



# ARLINGTON CARES ASSISTANCE APPLICATION



The CARES Act and other available funding through the City of Arlington and the Arlington Housing Authority provide 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 application is a universal application for a variety of programs, and staff will determine the appropriate form of assistance.

**ELIGIBILITY FOR HOMELESS PREVENTION OR HOMELESS ASSISTANCE:** Case management services and financial assistance is provided to eligible applicants as funding resources are available. Completion of this application in no way guarantees financial assistance or services. Programs have varying eligibility requirements. The chart below is a guide to determine eligibility based on funding source.

## **HUD Income Guidelines for PY 2020**

<b>INCOME</b>	<b>EXTREMELY LOW INCOME</b>	<b>VERY LOW INCOME</b>	<b>LOW INCOME</b>
<b>Household Size</b>	<b>(&lt;30% AMI)</b>	<b>(&lt;50% AMI)</b>	<b>(&lt;80% AMI)</b>
<b>1</b>	\$17,150	\$28,550	\$45,650
<b>2</b>	\$19,600	\$32,600	\$52,200
<b>3</b>	\$22,050	\$36,700	\$58,700
<b>4</b>	\$26,200	\$40,750	\$65,200
<b>5</b>	\$30,680	\$44,050	\$70,450
<b>6</b>	\$35,160	\$47,300	\$75,650
<b>7</b>	\$39,640	\$50,550	\$80,850
<b>8</b>	\$44,120	\$53,800	\$86,100

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. 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.

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.



## ARLINGTON CARES ASSISTANCE APPLICATION



### APPLICATION PACKET INSTRUCTIONS AND CHECKLIST

The list below is a comprehensive list of information that needs to be submitted with your application. Please include this list with your application and indicate if any items are not applicable to your application. Please include documentation for any and all sources of income from all members in your household. Applications that are incomplete will be denied.

If you need an application in another language, please email [homelessassistance@arlingtonhousing.us](mailto:homelessassistance@arlingtonhousing.us)

- IDENTIFICATION** – Current photo ID, and copy of social security card and birth certificate for **ALL** household members (photo ID not needed for minors)
- EMPLOYMENT VERIFICATION** - Four current and consecutive paycheck stubs with year-to-date earnings or a letter from employer on Company letterhead that includes Company fax number
- UNEMPLOYMENT** - Original award letter from Unemployment Compensation and current payment history printout or exhaust letter, dated within the last 60 days
- TANF/SNAP** - Texas Department of Human Services computer printed statement of current benefits or cancellation of benefits letter, dated within the last 60 days
- CHILD SUPPORT/ALIMONY** - For child support, income verification letter dated within the last 60 days. For alimony, notarized letter from the provider and/or payment history
- PENSION/ANNUITY** - Award letter including contact number and copy of current check (last one no more than 60 days from the date of your appointment)
- SSI/SSDI/SOCIAL SECURITY BENEFITS** - Texas Department of Human Services computer printed statement of current benefits or cancellation of benefits letter, dated within the last 60 days
- BANK ACCOUNTS/ASSETS** – Last 2 consecutive checking and savings statements and a current statement for mutual funds, annuities, trust, inheritances, and legal settlements
- LEASE** - Copy of your current lease agreement (include ALL pages of the lease) or hotel bill
- EVICTION NOTICE** - Copy of your Eviction Notice and / or Notice to Vacate letter
- UTILITY DISCONNECT NOTICE** - Copy of your most current past due electric, water, and gas bills
- HOUSEHOLD EXPENSES** – Copy of your last 2 electric, water, and gas bills
- LOSS OF INCOME** - 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
- LANDLORD APPLICATION AND AGREEMENT** – Verify that your Landlord has registered and is willing to accept funds from the Arlington Housing Authority. If they haven't registered, ask the Landlord to send an email request to [homelessassistance@arlingtonhousing.us](mailto:homelessassistance@arlingtonhousing.us)

After you have completed the entire *Arlington Cares application* and collected all the required verifications listed above, submit your application with all documentation to the Arlington Housing Authority office located at 501 W. Sanford St, Suite 20, Arlington, TX 76011, or fax to (817) 962-1260, or email it to [homelessassistance@arlingtonhousing.us](mailto:homelessassistance@arlingtonhousing.us)



# ARLINGTON CARES ASSISTANCE 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:			Social Security #:	
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 ASSISTANCE APPLICATION



## FAMILY INFORMATION

List Information for ALL persons in the household (including the Head of Household):

Legal Name	Sex (M/F)	Date of Birth	Age	Social Security Number	Relation to Applicant	Physically Disabled
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

## ANNUAL INCOME INFORMATION

Please list gross payments (before taxes) made to each family member age 18 or older for wages, worker's compensation, social security, SSI, disability, welfare assistance, unemployment benefits, retirement payments, child support, military pay, periodic gifts, barter income, and business or professional income. Include payments made to family members age 18 or older on behalf of other family members under age 18.

Income	Head of Household	Spouse	Other Household Member 18 years or older	Other Household Member 18 years or older	Total
Salary including OT & bonuses					
Social Security/SSI/SSDI					
Retirement/Pension					
Child Support/Alimony					
Net Income from Business					
Commissions/Tips					
Unemployment Benefits					
Workers Compensation, etc.					
TANF					
Interest and/or Dividend					
Gifts or Contributions					
Other					



# ARLINGTON CARES ASSISTANCE APPLICATION



## ASSET INFORMATION

Please list all checking, savings, other bank accounts, held by any household member. Add additional page if needed.

Type of Account	Account #	Current Balance	Name of Financial Institution
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

## OTHER INFORMATION

Did you lose employment or have lower income due to COVID-19?  Yes  No

When did the loss of income or lowered income happen? \_\_\_\_\_

Are you or is someone in your household at higher risk for COVID-19 because of age (over 65) or medical condition? (*chronic lung disease, moderate to severe asthma, serious heart conditions, immunocompromised, severe obesity, diabetes, chronic kidney disease and undergoing dialysis, liver disease*)  Yes  No

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

Are you receiving SNAP benefits?  Yes  No If yes, How much? \_\_\_\_\_

If you are without a home, where have you slept in the past week? \_\_\_\_\_

For renters – Provide the contact information of your landlord

Landlord /Apartment complex name: \_\_\_\_\_

Landlord/Apartment office number: \_\_\_\_\_

How much is your monthly rent? Do not include any past due rent or late fees. \_\_\_\_\_

What bedroom size apartment/rental do you have? \_\_\_\_\_

What months' rent is the last you paid in full? \_\_\_\_\_

Which utilities are included in your monthly rent? \_\_\_\_\_

Do you need assistance with utilities?  Yes  No



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## HOMELESS PREVENTION /HOMELESS ASSISTANCE

- I reside in Arlington, Texas
- I have received written notice or letter of eviction from the court or my landlord
- I have no resources or support network to prevent homelessness
- I am not homeless now, but have previously experienced homelessness

Please provide the reason(s) that you have not and are unable to pay your rent and/or utilities:

If you are assisted with payment of your delinquent rent and utility bills, please identify how you will be able to pay your rent / utilities on going forward basis.

List All Your Monthly Expenses and indicate if they are current.

**I understand that applicants approved must agree to actively participate in case management services. I hereby certify that the information I have provided herein is true, complete and correct. I also certify that I commit to actively participate in case management services.**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

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



# ARLINGTON CARES ASSISTANCE APPLICATION



## HOMELESS ASSISTANCE / HOMELESS PREVENTION

Please check the box that describes your circumstances.

- 1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park abandoned building, bus or train station, airport, or camping ground; or
  - b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements; or
  - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- 2. An individual or family who will imminently lose their primary nighttime residence, provided that:
  - a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; and
  - b. No subsequent residence has been identified; and
  - c. The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- 3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - a. Are defined as homeless under other federal programs as described in 24 CFR 576.2; or
  - b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; or
  - c. Have experienced persistent instability as measured by two moves or more during the 60 day period immediately preceding the date of applying for homeless assistance; AND
  - d. Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
- 4. Any individual or family who:
  - a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
  - b. Has no other residence; and
  - c. Lacks the resources or support networks to obtain other permanent housing.

\_\_\_\_\_  
**Printed Name of Applicant**

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

\_\_\_\_\_  
**Signature of Applicant**



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## RELEASE AND CONSENT FORM

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

### INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, 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 a Rental Assistance Program.

### 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 Landlords               |
| Public Housing Agencies               | Appraisal Districts            | Insurance Carrier                |

### APPLICANT CERTIFICATION

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date

**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.**





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I, the undersigned, do hereby certify that the information provided above is complete, true and correct to the best of my knowledge, and I do hereby authorize the staff of the Arlington Housing Authority 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 further certify that this property is not owned or managed by a blood relative or a relative by marriage.

I further authorize the Arlington Housing Authority to contact my landlord or agent of the property owner for the purpose of determining program eligibility or to discuss any information provided in this application.

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

I also understand that if my application is denied for any reason, I may request in writing a review of the decision within seven (7) business days of notification of denial.

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**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)

-----***For Office Use Only***-----

- CDBG (80% AMI)
- CDBG- CARES (80% AMI)
- ESG- CARES (50% AMI)
- EHA (80% AMI)
- HHSP (30% AMI)
- HHSP – CARES (30% AMI)

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

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