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HOUSTON-GALVESTON AREA COUNCIL

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March, 10, 2010

Dear Applicant:

Thank you for applying to The H-GAC Ike Disaster Recovery Housing Program.

The H-GAC Ike Disaster Recovery Housing Program is for individuals and families whose homes were damaged by Hurricane Ike, which made landfall on September 13, 2008. Homeowners in the following counties (and cities therein) may be eligible for the H-GAC program: **Austin, Brazoria, Matagorda, Walker and Waller.**

**IMPORTANT:** Participation is limited; eligibility requirements and restrictions apply. Complete applications with all required documentation are assessed for eligibility, and processed on a first come-first serve basis. We strongly encourage you to complete, sign, and submit all required forms and documents (enclosed) by the deadline date. Preliminary eligibility determinations (application screening) do not guarantee housing assistance. There are many factors which affect housing assistance: Federal funding availability, number of eligible households, program deadlines, construction limitations (city/county ordinances, costs, etc.).

Eligible households must be low to moderate income, and still have unmet housing repair needs not covered by FEMA, insurance or other sources of support. In addition, homeowners must be current with property taxes, or have made contract arrangements with the tax authority. The home must have existing damage related to Hurricane Ike, located in an eligible area and be the primary residence of the applicant. **Single family and multifamily rental homes are also eligible under this program. The application form is the same for all programs – however, rental property owners should refer to additional guidance included with this letter.** Secondary and vacation homes are ineligible for assistance. Examples of typical repairs include: roof replacement or repair, window replacement, major rehabilitation, demolition and reconstruction.

H-GAC may be working with organizations in your area to distribute applications and collect required documentation.

If you should have any questions or concerns, please do not hesitate to contact us **toll free** at: **1-(877) 442-2777.**

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Smith', is written over a light blue circular stamp.

Jacqueline Smith  
Housing Administrator

## SUPPLEMENTAL INFORMATION SHEET – Rental Properties

**PLEASE PROVIDE THE INFORMATION LISTED BELOW TO ENSURE YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER. YOU MAY WANT TO USE THIS SHEET AS YOUR CHECK OFF LIST.**

- Complete & sign Intake Application (attached) **owner and renter**
- Complete & sign Eligibility Release Form (attached) **renter/occupants**
- Submit Home Repair Assistance Award/Denial Letters (may include, but not limited to FEMA/SBA/Private Insurance/other organizations). Submit receipts of home repairs with written explanation. If you did not receive any assistance; write a statement, sign and date. **renter**
- Submit copy of the applicant's/co-applicant's driver's license or state/federal issued photo ID and Social Security Card(s) **renter**
- Submit proof of 'Ownership' in applicant/owner's name, County Recorded prior to September 13, 2008: Warranty Deed, Death Certificate (if transfer by death), Probated Will (if transfer by death), Affidavit of Heirship (if transfer by death), Divorce Decree (if transfer by divorce). **owner**
- If Renter- Submit rental agreement/lease executed prior to September 13, 2008 with documents that support residency: monthly bills, school enrollment records, tax returns, banking statements, etc. **owner/renter**
- Submit proof of current paid property taxes. If there are delinquent taxes; submit a current 'Contract Agreement' with tax assessor. If taxes are deferred/exempt; submit a tax deferred/exempt letter from the tax office. **Owner/renter (whoever responsible for taxes)**
- Submit proof of current gross *income/assets/bank statements* for all adult household members age 18+ (*Last six (6) months from date of Intake Application. W2's and 1099's are not acceptable methods of current income status.* **renter**

**All blanks must be completed or have "n/a" written in each blank that does not apply to you. If you need additional forms, visit our website at: [www.h-gacIkeHousing.com](http://www.h-gacIkeHousing.com). The Intake Application must be signed by all persons listed on the deed. The original Intake Application with signatures and required documentation must be returned to:**

Houston-Galveston Area Council (H-GAC)  
ATTN: Ike Disaster Recovery Housing Program  
P. O. BOX 22777  
Houston, TX 77227-2777



HURRICANE IKE ASSISTANCE APPLICATION



HOUSTON-GALVESTON AREA COUNCIL

<b>CDBG Administrator:</b> <i>Houston-Galveston Area Council</i>	<b>Contract Number:</b>
<b>Date Received:</b>	<b>Time Received:</b>

<b>OWNER INFORMATION</b>				
<b>Last Name</b>	<b>Maiden Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Current Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address:</b>	<b>This section to be completed by the Owner/Landlord</b>		<b>State:</b>	<b>Zip:</b>
<b>Hurricane Damage Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		
<b>Date of Birth:</b>	<b>Place of Birth:</b>	<b>Social Security Number:</b>		

<b>CO-OWNER INFORMATION (if applicable) — Renter/Tenant Information</b>				
<b>Last Name</b>	<b>Maiden Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Current Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address:</b>	<b>This section to be completed by the Renter</b>		<b>State:</b>	<b>Zip:</b>
<b>Hurricane Damage Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>		
<b>Date of Birth:</b>	<b>Place of Birth:</b>	<b>Social Security Number:</b>		

**ELIGIBILITY INFORMATION**

**If the answer to any of the following questions is NO, you are not eligible for assistance:**

Was the damaged unit a single family residence, duplex condominium or multifamily apartment (including manufactured housing units, )?

Yes  No

Was that unit damaged or destroyed on September 13, 2008 as a direct result of Hurricane Ike?

Yes  No

**This section to be completed by the Owner/Landlord**

**APPLICANT INFORMATION**

**If the answer to any of the following questions is NO, you are not eligible for Assistance:**

Did you own or rent a single family residence, duplex condominium or multifamily apartment (including manufactured housing units) on September 13, 2008?

Was the unit the primary residence of the applicant on the date of the storm?

**If the answer to the following question is NO, your application will require a special review to determine eligibility:**

Did you register with FEMA for storm related assistance for structural damage to the home?

Yes  No

**This section to be completed by the Renter**

**HOME/LAND INFORMATION**

Type of Structure: (mobile home, single family wood/brick, duplexes, or condominiums) \_\_\_\_\_ Year Built: \_\_\_\_\_

Do you own the structure; paid in full; no liens?

Yes  No

If No: Lien Holder/Landlord Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Leased: \_\_\_\_\_ Mortgage/Rent \$: \_\_\_\_\_

Do you own the land; paid in full; no liens?

Yes  No

If No: Lien Holder/Landlord Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Leased: \_\_\_\_\_ Mortgage/Rent \$: \_\_\_\_\_

**This section to be completed by the Owner/Landlord**

**HOME/LAND INFORMATION (cont'd)**

**This section to be completed by the Owner/Landlord**

**Mobile Home Information:**

Serial Number: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_

Is the home registered with Texas Department of Housing and Community Affairs  
Manufactured Housing Division (**REQUIRED**)?

Is the property located in a floodplain?

**Yes**                       **No**

If yes; do you have an elevation certificate/soil testing/survey documentation?

**Yes**                       **No**

Have you obtained a building permit(s) to complete repairs to home?

**Yes**                       **No**

If yes; **Date Building Permit(s) Obtained:** \_\_\_\_\_ **Permit#:** \_\_\_\_\_

**Ownership/Acquisition Deed of Damaged Residence**

Are there any other owner names on the deed for the damaged residence?

**Yes**                       **No**

If yes, provide information below:

**(1)- Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**(2)- Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**(3)- Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**This page to be completed  
by the Renter**

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS** – List the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship to Head of HH	Date of Birth	Female/Male	Social Security Number
	<b>Head of Household</b>			

**Is anyone in the household disabled?**                       Yes                       No

**Housing Modifications Required?**                       Yes                       No

**Modification(s) requested for:**

\_\_\_\_\_

**Name of Household Member with a Disability**

\_\_\_\_\_

**Name of Household Member with a Disability**

**Modification(s):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED.**  
It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

- Race of Head of Household:**
- |   |  |
|---|--|
| <input type="checkbox"/> White  | <input type="checkbox"/> Black/African American                  |
| <input type="checkbox"/> Asian  | <input type="checkbox"/> American Indian/Alaska Native           |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                   | <input type="checkbox"/> Asian and White                         |
| <input type="checkbox"/> Black/African American and White                         | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial                      |

- Ethnicity of Head of Household:**
- Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture/origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture/origin, regardless of race.

**This page to be completed  
by the Renter**

**INCOME INFORMATION- 24 CFR Part 5 Income Inclusions (HUD)**

Wages (full/part time), self-employment, business (net operation), tips, alimony, child support, military (regular/special/allowances), welfare assistance, Social Security/SSI benefits, VA benefits, Retirement funds, insurance policies, unemployment & worker's compensation, severance pay, regular contributions or gifts received from organizations or persons not living in the home, royalties, annuities, other income.  
**\*\*\*\*\*FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps.**

List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student ?	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

**ASSET INFORMATION (Reference HUD 24 CFR 5.609-Net Family Asset Inclusions)**

Include, but not limited to: Cash held in savings/checking/safe deposit boxes, homes, etc. Cash value of trust/stocks/bonds/treasury bills/mutual funds/money market/life insurance, annuities, rental real estate, royalties, partnerships, personal property, capital gains, inheritances, lottery winnings, mortgage or deeds of trust, retirement/pensions/401K/Keogh, other assets. **If no assets, please write a statement in the area below “No assets.”**

**Be sure to submit supporting documentation with application.** Attach a separate sheet if you need more space.

Household Member Name	Social Security Number	Asset Description	Current Cash Value of Asset	Actual Income From Asset

**Do you have a checking account? (circle answer) Yes or No If yes, please provide the last six (6) months of statements from date of application.**

**Do you have a savings account? (circle answer) Yes or No If yes, please provide a current statement.**

**This page to be completed by the  
Renter/Owner-Landlord**

***HURRICANE IKE VICTIM INFORMATION***

In order to be eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for Hurricane Ike; The primary housing owned/rented by low income households must have been damaged as a result of Hurricane Ike. **Check all of the following that apply.**

The home occupied by persons in this household was damaged or destroyed September 13, 2008, by Hurricane Ike.

I/we are currently homeless, displaced from our home. Our current housing status/arrangement is:

I/we are currently living in sub-standard conditions due to damage caused by Hurricane Ike. List sub-standard conditions:

***HURRICANE IKE ASSISTANCE INFORMATION***

Assistance provided under the Community Development Block Grant Disaster Recovery Program for Hurricane Ike may not exceed a household's unmet housing needs. **List all other sources of financial or housing assistance received** (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on September 13, 2008.

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. If no, proceed to the income section.

**Yes**       **No**

*By signing this application, the applicant authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Title 13, 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.*

**FEMA**

Have you received any storm related assistance from FEMA for structural damage to your home?

**Yes**       **No**

Amount Received for structural damage: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Amount Received for rental assistance: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

FEMA Registration #: \_\_\_\_\_

**SBA**

**Yes**       **No**

Have you received any storm-related assistance from the SBA for damage to your home?

Amount Received \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

SBA Application #: \_\_\_\_\_ Loan#: \_\_\_\_\_



**This page to be completed by  
the Renter**



## Authorization to Release Information



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HOUSTON-GALVESTON AREA COUNCIL

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### ELIGIBILITY RELEASE

CDBG Administrator: **Houston-Galveston Area Council**

Applicant Name:

Applicant Address:

**Instructions to Applicant:** Your signature on this *Authorization to Release Information*, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named CDBG Administrator to obtain information from a third party regarding your eligibility and continued participation in the:

#### **Community Development Block Grant (CDBG) Disaster Recovery Program for Hurricane Ike**

Privacy Act Notice Statement: Houston-Galveston Area Council (H-GAC), State and Federal guidelines requires the collection of the information listed in this form to determine an applicant's eligibility for the Ike Program. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to 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. H-GAC, State and Federal CDBG administrators are authorized to ask for this information under the National Affordable Housing Act of 1990.

Each adult member of the household must sign this Authorization to 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.

**This page to be completed by  
the Renter/Adult Occupants**

Information Covered: <b>Inquiries may be made about items <u>initialed below</u> by the applicant.</b>		
Description	Verification Required	Initials of Applicants
<b>Income (all sources)</b>	X	
<b>Assets (all sources)</b>	X	
<b>Disability Status (if applicable)</b>	X	
<b>Financial Institutions: (Bank, Mortgage, Broker...)</b>	X	
<b>Other (list):</b>	X	
<b>Other (list):</b>	X	
<input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member	X	

Applicant's Authorization:

**I authorize the above-named CDBG Administrator to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Ike 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 CDBG Administrator 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 CDBG Administrator in the eligibility verification process.**

WARNING: 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.

Signatures:

_____	_____	_____
<b>Signature - Head of Household</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Signature – Other Adult Household Member</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Signature – Other Adult Household Member</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Signature – Other Adult Household Member</b>	<b>Printed Name</b>	<b>Date</b>

**This page to be completed by the Renter/Owner-Landlord**

**HURRICANE IKE HOME REPAIR ASSIST**

**INSURANCE COVERAGE-** In effect 09/13/2008      **Yes or No** (circle answer)      **Amount Received \$**  
**Insurance Company:**      **Policy Number:**      **Claim Number:**

List Hurricane Damage Assessed by Insurance Company	List Claim Payable Amount	Repair Complete: Yes or No	If No, Why?

**FEMA ASSISTANCE FOR HOME REPAIR –**      **Denied or Approved** (circle answer)  
**Date:**      **Amount Approved \$**      **Amount Received \$**  
**Registration Number:**

List Hurricane Damage Assessed by FEMA	List Payable Amount	Repair Complete: Yes or No	If No, Why?

**OTHER ASSISTANCE FOR HOME REPAIR –**      **Yes or No** (circle answer)  
**Organization Name:**      **Amount Received \$**

List Hurricane Damage Assessed	List Payable Amount	Repair Complete: Yes or No	If No, Why?

**If you need additional space copy this form. Submit supporting documentation.**

**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 Program for Hurricane Ike.

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 authorize the above-referenced the state of Texas and any of its duly authorized representatives to verify all information provided on this application.

Signature of Applicant: <b>Owner</b>	<b>Owner/Landlord sign here</b>	Date
Signature of Co-Applicant: <b>Renter/Tenant</b>	<b>Renter sign here</b>	Date

**Warning: 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.**

**Submitting Agency:** Houston-Galveston Area Council  
**Requesting Parish/County:** Council of Government Gulf Coast Region  
**Phone number:** 713-627-3200

**Requester's Name:** Jacqueline Smith, Housing Administrator  
**Fax Number:** 713-993-2456  
**LTRC/UNT:** CDBG-Disaster Recovery Program



**This page to be completed by the  
Renter/Owner-Landlord**

U.S. Department of Homeland Security  
Washington, DC 20472

***AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION***

I, the undersigned, authorize the Federal Emergency Management Agency (FEMA), the State of Texas and appropriate agencies of the States of Texas responsible for providing disaster assistance to release information relating to my eligibility for monetary or other forms of assistance arising from the major disaster declared: **Hurricane Ike, FEMA DR-1791-TX** to those agencies that provide disaster-related assistance. This authorization permits the release of information that is deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of this federal disaster to insure that benefits are not duplicated. It includes the sharing of information about my application in FEMA's possession or under FEMA's control.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organization. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from Voluntary Agencies and/or appropriate Federal and State agencies. However, without my permission, my information cannot be shared with other agencies or organizations for consideration. I understand that I will still receive all FEMA assistance for which I am eligible.

This authorization is submitted pursuant to 28 U.S.C. § 1746 under penalty of perjury.

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I understand that the Disaster Recovery Community Development Block Grant does not allow "Duplication of Benefits" (42 U. S. C 5155 – Section 312), and requires program administrators to verify benefits/assistance as part of the application/assistance process.

\_\_\_\_\_  
**Name (Printed)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

**Pre-Disaster Address:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Phone or Message #:** \_\_\_\_\_ **FEMA Registration #:** \_\_\_\_\_

**FEMA Fax Number: 1-800-827-8112**