



CITY OF MISSION
CDBG-CV3
ASSISTANCE PROGRAM
APPLICATION GUIDELINES AND CHECKLIST

CHECKLIST		
1	Application- Qualified Documents Application OR Full Program Application	
2	Driver's License, I.D. Card	
3	Proof of address/ Utility Bills	
4	A statement on how the household was affected by COVID-19	
	Qualified Documents Application <60% of the AMI	
5	SNAP Eligibility Letter, Medicaid Letter, TANF, SSI Letter	
	Full Program Application >60% of the AMI	
5	Most recent Income Tax Return	
6	Three months most recent pay stubs, showing year to date earnings	
7	Last three months of bank statements for all Checking/Savings Accounts	
	Qualified Documents Application & Full Program Application	
8	Conflict of Interest Affidavit Form (To be executed upon approval of application)	
9	COVID-19 Liability Waiver Form	

Landlord Documents

- 10 Lease Agreement
- 11 Statement of missed payment
- 12 W9

Mortgage Documents

- 13 Mortgage Statement
- 14 W9 from servicer

CDBG-CV3 Program Application Entitlement Community of Mission, TX Income Eligibility Certification Form

Complete Application

Participants of the Federally-funded Community Development Block Program (CDBG-CV3) must disclose personal information for reporting and eligibility purposes. Please print legibly and answer all questions completely.

WARNING: The information provided on this form is subject to verification by HUD 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.

I. General Information: Household Demographics

A. Applicant Information

Name _____

Address _____

City, State _____ Zip Code _____

Does the applicant reside within the City limits? Yes No

B. Characteristics **(Circle One)**

1. Hispanic: Yes No

2. Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native & Black

Other Multi-Racial

3. Number of Persons Benefitting from Services _____

4. Number of Persons In Household _____

II. Presumed Status:

Please mark (X) your answer

A. Are any of the persons receiving services a victim of domestic violence (abused children or battered spouses)?

_____ Yes; Source Documentation: provide copy of law enforcement report, referral from Shelter or client's signed statement of situation/self-certification of incidence; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

B. Are any of the persons receiving services aged 62 or older?

_____ Yes; of government-issued ID indicating birthday;
Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

C. Are any of the persons receiving services severely disabled adults?

_____ Yes; Source Documentation: provide copy of Social Security Disability award letter no older than six months (if not permanent) or Doctor's Certification regarding disabling condition; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

D. Are any of the persons receiving services an illiterate adult (cannot speak or read in any language)?

_____ Yes; Stop and go to Step VII to sign and date this application; Agency employee must witness acknowledgement

_____ No; please continue to next question

E. Have any of the persons receiving services been diagnosed with AIDS (Auto-Immune Deficiency Syndrome)?

_____ Yes; Source Documentation: provide copy of laboratory report or referral letter from Valley AIDS Council (VAC); Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

F. Are any of the person receiving services current migrant farmworkers?

_____ Yes; Source Documentation: provide a check stub from an out of area employer; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

G. Are any of the persons receiving services considered homeless?

_____ Yes; Indicate which situation is applicable and follow requirement (**Select only one**)

_____ No; please continue to next section

_____ **In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, on the street.** (Documentation required: Services worker should sign and date a general certification verifying that services are going to homeless person and indicate where the person resides; have participant sign and date as well.)

_____ **In an emergency shelter.** (Documentation required: Signed and dated written verification from the emergency shelter staff.)

_____ **In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.** (Documentation required: Signed and dated verification from referring agency staff at transitional housing facility and verification that participant was living on the streets or in an emergency shelter or was discharged from an institution prior to living in transitional housing and would have been homeless if not for the transitional housing.)

_____ **In any of the above places but is spending a short time (up to 30 days) in a hospital or other institution.** (Documentation required: Written and dated verification from institution staff stating that the participant has been residing at the institution for the less than 31 days and information on the pervious living situation)

_____ **Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing or their housing has been condemned by housing officials and is no longer considered meant for human habitation.** (Documentation required: *Eviction from housing* – evidence of a formal eviction proceeding indicating that the participant was being evicted within the week before receiving homeless assistance; information on the income of the participant and what efforts were made to obtain housing and why, without homeless assistance, the client would be living on the streets or an emergency shelter. *Eviction from family member*—written and dated reason for eviction by family member; signed and dated statement by participant describing the situation; project sports must make efforts to verify validity of statement.)

_____ **Is being discharged within a week from an institution in which the person that has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** (Documentation required: Written verification from the institution staff indicating that participant has been residing in the institution for more than 31 days and information on the previous living situation, documentation of no subsequent residence and efforts made to attain them must be referenced in file.)

_____ **Is fleeing a domestic violence housing situation and no subsequent support residence has been identified and the person lacks the resources and networks needed to obtain housing.** (Documentation required: Date and signed written verification from the participant indicating that he/she is fleeing a domestic violence situation; statement about previous living situation.)

III. Qualification Documents

Please mark (X) your answer

A. Does your family receive TANF (Temporary Assistance for Needy Families)?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

B. Does anyone in your household receive MEDICAID?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

C. Does your family receive SNAP (FOOD STAMPS)?

_____ Yes; Source Documentation: provide award letter no older than 6 months of date of this application; Stop and go to Step VII to sign and date this application

_____ No; please continue to next question

D. Do you reside in Public Housing (Housing Authority or Section 8)?

_____ Yes; Name the City in which the Public Housing is located _____

Source Documentation: provide a copy of ID/license, or utility bill indicating address;

Stop and go to Step VII to sign and date this application

_____ No; please continue to next section

IV. Income Calculation:

A. List names of persons in the household and indicate if household members are full-time students or children

#	Last Name	First Initial	Full-time student 18 years or older		Child under the age of 18 years	
			Yes	No	Yes	No
1			Yes	No	Yes	No
2			Yes	No	Yes	No
3			Yes	No	Yes	No
4			Yes	No	Yes	No
5			Yes	No	Yes	No
6			Yes	No	Yes	No
7			Yes	No	Yes	No
8			Yes	No	Yes	No
			Notes: If yes, income is capped at \$480 except for head of household		If yes, income is excluded from calculation (\$0)	

Agency should verify number of household members listed above equals number provided on Page 1, Question 4.




B. For each member of the household, list the **annual/yearly** INCOME amount

Name	1) Wages and Salaries	2) Benefits and Pension Distributions	3) Public Assistance	4) Other Income (including Net Business)	Source	5) Annual Gross Income <i>(Add each row and enter for each person)</i>
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL <i>(Add the amounts in Column 5)</i>						\$
Examples:						
Wages, salaries, tips, overtime, bonuses, armed forces income, self-employment or business income		Retirement and insurance income	Unemployment and disability income	Interest and dividends, alimony, child support, and gift income		
Documentation Needed:						
3 months' worth of paystubs or electronic deposit documents		3 months' worth of checks stubs or electronic deposit or distribution documents	3 months' worth of checks stubs or electronic deposit or distribution documents	3 months' worth of checks stubs or electronic deposit or distribution documents		

V. Assets Calculation:

A. If you or your household members have any of the following items, provide value:

1) Asset	2) If yes, provide	3) To determine Current Value	4) Current Value	5) To determine Actual Income	6) Actual Income from Assets
A checking account?	6 months of statements	Average of 6 statements	\$	Average interest earned	\$
A savings account?	6 months of statements	Average of 6 statements	\$	Average interest earned	\$
Cash in a safety deposit box?	Signed Statement of Amount	Current Value	\$	N/A	\$0
Cash at home?	Signed Statement of Amount	Current Value	\$	N/A	\$0
Cash anywhere else?	Signed Statement of Amount	Current Value	\$	If invested, interest earned	\$
Trust funds available to you?	6 months of statements	Average of 6 statements	\$	Amount of Interest Earned	\$
Equity in any rental property?	Property Tax Statement	Value minus outstanding mortgage and upkeep	\$	Reported under Income Calculation	\$0
Stocks, bonds or Treasury Bills, Certificates of Deposits, Mutual Funds or Money Market Accounts?	Current statement	Current Value minus cost to sell	\$	Amount of Interest Earned	\$
Retirement Accounts or 401(k) or Pensions that you can access or are available for distribution?	Current Statement	Current Value minus penalty	\$	Amount of Interest Earned	\$

1) Asset	2) If yes, provide	3) To determine Current Value	4) Current Value	5) To determine Actual Income	6) Actual Income from Asset
Cash value of life insurance policies available before death (Whole Life or Universal Life)	Current Statement	Current Value minus penalty	\$	Amount of Interest Earned	\$
Personal Property held as an investment (as examples: gems, jewelry, coin collections, antique cars)	Signed Statement of Value	Current Value	\$	N/A	\$0
Lump-sum or one-time receipts of inheritances, capital gains, lottery winnings, victims restitution, insurance settlements	Current Statement or Receipt	Current Value	\$	If invested, amount of interest earned	\$
Mortgages or Deeds of Trust	Property Tax Statement	Value minus outstanding mortgage and upkeep	\$	Reported under Income Calculation	\$0
TOTAL <i>(Add the amounts in Column 4)</i>			\$	TOTAL <i>(Add Column 6)</i>	\$
			 Net Cash Value of Assets		 Total Actual Income from Assets
B. If Net Cash Value of Assets is <u>greater than \$5,000</u> , multiply by 0.0006 (0.06% Passbook Rate); otherwise, enter zero					
			 Passbook Amount		
C. Enter the greater of Total Actual Income from Assets (Column 6) or Passbook Amount (Letter B)					

VI. Household Income Calculation:

- 1. Enter Total Annual Gross Income (Page 7) \$ _____
- 2. Enter Greater of Actual Income or Passbook Amount (Page 9) _____
- 3. Add lines 1 and 2 \$ _____

VII. Certification of Applicant

Circle income limit based on household size.

INCOME TABLE (BELOW):

As of June 15, 2023

Household Size	Extremely Low Income (30%)	Very Low Income (50%)	Low Income (80%)
1 Person	\$15,200	\$25,250	\$40,400
2 Persons	\$17,350	\$28,850	\$46,150
3 Persons	\$19,500	\$32,450	\$51,900
4 Persons	\$21,650	\$36,050	\$57,650
5 Persons	\$23,400	\$38,950	\$62,300
6 Persons	\$25,150	\$41,850	\$66,900
7 Persons	\$26,850	\$44,750	\$71,500
8 Persons	\$28,600	\$47,600	\$76,100

Applicant is _____ Eligible _____ Not Eligible

I, _____, hereby acknowledge that
(Print Name)

(1) eligibility for assistance under this CDBG-CV3-funded program is based upon having a presumption or qualifying household income; (2) the information furnished to the Agency providing the services and Grantee is current as of the date signed; (3) this information may be subject to further verification by the Grantee and/or the U.S. Department of Housing and Urban Development (HUD) and HUD–Office of Inspector General (HUD-OIG); (4) I authorize such verification; and (5) falsification of the information provided may subject me to prosecution under applicable state and federal laws.

Signature _____
Date

VIII. Certification of Agency

I, _____, hereby acknowledge that I have
(Print Name)

received the necessary documentation in order to provide services under the CDBG-CV3 Program.

Signature _____
Date

**CITY OF MISSION
CDBG-CV3**

CDBG-CV3 has been developed to prevent, prepare for and respond to the coronavirus pandemic. Assistance will be provided on a first come, first served basis.

El CDBG_CV3 se ha desarrollado para prevenir, prepararse y responder a la pandemia de coronavirus. La asistencia se proporcionará por orden de llegada.

APPLICANT'S NAME (Nombre del solicitante): _____

CO-APPLICANT'S NAME (nombre del co-solicitante): _____

PHONE NUMBER (Teléfono): _____ OTHER (Otro): _____

RESIDENCE ADDRESS (Dirección de residencia): _____

MAILING ADDRESS/ Dirección de envío (if different/ si es diferente): _____

Does the applicant reside inside the City limits of Mission? _____

(¿El solicitante reside dentro de los límites de la ciudad de Mission?): _____

DUPLICATION OF BENEFITS

- I/we have **not** applied for or received **any** funding assistance for food from another agency in the past 12 months
(Yo / nosotros no hemos solicitado ni recibido ninguna ayuda financiera para alimentos de otra agencia en los últimos 12 meses).
(Initial) _____ (Initial) _____
- I/we have applied and received funding assistance from the following agencies to assist us with food in the past 12 months. (Yo / nosotros hemos solicitado y recibido asistencia financiera de las siguientes agencias para ayudarnos con la comida en los últimos 12 meses). (Initial) _____ (Initial) _____
- Are there **any** applications pending from other agencies: Yes or No
¿Hay solicitudes pendientes de otras agencias? Sí o No

(If yes name the agency and date applied/ En caso afirmativo, nombre la agencia y la fecha de solicitud).

Name (Nombre): _____ Date (fecha): _____

Name (Nombre): _____ Date (fecha): _____

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

En caso afirmativo, tenga en cuenta que no es elegible para recibir fondos duplicados bajo este programa.

CERTIFICATION: I/We certify that the information provided is true and correct and acknowledge my/our 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.

CERTIFICACIÓN:

Certifico / certificamos que la información proporcionada es verdadera y correcta y reconozco mi / nuestro entendimiento de que cualquier tergiversación intencional o negligente de la información presentada del programa requerirá reembolso y puede dar lugar a responsabilidad civil y / o sanciones penales que incluyen, entre otras, una multa o prisión o ambas bajo las disposiciones de los Códigos de los Estados Unidos.

Signature of Applicant

Signature of Co-Applicant

Other Household Member

Other Household Member

FOR OFFICE USE ONLY:

Eligibility Reviewed
and Verified by

Staff

Approved by:

Director

City of Mission

**Affordable Homes of South Texas, Inc. (CDBG-CV3)
Assistance Program**

**Participant Assumption of Risk and Waiver of Liability Relating to
Coronavirus Pandemic COVID-19**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by participating under the City of Mission's Community Development (CD) Department Programs which includes the Affordable Homes of South Texas Program and any other programs associated within the dept. and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand exposure to or infection by COVID-19 by participating under the CD Dept. programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and contractors, subcontractors, or their respective employees.

In no event shall the City or its agents or employees be liable for any claims arising out of the COVID-19 Pandemic. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participating in the CD Dept. programs. I hereby release, covenant not to sue, discharge, and hold harmless the City of Mission, its employees, agents, volunteers and representatives, of and from the assistance, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any assistance based on the actions, omissions, or negligence of the City of Mission, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City of Mission CD Dept. programs which includes the Affordable Homes of South Texas Program (CDBG-CV3), and any other programs associated within the dept.

This Agreement shall be governed by the laws of the State of Texas. I agree that the venue for any and all disputes related to this Agreement shall be Hidalgo County, Texas. For any controversy, claim, or dispute arising out of or relating to this Agreement, I shall first attempt to informally resolve such controversy, claim, or dispute with the City. Thereafter, I shall submit in good faith to mediation with the City before commencing a legal proceeding. Each party shall bear its own costs and expenses, including attorneys' fees and costs, in seeking to enforce the terms of this Agreement.

I am at least eighteen years of age and have carefully read and freely signed this Release of Liability Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Texas (excluding its conflict of laws principles).

Signature of Applicant Print Name Date

Signature of Co-Applicant Print Name Date

EXHIBIT "G"
Conflict of Interest Certification

Instructions: Please check below if you are related to any of the individuals listed.

City of Mission Council:

- | | |
|--|---|
| <input type="checkbox"/> Mayor Norie Gonzalez | <input type="checkbox"/> Mayor Pro-Tem Jessica Ortega Ochoa |
| <input type="checkbox"/> Councilman Alberto Vela | <input type="checkbox"/> Councilman Ruben Plata |
| <input type="checkbox"/> Councilman Abiel Flores | <input type="checkbox"/> City Manager Randy Perez |

Citizens Advisory Committee:

- | | |
|--|---|
| <input type="checkbox"/> Lorenzo Garza | <input type="checkbox"/> Alex Guerra |
| <input type="checkbox"/> Zoreida Lopez | <input type="checkbox"/> Roxanne Mendez |
| <input type="checkbox"/> Elizabeth Segovia | <input type="checkbox"/> Alma Garcia |
| <input type="checkbox"/> Victor Orlando Anzaldua | |

City Staff:

- | | |
|---|--|
| <input type="checkbox"/> Jo Anne Longoria, CD Director | <input type="checkbox"/> Esther G. Rivera, Housing Coordinator |
| <input type="checkbox"/> Helen Torres, Administrative Assistant | <input type="checkbox"/> Martha Lopez, Projects Clerk |

Please check the appropriate box below. If you are related to any of the listed above, please state how the individual is related to you, if he /she is providing you with any assistance, and if he/she has any interest on your property.

- I am not** related to any of the listed elected officials or staff members.
- I am** related to the elected official or staff member so designated.

Signature

Date

Signature

Date

STATE OF TEXAS
COUNTY OF HIDALGO

_____, personally, appeared before me and declared that he/she signed this affidavit in the capacity designated, if any, and further states that he/she has read the above document and the statements therein contained are true.

Subscribed and sworn before me on this the _____ day of _____, 2023.

Notary Public in and for the State of Texas

