

**Texas Department of Housing and Community Affairs**  
Community Development Block Grant (CDBG)  
Disaster Recovery Program



## **HURRICANE IKE INTAKE APPLICATION**

### **INSTRUCTIONS FOR APPLICATION**

**STEP 1:** Read the instructions for this application and the Frequently Asked Questions (FAQ). They contain important information about documents to be submitted, definitions and explanations of sections, and how to complete and submit this application.

**STEP 2:** Please use BLUE or BLACK ink. Do not use pencil or other colors of ink. Please write legibly.

**STEP 3:** Submit the completed and signed application with all required attachments.

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- 1. APPLICANT INFORMATION:** Provide your legal name, an address where you receive your mail (may or may not be the damaged property), an email address (if applicable), your date of birth, and your marital status.
- 2. CO-APPLICANT INFORMATION:** For members of the household who were 18 years or older, and will be residing in the home after completion of this program please list this individual as your Co-Applicant.
- 3. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** As of today, list the current Head of Household and all other members of the household. Indicate the date of birth, gender, and social security number of all members of the household.
- 4. HEAD OF HOUSEHOLD:** Information regarding race and ethnicity is requested.
- 5. ELIGIBILITY INFORMATION:** Indicate whether the following is true or false:
  - (i) Was the damaged unit a single family residence?
  - (ii) Was the unit damaged on September 13, 2008?
  - (iii) Were you the owner of the residence as of September 13, 2008?
  - (iv) Was the unit your primary residence as of the date of storm?
  - (v) Did you register with FEMA?
- 6. DAMAGED RESIDENCE INFORMATION:** Provide basic information concerning the damaged property (i.e. physical address of damaged property, floodplain information, and other names on the deed).
- 7. HURRICANE DOLLY OR HURRICANE IKE VICTIMS INFORMATION:** In order to be eligible to receive assistance under this program, property must have been damaged as a result of Hurricane Dolly or Hurricane Ike. Provide information on whether you occupied the property during the time of either Hurricane, whether you are currently living in that structure, or whether you were displaced because of the storm.
- 8. OTHER ASSISTANCE RECEIVED:** Provide all information concerning property insurance, FEMA, SBA, or any other type of related Hurricane Ike assistance.

9. **INCOME INFORMATION:** Provide us with information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, and other income. Food stamps are NOT considered income.
10. **ASSET INFORMATION:** Provide the requested information on any property you may own. Examples of what constitutes assets are in this application.
11. **APPLICANT CERTIFICATION:** Certify that all information in the application is true, to the best of your knowledge. 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.
12. **ELIGIBILITY RELEASE:** It is required that you sign this form, which allows the Subrecipient to request information from Third Parties concerning your eligibility and participation in this program.

## **Single Family, Owner-Occupied Program Frequently Asked Questions (FAQ)**

1. *The application asks for my “Current Address.” Is it asking about my damaged home?*

**Not necessarily. We would like to know where you can be reached. It may or may not be the home that was damaged. Specific information on your damaged property is requested elsewhere in the application.**

2. *If I apply, are co-applicants required?*

**It is highly recommended that all adults who were residing in the home at the time of the hurricane and will be residing in the home after completion of this program co-sign the application. Co-applicants may include a spouse, partner, children (above 18) or other adults.**

3. *Is ownership of the house at the time of Hurricane Dolly or Hurricane Ike required?*

**Yes. To qualify under this program, proof of ownership and proof that it was your primary residence on the date of the storm will be required. Please provide with a deed or other documentation showing that you have a legal interest in the residence.**

4. *Do I have to be current on my taxes?*

**Yes. However, if you are delinquent on your taxes, we will accept a signed payment arrangement between you and the taxing entity for all school and county taxes provided no tax suits have been filed and provided there is no delinquency in the repayment schedule. Property tax exemptions may be permissible. If there is a filed tax suit, all school and county taxes must be paid, court costs and attorney fees must be paid. We will require a recorded copy of the tax dismissal.**

5. *If I am currently involved in a legal claim against my insurance company, can I still apply?*

**Yes, you may still be eligible for assistance. Pending legal matters will be reviewed in determining the eligibility of the applicant.**

6. *If approved, do I have to pay back the funds used to fix my home?*

**No. However, there will be a primary residency requirement that will stipulate that if the home is sold within a specific period of time after construction is completed, the funds may have to be paid back.**

7. *If approved, will I be required to purchase insurance for my home?*

**Yes, you will be required to obtain and maintain hazard insurance. If you live in a flood plain, you will also need to maintain flood insurance. If you fail to do so, you may not be eligible for future funding.**

8. *What happens if I have spent the proceeds I received from FEMA, SBA, or Insurance?*

The answer to this question depends on the intended purpose of these funds as stated in the award letters and how such funds were actually spent.

9. *If I had insurance for my (damaged) home at the time of the storm, am I disqualified from receiving assistance?*

No. However, you will be required to provide all information and documentation concerning insurance claims.

10. *How should I fill out the income section of the application if I receive income from several sources?*

Do the best you can and tell us as much information as possible because we are required to verify income. However, your income will not necessarily disqualify you from participating.

11. *What items should I attach to the application?*

- (1) FEMA Award/Denial Letter
- (2) SBA Award/Denial Letter (if applicable)
- (3) Private Insurance Letter (or letter stating you do not have insurance),
- (4) Copy of Applicant's Driver's License or ID card
- (5) Property Deed (or equivalent)
- (6) Copy of receipts for home repairs (if applicable)
- (7) Proof of income
- (8) Six months of bank statements
- (9) Last three consecutive months (90 days) of pay check stubs
- (10) Current copy of social security statement/award letter
- (11) Current copy of retirement/pension statements (if applicable), and
- (12) Current copy of unemployment statement (if applicable).

12. *Will I be asked to provide the information requested more than one time?*

Yes, more than likely. As things may change with your situation between the time this application is completed and the time your eligibility status is determined, we will need the most up to date information at all times.

13. *Will you verify the information submitted in the application?*

Yes. The information collected from the application will be used to establish the level of benefits you are eligible to receive, and will also be used to verify the information provided. Information may be released to appropriate Federal, State, and local agencies, and it is a felony for *knowingly and willingly* making false or fraudulent statements in the application. You should fill out the application as fully and completely as possible, to the best of your knowledge.

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS**  
**Community Development Block Grant (CDBG)**  
**Disaster Recovery**  
**INTAKE APPLICATION**



<b>Subrecipient:</b>	<b>Contract Number:</b>
<b>Application Received by:</b>	<b>Date/Time Application Received:</b>

↑ For Subrecipient Use Only ↑

<b><u>1. APPLICANT INFORMATION:</u></b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Current Address:</b>		
<b>City, State, Zip:</b>		
<b>Home Phone:</b>	<b>Daytime Telephone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>		
<b>Date of Birth:</b>		
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Is there anyone in your household that is disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b><u>2. CO- APPLICANT INFORMATION</u> (if applicable)</b>		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name:</b>
<b>Current Address:</b>		
<b>City, State, Zip:</b>		
<b>Home Phone:</b>	<b>Daytime Telephone:</b>	<b>Cell Phone:</b>
<b>Email Address:</b>		
<b>Date of Birth:</b>		

**3. HOUSEHOLD COMPOSITION AND CHARACTERISTICS** – As of today, 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	Sex	Social Security Number
	Head of Household			

In the next twelve (12) months, are you expecting any additional household members?  Yes  No

**4. 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 or 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 or origin, regardless of race

**5. 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 (including manufactured housing units, duplexes, or condominiums)?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was that unit damaged or destroyed on July 23, 2008 or September 13, 2008 as a direct result of Hurricane Dolly or Ike?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you the owner of the residence as the date the Hurricane hit? (Dolly- July 23, 2008, or Ike - September 13, 2008)         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the unit the primary residence of the applicant on the date of the storm?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If the answer to the following question is NO, your application will require a special review to determine eligibility:</b> |                              |                             |
| Did you register with FEMA for storm related assistance for structural damage to the home?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**5. ELIGIBILITY INFORMATION**

**6. DAMAGED RESIDENCE INFORMATION**

**Damaged Residence Address:**

**City, State, Zip:**

**Damaged Residence Phone:**

Are you currently living at this damaged residence?

**Yes**       **No**

What type of structure is the property?

**Yes**       **No**

**Single Family Home**     **Modular Home**     **Townhouse**

**Manufactured Housing Unit**     **Other:** \_\_\_\_\_

If you are seeking assistance for a manufactured housing unit, do you own the land?

**Yes**       **No**

Is the property located in a floodplain?

**Yes**       **No**  
 **Don't know**

**Ownership/Acquisition Deed of Damaged Residence**

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

**Yes**       **No**

If yes, provide information below (including any entity, for example, a Trust):

\_\_\_\_\_

**7. HURRICANE DOLLY OR IKE VICTIMS INFORMATION**

In order to be eligible to receive assistance under the Community Development Block Grant (CDBG) Disaster Recovery Program for Hurricane Dolly or Hurricane Ike, housing must have been damaged because of either Hurricane. Check all of the following that apply.

- The home occupied by persons in this household was damaged on July 23, 2008, by Hurricane Dolly, or
- The home occupied by persons in this household was damaged on September 13, 2008, by Hurricane Ike.
- I/we are currently residing in the damaged structure which is the subject of this application.
- I/we have been displaced from our home due to damage caused by either Hurricane Dolly or Hurricane Ike. Explain: \_\_\_\_\_
- Other: \_\_\_\_\_

**8. OTHER ASSISTANCE RECEIVED**

Assistance provided under the Community Development Block Grant (CDBG) Disaster Recovery Program for Hurricane Dolly or 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 July 23, 2008 when Hurricane Dolly hit or September 13, 2008 when Hurricane Ike hit.

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 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.*

**FEMA**

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

Yes  No

Amount Approved: \$ \_\_\_\_\_ Amount, if any, Received to Date: \$ \_\_\_\_\_

What is your FEMA Registration No(s).?

1) \_\_\_\_\_ 2) \_\_\_\_\_

Yes  No

Did you receive any Hurricane Assistance for your current residence?

Yes  No

**SBA**

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

Amount Approved: \$ \_\_\_\_\_ Amount, if any, Received to Date: \$ \_\_\_\_\_

What is your SBA Application No.? \_\_\_\_\_

What is your SBA Loan No.? \_\_\_\_\_

Yes  No

**INSURANCE**

Were you carrying Homeowner's Insurance at the time of the storm?

If "Yes", what type:  Windstorm  Flood  Contents  Other (portable buildings, etc.)

Yes  No

Was the Insurance coverage in effect on the day storm? (Dolly- July 23, 2008 or Ike- September 13, 2008)

Yes  No

Claim received: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Insurance coverage currently in effect \_\_\_\_\_

Yes  No

Type: (flood, hazard and windstorm)

Are you involved in a lawsuit against your Insurance company?

Explain (add additional sheets if necessary):



**9. INCOME INFORMATION**

Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, 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.)

**10. ASSET INFORMATION**

Do you own any other real estate?  No  Yes If “Yes”, where: \_\_\_\_\_ (County/State)

Do you have a mortgage on the primary residence?  No  Yes If “Yes”, what is the current balance owed on the mortgage? \_\_\_\_\_. Are payments up to date?  No  Yes

Is your primary residence currently in foreclosure?  No  Yes

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset. (A listing of examples is on the next page.)

Household Member Name	Type & Source of Asset	Case Value of Asset	Annual Income From Asset

**Types of Assets**

Typical assets include:

- Cash held in savings, checking accounts, safe deposit boxes, homes, etc.;
- Stocks, bonds, treasury bills, CDS, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes;
- Equity in real property;
- Retirement and pension funds;
- Mineral rights; and
- Mortgage or deeds of trust held by the applicant

Some items of personal property are *NOT* counted as assets for the purposes of determining annual income:

- Automobiles;
- Jewelry; and/or
- Term life insurance policies

**ALL BLANKS MUST BE COMPLETED OR HAVE "N/A" WRITTEN IN. THE APPLICATION MUST BE SIGNED BY ALL PERSONS LISTED ON THE DEED.**

**11. 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 (CDBG) Disaster Recovery 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 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:**

**Date**

**Signature of Co-Applicant:**

**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.**

**12. ELIGIBILITY RELEASE**

Subrecipient:

Contract Number:

Applicant Name:

Applicant 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 Program**

Privacy Act Notice Statement: Texas Department of Housing and Community Affairs (TDHCA) require the collection of the information listed in this form to determine an applicant's eligibility for the CDBG 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.

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	
Assets (all sources)	X	
Child Care Expenses	X	
Disability Assistance Expenses (if applicable)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Medical Expenses (if applicable)	X	
Other (list):	X	
Dependent Deduction: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member <input type="checkbox"/> Minor Children	X	

**Applicant's Authorization:**

I authorize the entity 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 Disaster Recovery 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 entity 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.

*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:**

\_\_\_\_\_  
**Signature - Head of Household**                      **Printed Name**                      **Date**

\_\_\_\_\_  
**Signature – Other Adult Household Member**                      **Printed Name**                      **Date**

\_\_\_\_\_  
**Signature – Other Adult Household Member**                      **Printed Name**                      **Date**

\_\_\_\_\_  
**Signature – Other Adult Household Member**                      **Printed Name**                      **Date**

\_\_\_\_\_  
**Signature – Other Adult Household Member**                      **Printed Name**                      **Date**

**ASSISTANCE THROUGH THIS PROGRAM IS ONLY AVAILABLE TO RESIDENTS IN:**

- List geographic area being served here

**PLEASE PROVIDE THE INFORMATION LISTED BELOW TO ENSURE THAT YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER**

- Completed TDHCA Intake Application (9 pages)
- Properly executed TDHCA Eligibility Release Form
- FEMA Award/Denial Letter
- Small Business Administration (SBA) Award/Denial Letter
- Private Insurance Letter *(If you did not have private insurance, a written, signed and dated statement indicating that you had no private insurance will be acceptable.)*
- Copy of the applicant's driver's license (or a state issued photo ID)
- Fee Simple Deed in applicant's name
- Copy of receipts, in applicant's name, for the home repairs that have been made to the damaged property
- Provide any and all proof of income for individuals that live at the property and that are over the age of 18
- Provide any and all written proof of income for everyone in the household.
- Please provide the **originals** of the **TDHCA** application and **Eligibility Release Forms**
- Please provide 6 months of bank statements
- Last 3 consecutive months of pay check stubs
- Current copy of social security statement/award letter
- Current copy of retirement/pension statements; and
- Current copy of unemployment statement.

**NOTE:** Please be aware that you may be required to provide some information more than one time throughout the eligibility process. We apologize for this inconvenience, however, circumstances may change throughout this process and we must have the most current information at all times.