funded with Community Development Block Grant (CDBG) Coronavirus Relief Act funds.

Texas Emergency Mortgage Assistance Program (TEMAP) Homeowner Certification

8. I/We have provided a mortgage statement to TEMAP Program Administrator, and that the information I/we have provided in the Homeowner Application regarding the terms of my/our mortgage statement and mortgage amount are true and accurate and if requested, I will provide proof of my/our homeownership.

9. I/We understand that in accordance with Section 2105.151 of the Tex. Gov't Code, I/we have a right to request a hearing if I/we believe the TEMAP Program Administrator has been unjust, discriminatory, or without reasonable basis in law or fact, and that I/we have the right to file a complaint with the Texas Department of Housing and Community Affairs.

10. I/We have been impacted by the COVID-19 Pandemic. (Please select any/all conditions that apply to your household since March 13, 2020, the date of the State of Texas Disaster Proclamation):

- A. Household has had a loss or reduction of income due to the COVID-19 pandemic.
- B. Household has had increased household costs due to school closures, medical expenses, or other increased expenses associated with the COVID-19 pandemic.

(Please describe your economic impact due to the Coronavirus pandemic including circumstance(s) resulting in loss of income or increased expenses. Statement may be provided verbally and documented by staff completing form.)

11. The information I/we have provided is true, accurate, and complete, and if requested, I/we am/are able to provide documentation to prove my household's loss of income or additional expenses. (Consent may be given verbally).

12. Homeowner acknowledges that all information collected, assembled, or maintained by TEMAP Program Administrator pertaining to this Certification, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this Contract subject to and in accordance with the Texas Public Information Act.

13. Homeowner shall provide the U.S. Department of Housing and Urban Development, the U.S. Inspector General, the U.S. General Accounting Office, the Texas Comptroller, the Texas State Auditor's Office, the Office of Court Administration and the Texas Department of Housing and Community Affairs, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this certification.

Texas Emergency Mortgage Assistance Program (TEMAP)

Homeowner Certification

14. I/We have been provided a copy of this certification.

15. I/We may remain responsible for charges authorized under the mortgage other than the mortgage going forward.

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

Signature of TEMAP Program Administrator Staff Person

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 | Mailing Address: PO Box 13941, Austin, TX 78711

Main Number: 512-475-3800 Toll Free: 1-800-525-0657

Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



Texas Emergency Mortgage Assistance Program (TEMAP)

Self-Certification of Annual Income by Beneficiary

Rev. 07/06/21

INSTRUCTIONS: This is a written statement from the program beneficiary that will serve as documentation that they meet the definition of having an “Annual (Gross) Income” that does not exceed the applicable limits for the Texas Emergency Mortgage Assistance Program (TEMAP). Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income: Check box below to indicate you are self-certifying.

My household’s Annual Gross Income is below 60% of the Area Median Income.

Member Information

APPLICANT INFORMATION	
1. Applicant Name:	
2. Street Address:	
3. City/State/Zip Code:	4. County:
5. Email Address:	6. Home Phone: () - 7. Cell Phone: () -

Mark with an X, all the applicable categories. **HH** = Head of Household; **CH** = Co-Head of Household; **PT≥18** = Part-time student age 18 or over; **FS≥18** = Full-time student age 18 or over; **<18** = Child under the age of 18 years

First and Last Name	HH	CH	PT≥18	FS≥18	<18
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Annual gross income (total of all members) = \$

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

Texas Emergency Mortgage Assistance Program (TEMAP)

Self-Certification of Annual Income by Beneficiary

Rev. 07/06/21

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
1. Signature	Printed Name	Date
2. Signature	Printed Name	Date
3. Signature	Printed Name	Date
4. Signature	Printed Name	Date
5. Signature	Printed Name	Date
6. Signature	Printed Name	Date
7. Signature	Printed Name	Date
8. Signature	Printed Name	Date
9. Signature	Printed Name	Date
10. Signature	Printed Name	Date
11. Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD, the Texas Department of Housing and Community Affairs or the program administrator at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

Household Income Certification (HIC)

Part I. General Information-Enter the requested information into the yellow cells.

Administrator:		Certification Type:		Contract Number:	
Applicant Last Name:		Applicant First Name and Middle Initial:		HIC Effective Date:	

Part II. Household Composition

Household Member Number	Member Last Name	Member First Name and Middle Initial	Relationship to Head of Household	Date of Birth	Full Time Student (Y/N)
1			Self		
2					
3					
4					
5					
6					
7					
8					

Part III. Gross Annual Income (Non-Asset Income)

Household Member Number	Employment or Wages, Worker's Compensation	Social Security/Pensions/Annuities/Retirement	Public Assistance (Unemployment Benefits, TANF)	Other Income (Child Support, Rental Income, Business Income)	Member Income Total
1		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
(Non-Asset Income):	\$ -	\$ -	\$ -	\$ -	\$ -

Total Household Income: \$ -

Part V. Certification Statement

Under penalty of perjury, Household Members hereby certify that the information presented in this Household Income Certification (HIC) is true and accurate to the best of their knowledge and belief. The undersigned further Household Members age 18 and older understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination from the TEMAP Program and will result in the repayment of federal funds.

Head of Household Signature

Spouse/Other Adult Signature

Other Adult Signature

Administrator Signature

Date

Date

Date

Date

TEXAS EMERGENCY MORTGAGE ASSISTANCE PROGRAM (TEMAP)

MORTGAGE SERVICER FORM AND CERTIFICATION

A. TEMAP Program Administrator:
B. Home Information
1. Address:
2. Number of Bedrooms:
3. Year of Construction*:
4. Monthly Mortgage:
C. Mortgage Servicer Information
1. Name:
2. Mortgage Servicer Name (if different from Owner):
3. Mortgage Servicer Contact Name:
4. Mortgage Servicer Agent's Name (if different from Owner or Mortgage Servicer Contact):
5. Mortgage Servicer/Agent's email:
6. Mortgage Servicer/Agent Address:
7. Mortgage Servicer/Agent Phone:

* Note that if the Home was constructed prior to 1978, the Home may be subject to inspection requirements. ** If yes, attach the Household Income Certification.

By signing below, Mortgage Servicer certifies that:

1. The Homeowner named above is one of the Homeowners that has occupied the Home identified above and for which assistance is being requested by the homeowner.
2. Mortgage Servicer must accept payment from the TEMAP Program Administrator via direct deposit, to an insured account at a financial institution within the United States, unless otherwise agreed to by the TEMAP Program Administrator.
3. Mortgage Servicer will not seek to obtain assistance in the future for the home listed above and for the same months of mortgage or mortgage arrears covered by this assistance and that to the extent any such assistance is received, a repayment of this assistance will be repaid to the TEMAP Program Administrator within 10 calendar days.
4. Mortgage Servicer has attached a copy of the Homeowner's Mortgage Statement to this form.
5. The age of the home on the property has been accurately disclosed above, and Mortgage Servicer acknowledges that if the year of construction has been represented to be after 1978, and is subsequently found to have been constructed prior to 1978, the assistance provided may be subject to repayment.
6. Mortgage Servicer acknowledges that all information collected, assembled, or maintained by the TEMAP Program Administrator pertaining to this Contract, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this Contract subject to and in accordance with the Texas Public Information Act.
7. Mortgage Servicer shall provide the Texas Department of Housing and Community Affairs or U.S. Department of Housing and Urban Development, as applicable based on the funding source of the assistance, the U.S. Inspector General, the U.S. General Accounting Office, the Texas Comptroller, the Texas State Auditor's Office, and the Office of Court Administration, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this certification.
8. The information provided is true, accurate, and complete, and if requested, Mortgage Servicer is able to provide further documentation to support any representations.

9. If the Mortgage Servicer does foreclose on the homeowner during this time period, it will return the mortgage assistance payments for the time period that the household does not occupy the home to the TEMAP Program Administrator within thirty (30) calendar days.
10. Notwithstanding anything to the contrary in this certification, the Mortgage Servicer shall have the right to terminate participation in the program at any time prior to receiving assistance.

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Signature of Mortgage Servicer Representative

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 | Mailing Address: PO Box 13941, Austin, TX 78711

Main Number: 512-475-3800 Toll Free: 1-800-525-0657

Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



Texas Emergency Mortgage Assistance Program (TEMAP) Notification of Approval for Assistance

DATE

LOAN NUMBER

APPLICANT NAME

We are pleased to inform you that **CLIENT NAME** has been approved for assistance from the Texas Emergency Mortgage Assistance Program (TEMAP).

Payment will be made through **CHECK/DIRECT DEPOSIT** to **LENDER NAME** in the amount of **\$\$\$**.

This payment will cover the following months of mortgage.

MONTH, YEAR

MONTH, YEAR

MONTH, YEAR

MONTH, YEAR

MONTH, YEAR

MONTH, YEAR

Please allow **(e.g 7-14)** business days for processing the payment.

Thank you for your participation,

NAME

CONTACT

ORGANIZATION

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



AUTHORIZATION TO RELEASE MORTGAGE INFORMATION

Property Address:	

Lender/Service	
Loan Number	
Contact Number	

To Whom It May Concern:

This letter authorizes the release of any and all mortgage information and or/mortgage payoff information or requests to:

Name of authorized party

Borrower

Date

Co-borrower

Date