



## CDBG-CV Rental Assistance Program Application

The Community Development Block Grant – Coronavirus (CDBG-CV) Rental Assistance Program has been developed to prevent, prepare for, and respond to the coronavirus (COVID-19). This program will provide up to THREE (3) months of emergency rental assistance for qualifying families living inside the city limits and will only be granted one time per household. Applicant must demonstrate a financial hardship, such as a reduction in hours or loss of employment that will result in eviction from their current residence. A hardship can be demonstrated by providing paystubs, unemployment checks or a letter from your employer verifying a loss of income or reduction in hours. Assistance will be provided on a first come, first served basis. The program is available for households that are renting their current place of residence.

### **DUPLICATION OF BENEFITS**

Have you received assistance or received a commitment for assistance related to COVID-19, from any other source?  Yes  No

If yes, please disclose the agency: \_\_\_\_\_

**If yes, be aware you are NOT eligible to receive duplicate funding under this program.**

### **APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the applicant reside inside the City limits of Victoria?  Yes  No

### **MARTIAL STATUS:**

Single  Married  Separated  Divorced  Widowed  Other \_\_\_\_\_

### **RACE/ETHNICITY OF APPLICANT:**

White	Native Hawaiian or Other Pacific Islander
Black or African American	Black or African American and White
Asian	Asian and White
American Indian or Alaskan Native	American Indian or Alaskan Native and White
American Indian or Alaskan Native and Black/African American	Others reporting more than one race _____

Are you Hispanic or Non-Hispanic? \_\_\_\_\_

Are you a citizen or permanent resident of the United States? \_\_\_\_\_

How many individuals live in your house including applicant? \_\_\_\_\_



Names of **ALL** other household members (household members include anyone residing in the unit; roommates, children, etc.):

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
 Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic: \_\_\_\_\_  
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 Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic: \_\_\_\_\_

**In order to qualify for this program your total household income must fall between the following income limits as it relates to the total number of people living in your household.**

2021 Income Limits								
Persons in the household	1	2	3	4	5	6	7	8
Total Income of Household	\$25,300 To \$40,450	\$28,900 To \$46,200	\$32,500 To \$52,000	\$36,100 To \$57,750	\$39,000 To \$62,400	\$41,900 To \$67,000	\$44,800 To \$71,650	\$47,700 To \$76,250

Monthly Rent Payment: \_\_\_\_\_

Have you received an eviction notice? \_\_\_\_\_

How many months are you behind on Rent? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

**Applicant's Most Current Employer**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Please indicate which of the following statements apply to the Applicant:

1) I have experienced a reduction in salary as a result of the coronavirus (COVID-19). Explain:

\_\_\_\_\_  
 \_\_\_\_\_

2) I have had my hours reduced as a result of the coronavirus (COVID-19). Explain:

\_\_\_\_\_  
 \_\_\_\_\_



3) I have been furloughed as a result of the coronavirus (COVID-19). Explain:

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4) I have been laid off as a result of the coronavirus (COVID-19). Explain:

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5) I have been terminated as a result of the coronavirus (COVID-19). Explain:

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6) Other. Explain:

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**Co-Applicant's Most Current Employer**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Please indicate which of the following statements apply to the Applicant:

1) I have experienced a reduction in salary as a result of the coronavirus (COVID-19). Explain:

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2) I have had my hours reduced as a result of the coronavirus (COVID-19). Explain:

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3) I have been furloughed as a result of the coronavirus (COVID-19). Explain:

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4) I have been laid off as a result of the coronavirus (COVID-19). Explain:

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5) I have been terminated as a result of the coronavirus (COVID-19). Explain:

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6) Other. Explain:

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**HOUSEHOLD INCOME**

Please indicated an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

SOURCE	APPLICANT	CO-APPLICANT	OTHER MEMBERS AGE 18+
Gross Salary			
Overtime, Tips, Bonuses			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			
Unemployment/Workers Compensation			
Child Support/Alimony			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF)			
Other			
<b>TOTALS</b>			

**ASSETS**

TYPE	APPLICANT	CO-APPLICANT	OTHER MEMBERS AGE 18+
Checking			
Savings			
Cash/Bank Card			
401(K) Retirement			
Stocks, Bonds, Mutual Funds			
Money Market			
Other Accounts			
Other Property Owned			
Life Insurance			
Vehicles (other than main)			
<b>TOTALS</b>			



Are you or the co-applicant on a waiting list for assistance from any other agency? \_\_\_ Yes \_\_\_ No

**If you answered yes, please list the agency and describe the requested assistance:**

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**FAIR MARKET RENT (Only Applicable for Rental Assistance)**

The current Fair Market Rent (FMR) published by HUD determines the maximum subsidy for a family as follows, however is subject to change:

FY 2022 Victoria, TX MSA FMRs for All Bedrooms Sizes					
YEAR	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2022 FMR	\$788	\$861	\$1,068	\$1,367	\$1,563

**CERTIFICATION**

I/We certify that the information provided is true and correct and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information submitted may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of United States Codes.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Other 18+ Household Member Name: \_\_\_\_\_

Date: \_\_\_\_\_

Other 18+ Household Member Signature: \_\_\_\_\_

FOR OFFICE USE ONLY	
Is the Landlord willing to accept rent/mortgage payment assistance for this household? If No, Please provide explanation:	YES OR NO
How many months of assistance will be provided	
Eligibility reviewed and Verified by: _____	Date: _____



## CDBG-CV Rental Assistance Program Application Affidavit

*(ALL household members 18 years and older must sign, please print as many copies as necessary)*

**I declare, under penalties of perjury, as follows:**

1. I pay rent to \_\_\_\_\_, whose contact information is:  
(Landlord Name)  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
2. My household has lost significant income due to COVID-19 and is now unable to pay rent for my residence.
3. My household's estimated gross income for the current month is \$ \_\_\_\_\_.
4. My household's monthly rent is \$ \_\_\_\_\_.
5. My household does not have sufficient savings or liquid assets to pay the rent.
6. My residence is not subsidized through federal or state resources and my household is responsible for the full payment of the rent.
7. No other person in my household has applied for or will apply for rental assistance.
8. I understand my Landlord must agree not to take any action to evict me for nonpayment of rent for any month in which the payment is applied.
9. I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the City of Victoria to investigate such information with my full cooperation at any time. I understand that providing false information on this Affidavit is a Class A misdemeanor (Section 37.10 of the Texas Penal Code).

I am signing this Application and Affidavit by electronically entering my name below or providing a wet signature.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**CDBG-CV Rental Assistance Program Application**  
**Landlord Affidavit**

**Payment Information (Must match information on W-9)**

Pay to the order of \_\_\_\_\_

Address to send payment to \_\_\_\_\_

Tenant name: \_\_\_\_\_ Unit# \_\_\_\_\_

I, \_\_\_\_\_, am the \_\_\_\_\_, of the \_\_\_\_\_,  
(Name of Affiant) (Title/Position) Apartment/Company Name  
Known as the landlord of the residential property located at the following location \_\_\_\_\_.

- I certify that the applicant/co-applicant was up-to-date on payment through \_\_\_\_\_.
- I certify that I have not received nor applied for any additional Federal, State or Local assistance to pay the rent owed on the aforementioned property.
- I certify that I will not receive more than 3 months of assistance payments per qualified applicant per residential property through the CDBG-CV program.
- I certify I will report to the City if I have received payment from any other funding source for rental assistance payments for the applicant/co-applicant.
- I certify I will not accept any additional rental assistance from any other funding source for the applicant/co-applicant. The U.S. Department of Housing and Urban Development prohibits the acceptance of any additional funding for the same applicant/co-applicant from any other funding source, as it is a violation of their Duplication of Benefits regulations. Should I accept funding from any other funding source, the City reserves the right to demand repayment of the funds provided through their CDBG-CV Rental Assistance Program.
- I understand that a W-9 will need to be provided to the City to process and receive payment, in turn I will receive a 1099 from the City at the end of the year

Affiant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Affiant Signature: \_\_\_\_\_