



## APPLICATION PACKET AND INSTRUCTIONS

The CARES Act and other available funding through the City of Arlington provides persons who are in imminent danger of eviction and at risk of becoming homeless with assistance funded by the U.S. Department of Housing and Urban Development (HUD) and other sources to prevent evictions, prevent homelessness, and in some cases with case management services. This assistance is available for persons impacted by the COVID-19 pandemic. If your need is NOT related to the COVID-19 pandemic, please contact the Housing office at 817-275-3351 for other available programs.

Applicants must authorize the City staff to verify any and all information provided by any means necessary to determine program eligibility. Applicants will be required to certify that the information provided is true and will be subject to federal prosecution for knowingly making false statements. THIS INFORMATION WILL REMAIN CONFIDENTIAL AND WILL BE USED SOLEY FOR THE PURPOSE OF ESTABLISHING YOUR ELIGIBILITY FOR THIS PROGRAM.

Please complete the attached application and upload supporting documents as requested. Incomplete applications will not be processed. Completion of this application in no way guarantees financial assistance or services.

If you are currently eligible for and receiving benefits from other federal or state programs such as Section 8 rental assistance, SNAP or TANF, you may be able to submit a streamlined application. If this applies to you, please contact us to determine what will be required.

**If you have questions, please contact us: Arlington Housing Authority office located at 501 W. Sanford St, Suite 20, Arlington, TX 76011, call 817-276-6727, email to [EmergRent@arlingtonhousing.us](mailto:EmergRent@arlingtonhousing.us) or fax to 817-962-1204.**



# ARLINGTON CARES APPLICATION



## APPLICANT INFORMATION

Head of Household Last Name:		First Name:		MI:
Street Address:		City/County:		Zip Code:
Home Phone:	Cell Phone:		Work Phone:	
Email Address:				
Emergency Contact Name:		Address:		Phone:
If evicted, please provide address where you currently reside:				
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen				
Primary Language Spoken:				
Marital Status of Head of Household:				
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (widowed, single, or divorced) <input type="checkbox"/> Married but separated				
The following information is gathered to comply with federal standards				
<input type="checkbox"/> White	<input type="checkbox"/> Native American or Native Alaskan	<input type="checkbox"/> Native Hawaiian or Pacific Islander and Black/White		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native American or Alaska Native and White	<input type="checkbox"/> Native Hawaiian or Pacific Islander and Black/African American		
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Native American or Alaska Native and Black/African American	<input type="checkbox"/> Other-Multi-Racial		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<input type="checkbox"/> Asian and White				
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know/Refused				
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer Name, Address and Phone Number:				
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at <a href="https://veterans.portal.texas.gov/">https://veterans.portal.texas.gov/</a>.</i>				



# ARLINGTON CARES APPLICATION



## HOUSEHOLD INCOME CERTIFICATION

DATE \_\_\_\_\_

To determine eligibility, income of all adult household residents aged 18 or over, unless they are a full-time student, will be included in the household income determination. Please report all CURRENT income sources, not what your income was prior to being impacted by COVID-19. This includes self-employment wages, TANF, alimony, Social Security benefits, Veteran's benefits, disability payments, child support, rental property, stock dividends, income from bank accounts, unemployment, retirement accounts, regular gifts of money from friends, family, church, or other social agencies. Money earned from providing services and interests from bank accounts or investments must be disclosed.

### Part I. Household Composition

Household Member Number	Member Last Name	Member First Name	Relationship to Head of Household	Social Security Number	Date of Birth	Full Time Student (Y/N)	Disabled (Y/N)
Applicant			Self				
2							
3							
4							
5							
6							
7							
8							

### Part II. Gross Annual Income (Non-Asset Income)

Household Member Number	Employment or Wages, Worker's Compensation	Social Security, Pension, Annuities, Retirement	Public Assistance (Unemployment Benefits, TANF, SNAP)	Other income (child support, rental income, Business income)	Member Income Total
Applicant	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$
6	\$	\$	\$	\$	\$
7	\$	\$	\$	\$	\$
8	\$	\$	\$	\$	\$

### Part III. List All Checking, Savings, and Other Accounts Held by Household Member

Household Member Number	Type of Account	Account Number	Current Balance	Name of Financial Institute
			\$	
			\$	
			\$	
			\$	

The table below shows the income limit based on household size. Please select the lowest income limit that your total household income falls below. Example, total household income for a family of 4 is \$38,000, they fall under the 50% limit because their household income is less than \$40,400.

Please check one:  under 30%    under 50%    under 80%

Persons per Household	(30% AMI)	(50% AMI)	(80% AMI)
1	\$17,000	\$28,300	\$45,300
2	\$19,400	\$32,350	\$51,750
3	\$21,960	\$36,400	\$58,200
4	\$26,500	\$40,400	\$64,650
5	\$31,040	\$43,650	\$69,850
6	\$35,580	\$46,900	\$75,000
7	\$40,120	\$50,100	\$80,200
8	\$44,660	\$53,350	\$85,350



# ARLINGTON CARES APPLICATION



## QUESTIONNAIRE

1. Did you lose employment due to COVID-19?  Yes  No If yes, what month/year? \_\_\_\_ / \_\_\_\_
2. Do you have lower income due to COVID-19?  Yes  No If yes, what month/year? \_\_\_\_ / \_\_\_\_
3. Do you have other financial impact due to COVID?  Yes  No If yes, please describe below:

4. Does anyone in your household qualify for unemployment benefits?  Yes  No
5. Has anyone in your household received notice that they will start receiving income? *(For example, starting a new job, starting unemployment benefits, etc.)*  Yes  No
6. Have you applied for or received other assistance for rent or utilities?  Yes  No

Source	Amount	Purpose	Date	Frequency
Arlington Housing (HHSP, HCV, CDBG, TERAP)				
Texas Rent Relief				
Catholic Charities				
Community Action Partners				
Arlington Urban Ministries				
Mission Arlington				
Church				
Family and/or Friends				
Other				

7. Are you receiving SNAP/TANF benefits?  Yes  No
8. My household lives in a rent-restricted property and has provided an income certification from the property dated on or after January 1, 2020.  Yes  No
9. Landlord's name: \_\_\_\_\_
10. Landlord's email: \_\_\_\_\_
11. Landlord's phone number: \_\_\_\_\_
12. What is the last months' rent paid in full? \_\_\_\_\_
13. List prior, current, and future months for which you are seeking rental assistance: *Note that the months of prior, current, and future months cannot exceed 6 months.* \_\_\_\_\_
14. Do you need assistance with utilities?  Yes  No
15. Have you received written notice or eviction letter from the court or landlord, or you are past due on rent?  Yes  No
16. How did you learn about this program? (check all that apply)

<input type="checkbox"/>	Website	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Twitter	<input type="checkbox"/>	Nextdoor	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Family/Friend	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Flyer/Letter	<input type="checkbox"/>	Email
<input type="checkbox"/>	Phone Call	<input type="checkbox"/>	Door Hanger	<input type="checkbox"/>	Yard Sign	<input type="checkbox"/>	Gas Pump Sign	<input type="checkbox"/>	Other



## ARLINGTON CARES APPLICATION



### DOCUMENTATION LIST

The list below is a comprehensive list of information that needs to be submitted with your application. Please include documentation for any and all sources of income from all members in your household. Applications that are incomplete may be denied.

For each item listed below, select one of 3 options: Upload the document now, N/A (if the document is not applicable), or Provide Later (if the document will be available but not at application time). If not available now, please email it to [EmergRent@arlingtonhousing.us](mailto:EmergRent@arlingtonhousing.us).

<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>IDENTIFICATION</b> – Current photo ID or copy of social security card
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>EMPLOYMENT VERIFICATION</b> - Current and consecutive paycheck stubs covering 60 days with year-to-date earnings or a letter from employer on Company letterhead that includes Company fax number
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>UNEMPLOYMENT</b> - Original award letter from Unemployment Compensation and current payment history printout or exhaust letter, dated within the last 60 days
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>TANF/SNAP</b> - Texas Department of Human Services computer printed statement of current benefits or cancellation of benefits letter, dated within the last 60 days
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>CHILD SUPPORT/ALIMONY</b> - For child support, income verification letter dated within the last 60 days. For alimony, notarized letter from the provider and/or payment history
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>SSI/SSDI/SOCIAL SECURITY BENEFITS</b> - Texas Department of Human Services computer printed statement of current benefits or cancellation of benefits letter, dated within the last 60 days
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>BANK ACCOUNTS/ASSETS</b> – Last 2 consecutive checking and savings statements and a current statement for mutual funds, annuities, trust, inheritances, and legal settlements
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>LEASE</b> - Copy of your current lease agreement (include ALL pages of the lease) or hotel bill
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>EVICTION NOTICE</b> - Copy of your Eviction Notice and / or Notice to Vacate letter, if applicable
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>UTILITY DISCONNECT/LATE NOTICE</b> - Copy of your most current past due electric, water, and gas bills
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>HOUSEHOLD EXPENSES</b> – Copy of other utility bills that you need assistance paying
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>LOSS OF INCOME</b> - Documentation from employer showing layoff or reduced earnings OR furloughed letter OR check stubs noting decrease of hours/wages OR letter from employer showing reduction in hours/ wages due to COVID-19
<input type="checkbox"/> Attached	<input type="checkbox"/> N/A	<input type="checkbox"/> Will provide later	<b>OTHER PERTINENT INFORMATION</b> - For example: letter from friends/family who have been assisting you with bills stating the date and amount of support provided

If you have questions, please contact us: Arlington Housing Authority office located at 501 W. Sanford St, Suite 20, Arlington, TX 76011, call 817-276-6727, email to [EmergRent@arlingtonhousing.us](mailto:EmergRent@arlingtonhousing.us) or fax to 817-962-1204.



# ARLINGTON CARES APPLICATION



## RELEASE AND CONSENT FORM

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding tenancy, employment, income and/or assets for purposes of verifying information on my/our application for participation in the Arlington CARES Rental Assistance I/we authorize release of information without liability to the City of Arlington.

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, tenancy, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in an Arlington CARES Rental Assistance.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                       |                                |                                  |
|---------------------------------------|--------------------------------|----------------------------------|
| Past and Present Employers            | Welfare Agencies               | Veterans Administrations         |
| Support and Alimony Providers         | State Unemployment Agencies    | Retirement Systems Educational   |
| Institutions                          | Social Security Administration | Medical and Child Care Providers |
| Bank and other Financial Institutions | Utility Providers              | Previous/current Landlords       |
| Public Housing Agencies               | Appraisal Districts            | Insurance Carrier                |
| Justice of the Peace (JP)             |                                |                                  |

**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 COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse/Other Adult Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*



# ARLINGTON CARES APPLICATION



## APPLICANT CERTIFICATION

I/we, the undersigned, do hereby certify that the information provided in the application packet is complete, true, and correct to the best of my/our knowledge, and I/we do hereby authorize the staff of the City of Arlington to verify the information included in this application to approve eligibility by whatever means necessary, including but not limited to wages, pensions, investments, and residency. I/we further certify that this property is not owned or managed by a blood relative or a relative by marriage.

I/we have occupied the reference unit as my/our principal residence during the period of time for which the rental arrears assistance, if any, is requested and will occupy the unit as my/our principal residence throughout the remaining months for which the assistance is provided.

I/we will inform the Administrator, using the contact information included in the application packet, within ten (10) calendar days if evicted from the unit or if I/we no longer occupy the unit as my/our principal residence during the period of assistance.

To my/our knowledge, neither I/we, nor the landlord, have previously received rental assistance for the months requested/paid for in this application.

I/we acknowledge that, I/we will be required to pay back any funds awarded under this application if it is later found that I/we or my/our landlord received duplicate assistance.

I/we agree that a photocopy of this authorization may be used for the purposes in the application. The original of this authorization is on file and will stay in effect for 18 months from date signed. I/we understand that I/we have a right to review this file and correct any information that is incorrect.

I/we acknowledge that all information collected, assembled, or maintained by Administrator pertaining to this certification, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this Contract subject to and in accordance with the Texas Public Information Act.

I/we shall provide the U.S. Department of Treasury, U.S Department of Treasury Inspector General, U.S. Inspector General, U.S. General Accounting Office, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this certification.

It is understood that this authorization is granted for the sole purpose of certifying eligibility for the Arlington CARES, and that all information acquired in this regard will remain confidential.

I/we also understand that if my/our application is denied for any reason, I/we may request an appeal.

Under penalty of perjury, Household Members hereby certify that the information presented in this document is true and accurate to the best of their knowledge and belief. The undersigned further Household Members, age 18 and older, understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination from rental assistance program.

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse/Other Adult Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Other Adult Signature*

\_\_\_\_\_  
*Date*

**WARNING:** It is a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction (Section 1001 of Title 18, U.S. code).