

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INTAKE APPLICATION**



City of Port Arthur	Contract Number:
Date Pre-Application Received:	Time Pre-Application Received:
Date CDBG Application Received:	Time CDBG Application Received:

APPLICANT INFORMATION		
Applicant Last Name	Applicant First Name	Middle Name
Current Address:		
City, State, Zip:		
Home Phone:	Daytime Telephone:	
Date of Birth:		

CO- APPLICANT INFORMATION (if applicable)		
Co-Applicant Last Name	Applicant First Name	Middle Name
Current Address:		
City, State, Zip:		
Home Phone:	Daytime Telephone:	
Date of Birth:		

ELIGIBILITY INFORMATION	
If the answer to any of the following questions is NO, you are not eligible for assistance:	
Was the damaged unit a single family residence (including manufactured housing units, duplexes, or condominiums)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was that unit damaged or destroyed on September 24, 2005 as a direct result of Hurricane Rita?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT INFORMATION	
If the answer to any of the following questions is NO, you are not eligible for Assistance:	
Did you own or rent a single family residence (including manufactured housing units, duplexes, or town homes) on September 24, 2005?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the unit the primary residence of the applicant on the date of the storm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the following question is NO, your application will require a special review to determine eligibility:	
Did you register with FEMA for storm related assistance for structural damage to the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DAMAGED RESIDENCE INFORMATION	
Damaged Residence Address:	
City, State, Zip:	
Damaged Residence Phone:	
Do you have an appraisal for your property that was completed before September 24, 2005?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the date of appraisal? _____	
If yes, what is the appraised value of the property? _____	
Type of Structure: (including manufactured housing units, duplexes, or condominiums) _____	
If a manufactured housing unit, did you own the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the property located in a floodplain?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Have you obtained a building permit(s) to complete repairs to home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what date did you obtain the building permit? If yes, Permit No. _____	
Ownership/Acquisition Deed of Damaged Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other names on the deed for the damaged residence?	
If yes, provide information below (including any entity, for example, a Trust):	

Last Name	First Name	Middle Name	
Social Security No.: _____ - _____ - _____			
If an Owner Entity – provide Tax ID number: _____			
Date of Birth: _____			
Daytime Telephone: () _____			

ASSISTANCE REQUEST

Type of Assistance Requested:

Emergency Repair (Max. \$12,000) Amount Requested \$ _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS – List the Head of Household and all other members of the household. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship to Head of HH	Date of Birth	Sex	Social Security Number
	Head of Household			

HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED.
 It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

- Race of Head of Household:**
- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial |

- Ethnicity of Head of Household:**
- Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

HURRICANE RITA VICTIMS INFORMATION

In order to be eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for Hurricane Rita, housing either owned or rented by low income households must have been damaged as a result of Hurricane Rita. Check all of the following that apply.

- The home occupied by persons in this household was damaged or destroyed September 24, 2005, by Hurricane Rita.
- I/we are currently homeless or living in sub-standard housing due to damage caused by Hurricane Rita.
Explain: _____
- I/we have been displaced from our housing due to damage caused by Hurricane Rita.
Explain: _____
- Other: _____

OTHER ASSISTANCE RECEIVED

Assistance provided under the Community Development Block Grant Disaster Recovery Program for Hurricane Rita may not exceed a household's unmet housing needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on September 24, 2005.

Have you applied for any storm-related assistance for damage to your home from any source (local, state, federal, private)? If yes, proceed with this section. If no, proceed to the income section.

Yes No

By signing this application, the applicant authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. 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.

FEMA

Have you received any storm related assistance from FEMA for structural damage to your home?

Yes No

Amount Approved: \$ _____ Amount, if any, Received to Date: \$ _____

What is your FEMA Registration No.?

1) _____ 2) _____

SBA

Have you received any storm-related assistance from the SBA for damage to your home?

Yes No

Amount Approved: \$ _____ Amount, if any, Received to Date: \$ _____

What is your SBA Application No.? _____

What is your SBA Loan No.: _____

INSURANCE

Have you received any storm-related assistance from your insurance company for damage to your home?

Yes No

Insurance coverage in effect 9/24/2005 - _____
 Claim received: \$ _____
 Purpose: _____

Insurance coverage currently in effect - _____
 Purpose (fire, flood, wind, etc.): _____

OTHER SOURCES
 Other financial assistance received: _____
 Purpose: _____

ATTACH ADDITIONAL SHEET IF THERE ARE ADDITIONAL SOURCES

INCOME INFORMATION
 Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits, other income.

FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps.

List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student?	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

Is there anyone in your household that is disabled? If so, please list them:

EXPENSE INFORMATION
 Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable TV \$	Credit Card \$
Gas \$	Car Insurance \$	Medical Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Loan \$
Other (specify)			

THIS APPLICATION IS THE FIRST STEP IN THE APPLICATION PROCESS FOR DISASTER RELATED UNMET HOUSING NEEDS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ALL INFORMATION REQUESTED BELOW MUST BE ATTACHED:

- **AWARD OR DENIAL LETTERS FROM FEMA;**
- **AWARD OR DENIAL LETTERS FROM SBA;**
- **AWARD OR DENIAL LETTERS FROM PERSONAL INSURANCE;**

DENOTE IF HOME IS ONE OF THE FOLLOWING (Circle One):

- **WOOD STRUCTURE**
- **BRICK STRUCTURE**
- **MOBILE HOME**
 - **Provide label/seal Number:** _____
 - **Provide certificate number:** _____
 - **Provide serial number:** _____

ALL BLANKS MUST BE COMPLETED OR HAVE "N/A" WRITTEN IN. THE APPLICATION MUST BE SIGNED BY ALL PERSONS LISTED ON THE DEED.

**RETURN TO: HOUSING DEPARTMENT
CITY OF PORT ARTHUR
P.O. BOX 1089
PORT ARTHUR, TEXAS 77641-1089
ATTN: RITA HOUSING APPLICATION**

APPLICANT CERTIFICATION	
<p>I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Community Development Block Grant Disaster Recovery Program for Hurricane Rita.</p> <p>I/We hereby certify that all the information provided herein is true and correct.</p> <p>I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.</p> <p>I/We authorize the above-referenced the state of Texas and any of its duly authorized representatives to verify all information provided on this application.</p>	
Signature of Applicant:	Date
Signature of Co-Applicant:	Date

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.