



Cameron County ERA Program TENANT QUALIFICATION PACKET

For Office Use Only		
Rec'd Int: _____	Date: _____	App. ID: _____

Primary Applicant Information:

Full Name: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____
(if different from home address)

Do you rent your residence? Yes No Head of household age: _____

Phone: _____ Alternate Phone: _____

Email: _____

Contact Preference: Phone Email Text

Demographic Information:

Gender: Male Female Refuse to Answer

Race: American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Multi-Racial Refuse to Answer/Don't know

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Refused to Answer/Don't Know

Household:

List <u>all</u> members of your household, <u>including</u> applicant:	RELATIONSHIP	DOB	AGE	SEX	CURRENTLY RECEIVING INCOME? Yes/No	Been unemployed more than 90 days? Yes/No
<i>FULL NAME:</i>						

Self-attestation of zero income:

I, **the APPLICANT**, do hereby **certify and attest** on behalf of the household that the household member(s) who answered *No* on receiving income **do NOT receive income from any source.**

Income information:

PROVIDE INCOME INFORMATION FOR **ALL** MEMBERS CURRENTLY RECEIVING INCOME: I understand sources of income include, but are not limited to the following: *Wages, salaries, and tips, Social Security benefits, Unemployment compensation, Self-employment or business income, Child Support, Alimony, Retirement and pension income, or any other source of income not named here.*

Name: _____ **Income Type** _____ Frequency: _____ \$ _____

Name: _____ **Income Type** _____ Frequency: _____ \$ _____

Name: _____ **Income Type** _____ Frequency: _____ \$ _____

Name: _____ **Income Type** _____ Frequency: _____ \$ _____

Financial Hardship due to COVID-19 Pandemic declared on 03-13-2020:

Financial Hardship Attestation:

Please check the box/es of the situations that apply to your household One or more individual in the household qualified for unemployment benefits, or has experienced a reduction in household income, or incurred significant costs, or experienced other financial hardships due directly or indirectly to the COVID outbreak None of the above. *Explain briefly* _____

Are you at risk of homelessness or housing instability because of your past-due rent or eviction notice? Yes No

Rental and Utility Information:

Has anyone in your household received any rental or utility assistance since March 13, 2020? Yes No

If yes, who provided the assistance that was received? _____ When? _____

For which months did you receive assistance? _____

Was the assistance for Rent, Utilities, or both?

Do you owe back utilities for any months? (*Electric/Gas/Water/Sewer/Trash Disposal fee/Internet*)

Yes No

What is internet used for? _____

Provide information if you are applying for utilities assistance:

UTILITY PROVIDER NAME	ACCOUNT NUMBER	MONTHS PAST DUE	TOTAL PAST DUE AMOUNT

AFFIRMATION:

I affirm **I have not** received assistance or a commitment for **rental/utility** assistance from any other source for the same time period and type of assistance. If I am approved for this program and I end up receiving rent assistance from another source, I will inform CAMERON COUNTY.

RELEASE OF INFORMATION: By signing below, I hereby consent to and authorize CAMERON COUNTY and/or delegate agency to contact me or any other source necessary to establish the accuracy of the information given by me. Furthermore, I authorize any landlord, utility company to which payment on my behalf may be made, to release information regarding my current account including, but not limited to, billing information to Cameron County ERA Program or its contract designee. I understand that CAMERON COUNTY and Cameron County ERA Program may use information provided on this form for purposes of research, evaluation, and analysis.

If eligible, I give my permission to CAMERON COUNTY to forward the completed application to Cameron County ERA Program to be processed for payment to the Landlord or Utility Vendor, by the Emergency Rental Assistance Program.

I hereby state under the penalties provided by law that the statement/s above and the household information on this pre-qualification packet is true, correct and complete to the best of my knowledge. I Understand that CAMERON COUNTY and Cameron County reserves the right to deny a household who provides false information for the current program.

Applicant's Signature: _____ **Date:** _____

Return this application to:

TO SUBMIT

THE PRE-QUALIFICATION PACKET AND ALL REQUIRED DOCUMENTS:

Call the numbers below between 8:00am-4:00pm

Lucero Martinez (956) 541-4983 Ext. 115

Nelda Cisneros (956) 541-4983 Ext. 110

Once we have received your Pre-qualification packet and documents, we will call you if further information is needed.

If no response in a timely manner the Pre-Qualification packet will be cancelled.

(YOU WILL RECEIVE THE APPROVAL OR INELIGIBLE LETTER BY MAIL)

DOCUMENTS TO INCLUDE to this Pre-Qualification packet:

- Landlord Verification Form**-Landlord must fill out *(attached)* page 4
- Proof of Covid-19 related financial hardship** *(You must provide at least **ONE** of the following: termination letter from your former employer, paystubs from enough pay cycles to substantiate a reduction in income proof of unemployment insurance or PUA application or weekly claim submittal, Employer letter stating change in hours, wage reduction or notice of furlough, receipts to prove increased expenses or proof of other financial hardship directly or indirectly due to covid-19)*
- Applicant's Photo ID** *only*
- Copy of your current lease or rental agreement** -Applicant *must be* listed on **or** have signed the lease agreement
- 5-day notice/Eviction notice** *(if applicable)*
- Due Utility bills** *(if Applying for utilities)* *(Electric/Gas/Water/Sewer/Trash Disposal fee)*
- Proof of income:** Income Documents for **ALL** household members
Submit: complete 2020-1040 Tax Return **OR** Income from the last 2 months *(i.e., paystubs, unemployment benefits, social security benefits, pension, etc.)*

Cameron County-Emergency Rental Assistance Program



Landlord must fill out this document:

Notice of LATE RENT: *(to be completed by Landlord/Owner)*

This is to Confirm that the rent of the following person is past due:

_____ who rents a **house/apt/mobile** which is
(Tenant/Applicant's full name)
 located at (Address): _____

Is there a relationship between you and the tenant? Yes No If yes, what is the relationship? _____

Is this a Rent to Own? Yes No **Rental Lease term:** 1 year 6months month-to-month other _____

Which month/s is/are past due? Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Monthly Rent Amount is: \$ _____ **Late Fees Due** \$ _____

If subsidized rent, list tenant portion: \$ _____ N/A **Rent amount includes:** All utilities No utilities

Cameron County office use only: Notes/Verbal Clarification:

Cameron County staff: Information verified by: _____ **Date:** _____

IMPORTANT NOTES FOR LANDLORD: *Any agreement resulting from this notice shall be between you and the applicant. This notice is not a promissory note of payment from Cameron County.*

I have not received any other assistance for loss of rent from another agency to cover rent for the above resident for the same months being requested from Cameron County. If I do receive assistance on behalf of this resident for this same time period, I will notify Cameron County.

*I understand that **CAMERON COUNTY** is going to issue the payments and only if the applicant is eligible and complies with requirements. I will submit the W-9 form or Electronic payment information directly to Cameron County when requested.*

Please sign below to certify that the information contained above is true and accurate. Please provide Payee's information.

Completed by: <input type="checkbox"/> Property Manager <input type="checkbox"/> Owner Name: (printed)	Designated Payee: Full Name <i>(must match W-9 Form)</i>
Completed by: (Signature)	Mail Check to following address:
Date form completed:	Landlord/Owner Email Address:
Landlord/owner Phone number:	Landlord/Owner Email Address: