

MORTGAGE & UTILITY ASSISTANCE



Thank you for your interest in the Mortgage and Utility Assistance Program offered by the City of Corpus Christi Community & Housing Support Department. Program restrictions apply and assistance is subject to funding availability. Complete RMA application packages are accepted on a first come, first served basis with COMPLETE DOCUMENTATION FROM LENDERS, IN PERSON, BY APPOINTMENT ONLY or MAY BE SUBMITTED ONLINE. Applicants may schedule an appointment by contacting program staff at: _____

PROGRAM DESCRIPTION

Purpose:	In response to the Coronavirus Aid, Relief, and Economic Security (CARES) Act City of Corpus Christi will relief of mortgage & utility payment for up to Six (6) months to alleviate the housing burden for low to moderate- income households that have lost their employment income as a result of the Covid-19 pandemic after MARCH 1, 2020. This program is funded by the U.S. Department of Housing & Urban Development’s “CDBG-CV” Program.																		
Submitting Applications:	Clients may either schedule an appointment (_____) to complete an application over the phone and in person or may submit their application and all required documents online. Applications are processed on a first-come-first-served basis and are considered COMPLETE when all required document is received & acknowledged by staff																		
Participants Income & Assets:	<p>Applicants must be citizens or legal permanent residents. Households may earn no more than 80% of the Corpus Christi Median Family income (adjusted for household size), as established by the U.S. Department of Housing & Urban Development (HUD). See table below for current income limits.</p> <p>Annual Adjusted Gross Income Limits by Household size for Corpus Christi, TX Effective 04.01.2020</p> <table border="1"> <thead> <tr> <th>Size</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$37,350</td> <td>\$42,650</td> <td>\$48,000</td> <td>\$53,300</td> <td>\$57,600</td> <td>\$61,850</td> <td>\$66,100</td> <td>\$70,400</td> </tr> </tbody> </table> <p>**NOTE: “The Household Size and Income” includes that of ALL persons residing with the applicant at the time of the application. ALL household members over age 18 must disclose income information.</p>	Size	1	2	3	4	5	6	7	8		\$37,350	\$42,650	\$48,000	\$53,300	\$57,600	\$61,850	\$66,100	\$70,400
Size	1	2	3	4	5	6	7	8											
	\$37,350	\$42,650	\$48,000	\$53,300	\$57,600	\$61,850	\$66,100	\$70,400											
Properties:	Must be the applicant’s primary residence. All properties must meet applicable State and local housing quality standards and code requirements. All properties must be located within the Corpus Christi city limits.																		
Cash Flow Analysis:	Applicants will provide documentation of all income and expenses, prior-to COVID-19 crisis and current, in order to demonstrate a current income gap.																		

Subject to funding availability. Other restrictions may apply.

This program is funded by the U.S. Department of Housing & Urban Development • (HUD) • “CDBG-CV”

The City of Corpus Christi is committed to compliance with the Americans with Disabilities Act (ADA Section 504 of the Rehabilitation Act of 1973), as amended. Reasonable modifications and equal access to communications will be provided upon request. The City of Corpus Christi does not discriminate on the basis of disability in the admission or access to or treatment or employment in their programs and activities.

Complete application packages include all the items Applicants may submit application packages through an in-person appointment or may submit online. Schedule an appointment by contacting program staff. Program staff will not accept incomplete application packages. (First come, first qualified, first served & subject to funding availability.)

Revised 8/30/20

CHECKLIST for Application SUBMISSION

- Y Application form completed and signed by applicant(s);
- Y Affidavit & Certification completed, signed by applicant(s);
- Y Employment Verification form (page X) signed by applicant, staff will submit directly to Employer;
- Y Certification of Zero Income (if applicable);
- Y Proof of Unemployment Application Submission;

Documents that APPLICANT must add to the Application:

- Y Copy of Most recent Mortgage Statement
- Y Copy of Utility Bills
- Y Copy of Applicant(s) and household members (over 18) - TX Driver's License, TX Identification Card, or Passport;
- Y Copy of applicant(s) and all others household member social security cards;
- Y Copy of Birth Certificate for all children residing in household (under 18)
- Y Copy of applicant(s) and NPS Permanent Resident Card (if applicable);
- Y Income Documentation (for all age 18+ household members):
 - o A *minimum* of 4 paystubs prior to job loss/reduction for all household members; AND
 - o Income from benefits: recent proof of amount of periodic payments received by any member of the household from Unemployment, TANF, Social Security, disability/death benefits, pensions, retirement, annuities, trust insurance policies, and other similar types of periodic benefits payments; AND
 - o Other income: proof of most recent months payments in lieu of earnings received by any member of the household, such as unemployment and disability compensation, worker's compensation, severance pay, net income from business, child support payments, spousal support/alimony payments, and/or regular contributions or gifts received from persons not residing in dwelling; AND
 - o Most recent signed Tax Return or TRANSCRIPTS (all pages and schedules)
 - o Year-to-date, signed Profit & Loss Statement for self-employed;
 - o Business Returns and Schedule K1s if applicable;
- Y Asset Documentation (for all household members, regardless if on senior lien or not):
 - o Most recent 6 months of asset statements (all pages, even the blank ones) for Checking, most current asset statement for Savings, Money Market, CDs, 401K, etc
- Y Proof of all expenses (Utilities, Phone, Insurance, Medications, Childcare, etc.) which will be included in Cash Flow Analysis

MORTGAGE & UTILITY ASSISTANCE APPLICATION



IMPORTANT: Some information in this application is strictly confidential and will not be released to persons outside of the program without written consent from the applicant. Some information is subject to the Public Information Act; therefore, it is subject for release through requests for open records. Information is requested to establish eligibility and for federal reporting requirements. If you have any questions about completing the form, please call _____ for assistance. Complete and sign a separate application for each applicant.

Section I: Applicant/Head of Household Information (completed by the APPLICANT)

Name _____		
_____ Last	_____ First	_____ Middle Initial
Current Address _____		

_____ City	_____ State	_____ Zip
Home Phone _____		Work Phone _____
Email Address _____		
Driver's License No. _____		Date of Birth _____
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Permanent Resident	Social Security Number _____

Section II: Co-Applicant (completed by the APPLICANT)

Name _____		
_____ Last	_____ First	_____ Middle Initial
Current Address _____		

_____ City	_____ State	_____ Zip
Home Phone _____		Work Phone _____
Email Address _____		
Driver's License No. _____		Date of Birth _____
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Permanent Resident	Social Security Number _____
Relationship to Applicant _____		

Section III: Employment & Income History

Applicant's Employer _____	Phone # _____
Supervisor Name _____	Last Date Worked/# of Hours _____
Co-Applicant's Employer _____	Phone # _____
Supervisor Name _____	Last Date Worked/# of Hours _____

MORTGAGE & UTILITY ASSISTANCE



Section IV: Asset and Asset Income

Type of Asset #1: _____	Financial Institution: _____
Current Balance \$ _____	_____
	CITY ST ZIP
Type of Asset #1: _____	Financial Institution: _____
Asset balance \$ _____	_____
Other Asset: _____	_____
	CITY ST ZIP

Section V: Household Members (completed by APPLICANT)

Total number of persons in the household _____	(# of Adults _____, # of children _____)
--	--

Section V: Property Information (completed by APPLICANT)

Property Address _____

City State Zip
Type of property: <input type="checkbox"/> Single Family Home <input type="checkbox"/> Condominium <input type="checkbox"/> Town Home <input type="checkbox"/> Apartment
<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Other _____
Ownership: <input type="checkbox"/> Own

Section VI: Lender Information

Lender Name: _____	Address: _____
Lender Phone#: _____	_____
	CITY ST ZIP
Monthly Mortgage Amount \$ _____	

MORTGAGE & UTILITY ASSISTANCE



AFFIDAVIT

I (We) hereby submit the information contained in the attached Application and other furnished documents to be considered for the City of Corpus Christi Mortgage & Utility Assistance program. Under penalty of law, I certify my primary residence is located at:

_____ Corpus Christi, TX, Zip_____.

The information contained in all required and signed program-related documents being submitted is true and correct. I further certify that:

1. Neither I nor the Co-Applicant have received mortgage/utility assistance from another entity
2. My household's monthly mortgage is \$_____.
3. My household does not exceed \$2,000 in savings or liquid assets to pay the mortgage.
4. I (we) am a U.S. Citizen or I (we) have legal permanent resident status
5. The house I (we) reside in is located within the Corpus Christi city limits
6. Neither I nor the Co-Applicant qualify for a mortgage forbearance or suspension of mortgage payment.

Name	Age	Relationship	Gross Mo. Income
		SELF	\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL			\$

DECLARATION OF BENEFITS STATEMENT

I (we) understand that:

1. Households may earn no more than 80% of median family income for Corpus Christi.
2. Household must disclose all sources of income and assistance provided by other organizations at the time of application.
3. Household must furnish proof of all household expenses in order to demonstrate a gap in income
4. My signature below certifies that all the information contained in this application is true to the best of my knowledge & I understand that if I receive assistance in funding from another state, federal, or local source, I must repay part or all of the assistance provided to me by the City of Corpus Christi Housing and Community Development.

Signature of Applicant

Date

Signature of Co-Applicant

Date

MORTGAGE & UTILITY ASSISTANCE



CASH FLOW ANALYSIS (completed by Applicant/Staff)

Instructions: Please complete all income received & all expenses to be considered when determining whether there is a gap in your finances and need for assistance.

HOUSEHOLD INCOME PRIOR TO MARCH 1, 2020

1. In the chart below please complete all jobs by all adults in the household, either as an hourly wage earner or as a salaried employee, as of March 1, 2020. (Leave blank any columns that are not applicable, if any adult has more than one job, list information for each job on a separate line.)

Adult Name	Employer Name & Address	Monthly Income
		\$
		\$
		\$
		\$
Total:		\$

2. The monthly income of persons who resided in the household prior to March 1, 2020 came from the following sources. (Include all sources of income including employment, unemployment, child support and any other money received from any source.)

Source	Amount
Income from employment or self-employment	\$
Unemployment Payments	\$
All other source of income (e.g., child support, SSI, gifts, alimony)	\$
Total:	\$

CURRENT HOUSEHOLD INCOME

1. The monthly income of all persons who reside in the household for the month before the rent/mortgage due date and came from the following sources. (Include all sources of income including employment, unemployment, CARES ACT payments, child support and any other money received from any source.)

Source	Amount
Income from employment or self-employment	\$
Unemployment Payments	\$
Federal CARES ACT assistance	\$
All other source of income (e.g., child support, SSI, gifts, alimony)	\$
Total:	\$

2. The total household income for the month before rent/mortgage is due date is \$ _____

3. The total monthly household income before the COVID-19 Pandemic began on March 1, 2020 was \$ _____



FINANCIAL HARDSHIP CERTIFICATION

(Explanation of Loss Income)

CERTIFICATION

(Application Page 5 of 7)

Applicant Name: _____ Phone #: _____

Physical Address: _____

To qualify for the mortgage and utility assistance under the COVID -19 Community Development Block Grant, your household must have experienced a documented financial hardship due to the COVID-19 emergency. Please indicate what circumstance applies by checking the applicable box below:

- My income has been lost. For example: Unemployment as a direct impact of COVID-19.
- My income has been reduced. For example: Underemployment, reduced job hours, reduced pay, or a decline in self-employed business earnings as a direct impact of COVID-19.
- My household financial circumstances have changed. For example: Death in family, serious or chronic illness as a direct impact of COVID-19. I have provided details below under Explanation.”
- There are other reasons I/we cannot make our mortgage payments specific to COVID-19. I have provided details below under “Explanation.”

As a result of the COVID-19 emergency, my family lacks sufficient income or resources to pay mortgage or utilities. **List name(s) of affected person(s), date(s) of employment and the name(s) of employer or other source(s), and dates of lost / reduced income:**

Other explanation or clarification:

I certify that my household lack sufficient resources to pay mortgage and utilities because of the Covid-19 emergency the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial or termination of housing assistance.

Applicant Signature

Date

MORTGAGE & UTILITY ASSISTANCE



CERTIFICATION

SELF-CERTIFICATION FOR PUBLIC SERVICE AGENCY CLIENTELE

1) CLIENT INFORMATION: (Please Print)

Name _____

Address: _____

City & State: _____ Zip _____

2) FAMILY SIZE: (check ONLY one) 1 2 3 4 5 6 7 8

3) FAMILY INCOME: My current family yearly income from all sources is: _____

Note: Family income means the total income of all persons living in the same household who are related by birth, marriage or adoption and are benefiting from the activities (public services or job creation, which benefit an individual or family). (Ref. 24 CFR 570.3) ***Based on 2020 Income Limits***

Proof of Income received: Yes No Source of Proof: _____ Verified by: _____

4) ETHNICITY: (Select ONLY one from the Single-race or Multi-race categories)

Single race category

- White American Indian/Alaskan Native
 Black/African American Native Hawaiian/Other Pacific Islander
 Asian

Multi-race category

- American Indian/Alaskan Native & White Asian & White
 Black/African American & White Hispanic/White
 Hispanic/Black/African American Hispanic/Asian
 Hispanic/American Indian/Alaskan Native Hispanic/Asian & White
 Hispanic/Native Hawaiian/Other Pacific Islander Hispanic/Black/African American & White
 Hispanic/American Indian/Alaskan Native & White
 American Indian/Alaskan Native & Black/African American
 Hispanic/American Indian/Alaskan Native & Black/African American
 Other Multi-race (ONLY if, non-of-the-above categories identifies you)

BENEFICIARY: I, _____ on _____, acknowledge that qualification for assistance funded under the CDBG program is based upon having a qualifying family income and that the income levels I have certified to in this self- certification are current as of the date signed and may be subject to further verification by the grantee and/or HUD and I authorize such verification and will provide supporting documents if it is necessary.

MORTGAGE & UTILITY ASSISTANCE



RELEASE & CONSENT FORM

THIS SECTION TO BE COMPLETED BY ADMINISTRATOR

Administrator Name:	
Contact Name:	Contact Title:
Address:	Phone:
Email Address:	Fax:

THIS SECTION TO BE COMPLETED BY APPLICANT

Applicant Name: _____

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release by third party, without liability, information regarding employment, income and/or assets for purposes of verifying information on my/our application for assistance. I understand that only information necessary for determining eligibility can be requested. This authorization is valid up to one year from date signed.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, Certificates of Deposit, Individual Retirement Accounts, interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker’s compensation, welfare assistance, net income from the operation of a business, and alimony or child support payments.

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

THIS SECTION TO BE COMPLETED BY ADMINISTRATOR

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

MORTGAGE & UTILITY ASSISTANCE

CERTIFICATION OF ZERO INCOME

(To be completed by **ALL** adult household members only, if applicable)



Are you the Head of Household or Household Member? Head of Household Household Member

I, _____, have applied for mortgage and utility assistance through the HUD Community Development Block Grant (CDBG) Program regulations require verification of all income from participating households of each household member over the age of 18 without any income.

1. I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employed resources (Avon, Mary Kay, Scentsy, etc.);
- Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in termination of federal assistance.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Applicant _____ Printed Name _____ Date _____

Signature of CDBG Staff _____ Printed Name _____ Date _____

Case Manager Notes:

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY AGENCY AND EXECUTED BY CLIENT

MORTGAGE & UTILITY ASSISTANCE



TO: (Name & address of employer)

Date: _____

RE: _____
Client's Name

XXX-XX-_____
SSN (last four digits)

The person referenced above is a participant in a federally assisted housing program. Federal regulations require that we verify the income of program participants. The information provided will remain confidential to satisfaction of that stated purpose only. I do hereby authorize the release of this information:

Client Name (print clearly) Signature of Client Date

Your prompt response is crucial and greatly appreciated.

Sincerely:

Signature of intake staff or case manager

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (circle one) per hourly weekly bi-weekly semi-monthly monthly yearly other _____ (circle one)
Average # of regular hrs per week: _____ Start YTD: ____/____/____ YTD earnings: \$ _____ through ____/____/____

Number of weeks worked per year: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (circle one) per hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Do Employees have access to an Employer Retirement Account prior to termination or retirement? Yes ___ No ___
Is employee eligible for unemployment compensation? ___ Yes ___ No If yes, how long? _____ How much? _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer's Title Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

MORTGAGE & UTILITY ASSISTANCE

