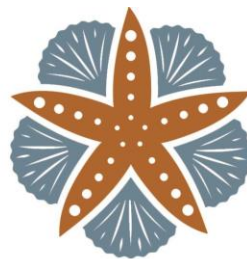


# CITY OF GALVESTON

GRANTS & HOUSING  
DEPARTMENT



# CHDO RENTAL ASSISTANCE PROGRAM APPLICATION



GALVESTON

★ ISLAND ★

*Where the Texas Coast Begins.*

**WARNING: Title 18 U.S. Code §1001 states that a person is guilty of a FELONY for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.**

**Application**  
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# **THE APPLICATION PACKET and REQUIRED DOCUMENTS**

The following represents the order and necessary documents required to complete the application packet.

## **1. FORMS F-1 through F-3**

These documents must be Originals, completed and signed by the applicant(s):

**F1 – Rental APPLICATION** - Original, completed and signed by the applicant(s)

**F2 – AUTHORIZATION OF RELEASE OF INFORMATION** - Original, signed by the applicant(s)

**F3 – RENTAL HOUSEHOLD INCOME DISCLOSURE AND CERTIFICATION** – Original, completed and signed the applicant(s).

**2. Written Verification of Deposits for all accounts held by the applicant's household.** The City of Galveston's Verification of Deposit form is enclosed and may be used for bank's verification of accounts.

**3. Written Verification of Employment.** The City of Galveston's Verification of Employment form is enclosed; date of confirmation within the last 30 days.

The following documents shall be **COPIES ONLY**. No original documents will be accepted.

**4. Copy of Texas Driver's License or State ID and Social Security Card for ALL members of the household.**

**5. Copy of three (3) consecutive months of the most recent pay stubs for each person in the household who receives income.**

**6. Copy of Bank Statements – A copy of the most recent six (6) consecutive month's statements for EACH Account in the applicant(s) name including accounts established for children.**

**7. Copy of Filed Federal Income Tax Return – A copy of the most current year.** In the event that an Income Tax Return was not filed, a statement from the IRS, certifying that a return was not filed, will be required.

**8. Copy of ALL OTHER Sources of Income to the Household - ALL Other Sources of Income must be verified in writing by the income source.** OTHER sources of income include: Child Support, Section 8 Housing Assistance, Food Stamps, WIC, TANF, AFDC, Income from a Home Based Business, Representatives selling Goods or Services from a home based business, i.e. In Home Day Care Provider, Tupperware, Pampered Chef, Avon, etc.)

**Documents need to be placed in this specific order at the time of submission of the Rental Application Packet.**

**PLEASE NOTE: An Application Packet WILL NOT be accepted without ALL of the required documentation.**

*City of Galveston, HOME Program/HOME Investment Partnerships Program*  
**RENTAL ASSISTANCE PROGRAM**

**APPLICANT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**APPLICATION PACKET CHECKLIST**

- F-1 – RENTAL Application – completed and signed by the applicant(s)**
- F-2 – AUTHORIZATION/RELEASE OF INFORMATION – completed and notarized**
- F-3 – HOUSEHOLD INCOME DISCLOSURE – completed and signed by the applicant(s) with complete income information.**
- Applicant(s) Identification- Texas Driver’s License or State ID, Social Security Card for each member of household.**
- Verification of employment – written verification from the employer including employer’s name and address, salary, length of employment, and number of hours worked per week. Please see attached form.**
- Most recent pay stubs – copy of three (3) most recent consecutive months.**
- Verification of Deposits – written verification from financial institution(s). Please see attached form.**
- Bank Statements – Copies of six (6) most recent consecutive month’s statements for EACH Account in Rental applicant(s) name.**
- Filed Income Tax Return – Copy of the most current year.**  
 **△ Notarized letter from the IRS, certifying that a return was not filed**
- Additional Verification of Income (if needed) - A copy of:**
  - 1. Income Statement(s) – (Social Security Benefit, Retirement, Child Support, 401k, etc...)**
  - 2. Print out from Workforce Solutions (if applicable)**

**APPLICATION PACKET WILL NOT BE ACCEPTED WITHOUT ALL OF THE REQUIRED DOCUMENTATION.**

APPLICATION COMPLETE AND ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF GALVESTON  
GRANTS & HOUSING DEPARTMENT  
RENTAL APPLICATION**

STAFF USE ONLY			
12m/anticipated income	% AMI	0-30	30-50
\$		50-60	60-80

Applicant Names(s):

Current Address:

City, State, Zip:

Home Phone:                      Work Phone:                      Cell Phone:

Email address:

How did you hear about our program?

List the Head of Household and **ALL other persons** who will be living in the new housing unit. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship	Date of Birth	Age	Sex	Social Security Number

**HEAD OF HOUSEHOLD (Check one) – This information is required** – it is being collected to ensure compliance with the Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

- White
- Asian
- Native Hawaiian/Other Pacific Islander
- Black/African American and White
- American Indian/Alaska Native and Black/African American
- Black/African American
- American Indian/Alaska Native
- Asian and White
- American Indian/Alaska Native and White
- Other Multi Racial

**Ethnicity of Head of Household:**

- Hispanic
- Non-Hispanic

**Are You Receiving Any Other Assistance?**

- Public Housing                       TANF  
 Section 8/Housing Choice Voucher    NOT APPLICABLE

**INCOME VERIFICATION**

What is the total **gross income** of all household members? \$ \_\_\_\_\_

Includes: wages, salaries and tips, alimony, child support, Social Security, AFDC, other benefits, other income

Household Member Name	Source of Income	Gross Annual Amount	Payment Basis (weekly, bi-weekly, monthly, etc.)

**ASSET INFORMATION**

Do you own real estate property? \_\_\_ Yes \_\_\_ No

If Yes, what is the current market value? \_\_\_\_\_

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual gross income from the asset.

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income from Asset

**Application Certification:** Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. I/We understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. Additionally, I/We authorize the City of Galveston to verify all information provided on this application.

_____ APPLICANT SIGNATURE	_____ DATE	_____ CO-APPLICANT SIGNATURE	_____ DATE
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## RENTAL HISTORY

**PRESENT LANDLORD:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Length of time a present address: \_\_\_\_\_ Rental Amount: \_\_\_\_\_

Lease expires: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

**PREVIOUS LANDLORD:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Rental Amount: \_\_\_\_\_ Dates of occupancy at previous address: \_\_\_\_\_

Have you ever been evicted from a rental residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had three or more late rental payments in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT/EDUCATION INFORMATION

**Present:**  **Employed**      **Student:** Yes       **Hrs. per week** \_\_\_\_\_

**Status:**  **Unemployed**      **No**

**Name of Employer:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**How long employed?** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**How many hours per week?** \_\_\_\_\_ **Salary/Hourly:** \_\_\_\_\_

**If student, list college or vocational school:** \_\_\_\_\_

**Expected date of completion:** \_\_\_\_\_ **Degree/Certification:** \_\_\_\_\_

#### APPLICATION CERTIFICATION:

Under penalty of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge. I/We understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. Additionally, I/We authorize the City of Galveston to verify all information provided on this application. I/We understand that this is an application for property rental and does not constitute a lease agreement in whole or in part.

_____ APPLICANT SIGNATURE                      DATE	_____ CO-APPLICANT SIGNATURE                      DATE
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**RENTAL FORM F-1**

# AUTHORIZATION FOR RELEASE OF INFORMATION

Name PRINT FULL LEGAL NAME	Social Security Number	Signature Sign ONLY in presence of a notary

I/WE HEREBY AUTHORIZE A CREDIT AND/OR CRIMINAL CHECK TO BE MADE, VERIFICATION OF MY TENANT HISTORY, BANKING INFORMATION, EMPLOYMENT INFORMATION AND VERIFICATION OF ANY OTHER INFORMATION THAT I HAVE PROVIDED TO BE MADE BY A REPRESENTATIVE OF **THE CITY OF GALVESTON HOME INVESTMENT PARTNERSHIPS PROGRAM** OF GALVESTON, TEXAS IN CONJUNCTION WITH THE **CITY OF GALVESTON, TEXAS HOME RENTAL ASSISTANCE PROGRAM**.

I HEREBY GRANT PERMISSION OF THE RELEASE OF INFORMATION THAT MAY BE RELEVANT TO MY/OUR OCCUPANCY OF THE **HOME RENTAL PROGRAM ASSISTED UNIT**.

I/WE UNDERSTAND THAT THIS RELEASE OF INFORMATION IS VALID UNTIL IT IS REVOKED IN WRITING.

**THE STATE OF TEXAS     §**  
**COUNTY OF GALVESTON §**

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THIS \_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_ BY:

--	--	--

SEAL

\_\_\_\_\_  
NOTARY PUBLIC IN and for TEXAS



<b>Applicant</b>		<b>Social Security Number</b>	
<b>Co-Applicant</b>		<b>Social Security Number</b>	
<b>Current Address</b>	<b>Apt. or Lot #</b>	<b>City</b>	<b>TX</b> <b>Zip Code</b>
<b>Telephone</b>		<b>Alternate Telephone</b>	

## HOUSEHOLD INCOME DISCLOSURE AND CERTIFICATION

**Enter the gross monthly amount for each household member who receives income**

TYPE INCOME	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER	OTHER HOUSEHOLD MEMBER	OTHER HOUSEHOLD MEMBER
EMPLOYMENT					
UNEMPLOYMENT					
SOCIAL SECURITY or SSI or DISABILITY					
RETIREMENT/ PENSION/ SURVIVOR or DEATH BENEFITS					
CHILD SUPPORT / ALIMONY					
DIVIDENDS / ANNUITIES / MUTUAL FUNDS / INSURANCE POLICIES					
IRA / 401K /TRS / STOCKS / BONDS					
TAXABLE INTEREST					
TANF					
WIC MONTHLY AMOUNT					
FOOD STAMP MONTHLY AMOUNT					
OTHER CASH, MONETARY INCOME OR ASSETS HELD					
<b>TOTAL GROSS MONTHLY INCOME</b>					

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**I certify that the information contained in this application is true and accurate to the best of my knowledge AND THAT Falsification of any documents, application or information provided will led to my termination or participation with in the City of Galveston HOME Program and could result in a Felony Offense. I also certify that I have disclosed ALL income received by persons in my household.**

<b>Applicant Signature</b>		<b>Date</b>	
<b>Co-Applicant Signature</b>		<b>Date</b>	

## VERIFICATION OF: ASSETS ON DEPOSIT

**CITY OF GALVESTON GRANTS  
& HOUSING DEPARTMENT**

**2508 BALL AVENUE  
GALVESTON, TX 77550**

**FAX: (409) 291-4553**

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. Please send response to:

**<https://fileshare.galvestontx.gov>**

User: **RentalAssistance**

PW: **\$4RentalAssistance**

Checking Account No. _____ _____ Savings Accounts _____ _____	Average Monthly Balance for Last 6 Months _____ _____ Current Balance _____ _____	Current Interest rate _____ _____ Current Interest Rate _____ _____	
Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
IRA, Keogh, Retirement Accounts			
Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____	

**RELEASE:** I hereby authorize the release of the requested information.

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

Date: \_\_\_\_\_

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Print Name & Signature of Authorized Representative

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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.

## Verification of Employment

**CITY OF GALVESTON GRANTS &  
HOUSING DEPARTMENT**

**2508 BALL AVENUE  
GALVESTON, TX 77550**

**FAX: (409) 291-4553**

**AUTHORIZATION:** Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. Please send response to:

**<https://fileshare.galvestontx.gov>**

User: **RentalAssistance**

PW: **\$4RentalAssistance**

**EMPLOYED SINCE:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**SALARY:** \_\_\_\_\_

**EFFECTIVE DATE OF LAST INCREASE:** \_\_\_\_\_

**BASE PAY RATE:**

\$\_\_\_\_\_/HOUR; OR \$\_\_\_\_\_/WEEK; OR \$\_\_\_\_\_/MONTH

AVERAGE HOURS/WEEK AT BASE PAY RATE: \_\_\_\_\_ HOURS

**No. WEEKS** \_\_\_\_\_, **OR No. WEEKS** \_\_\_\_\_ **WORKED/YEAR**

**OVERTIME PAY RATE:** \$\_\_\_\_\_/HOUR

**EXPECTED AVERAGE NUMBER OF HOURS OVERTIME WORKED PER WEEK DURING NEXT 12 MONTHS** \_\_\_\_\_

**ANY OTHER COMPENSATION NOT INCLUDED ABOVE (SPECIFY FOR COMMISSIONS, BONUSES, TIPS, ETC.):**

**FOR:** \_\_\_\_\_ \$\_\_\_\_\_ **PER** \_\_\_\_\_

**IS PAY RECEIVED FOR VACATION?** • YES • NO

**IF YES, NO. OF DAYS PER YEAR** \_\_\_\_\_

**TOTAL BASE PAY EARNINGS FOR PAST 12 MOS.** \$\_\_\_\_\_

**TOTAL OVERTIME EARNINGS FOR PAST 12 MOS.** \$\_\_\_\_\_

**PROBABILITY AND EXPECTED DATE OF ANY PAY INCREASE:**

**DOES THE EMPLOYEE HAVE ACCESS TO A RETIREMENT ACCOUNT?** • YES • NO

**IF YES, WHAT AMOUNT CAN THEY GET ACCESS TO:**  
\$\_\_\_\_\_

**RELEASE:** I hereby authorize the release of the requested information.

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

Date: \_\_\_\_\_

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Representative

Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

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## **FACT SHEET FAIR HOUSING, IT'S YOUR RIGHT!!!!!!**

### **Introduction:**

Every American has a right to fair housing. The right to live where they choose, to raise a family, to own a home in dignity and without fear of discrimination is a fundamental right guaranteed to everyone.

### **1968 Fair Housing Law:**

In Title VIII of the Civil Rights Act of 1968 (the Federal Fair Housing Law), Congress declared a national policy of providing fair housing throughout the United States. This law makes discrimination based on race, color, religion, sex, national origin, familial status, or handicap illegal in connection with the sale or rental of most housing and any vacant land offered for residential construction or use.

### **If You Think Your Rights Have Been Violated:**

HUD is ready to help with any problem of housing discrimination. If you think your rights have been violated, you may write HUD a letter or telephone the HUD Hotline. You have one year after the alleged violation to file a complaint with HUD, but you should file it as soon as possible.

### **Where to Write:**

Send a letter to:      Office of Fair Housing and Equal Opportunity  
                                 U.S. Department of Housing and Urban Development  
                                 801 North Cherry, 27<sup>th</sup> Floor  
                                 Fort Worth, Texas 76102

### **Where to Call:**

Call:                      The HUD Hotline number at 1-888-560-8913, the Regional Enforcement Office for Texas in Fort Worth, Texas or the City of Galveston Grants & Housing Department at (409) 797-3820.

This information is being sponsored by the City of Galveston Grants & Housing Department.