



**COMMUNITY DEVELOPMENT BLOCK GRANT
CDBG-CV EMERGENCY RENTAL ASSISTANCE PROGRAM
APPLICATION GUIDELINES AND CHECKLIST**

GUIDELINES

- Applicants must have a household income below 80% of the area median income as set by HUD and meet other eligibility criteria.
- Applicant must demonstrate a financial hardship, such as a reduction in hours or loss of employment that will result in eviction from their current residence.
- Anyone interested in applying for this assistance **MUST** call the Community Development/Grants Management Department (CD/GM) at (956) 388-8206, to set up an appointment. Applications will not be taken on a walk-in basis.
- Applications for assistance will be processed on a first come, first served basis.
- Only the Applicant may be in attendance for the scheduled appointment.
- No children are allowed in the office during the appointment.
- Applicants **MUST** wear a face mask for the duration of the visit to City Hall and the CD/GM office.
- In order to expedite the process, residents should come prepared with the items listed below.

CHECKLIST		
1	Contract/Lease Agreement	
2	An Eviction Notice with breakdown of arrears and late fees.	
3	A hardship can be demonstrated by providing paystubs, unemployment checks or a letter from employer verifying a loss of income or reduction in hours. The letter must be on employer's official letterhead.	
4	Two months most recent pay stubs, showing year to date earnings.	
5	Driver's License, I.D. Card or Proof of Citizenship/Permanent Resident Card	
6	Social Security Cards and Birth Certificates on all household members	
7	Verification of any other form of income (Retirement benefits, Investments, etc.)	
8	Persons receiving Social Security and/or Disability must provide most recent Social Security Award letter available	
9	Last two months of bank statements for all Checking/Savings Accounts	
10	Most recent Income Tax Return	

11	Conflict of Interest Affidavit Form	
12	COVID-19 Liability Waiver Form	
13	Duplication of Benefits Analysis Applicant Self-Certification Form	
14	CDBG-CV Emergency Rental Assistance Form	
15	Utility bill (light, water or gas) showing proof of residence	

What do I need in order to apply for the program?

To apply for the program, you will need to complete an application package; which can be found online at:

https://cityofedinburg.com/departments/community_development_grant_management/cd-bg-cv_emergency_rental_assistance.php

The Application Guidelines and Checklist will detail supporting documentation you must provide. You do not need to provide items if they are not applicable to your household.

How do I apply for the program?

Complete application packages can be submitted electronically, by secure upload, at erap@cityofedinburg.com

or they may be mailed to: City of Edinburg
Community Development/GM
415 W. University Drive
Edinburg, Texas 78541

or Fax to: 956-292-2140

or call Mrs. Veronica Guerrero, Housing Coordinator at 956-388-8206 to set-up an appointment for an application interview.

Who do I contact if I have questions?

Questions can be submitted by e-mail to erap@cityofedinburg.com or contact at 956-388-8206.



COMMUNITY DEVELOPMENT BLOCK GRANT

CDBG-CV EMERGENCY RENTAL ASSISTANCE PROGRAM APPLICATION

The Community Development Block Grant-Coronavirus (CDBG-CV) Emergency Rental Assistance Program (CDBG-CV ERAP) has been developed to prevent, prepare for, and respond to the coronavirus (COVID-19). This program will provide up to six (6) months of consecutive emergency rental assistance payments for qualifying families living inside the city limits and will only be granted one time per household. Applicant must demonstrate a financial hardship, such as a reduction in hours or loss of employment that will result in eviction from their current residence. A hardship can be demonstrated by providing paystubs, unemployment checks or a letter from employer verifying a loss of income or reduction in hours. Assistance will be provided on a first come, first served basis. The program is available for households that are renting/leasing their current place of residence.

APPLICANT’S NAME: _____ PHONE NUMBER: _____

CO-APPLICANT’S NAME: _____ PHONE NUMBER: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS (if different): _____

Does the applicant reside inside the City limits of Edinburg? _____

LANDLORD: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____, TEXAS ZIP CODE: _____

HOUSEHOLD/FAMILY INFORMATION

Please complete the following for ALL household members residing in the residence:

Full Name	Date of Birth	Relationship	Gender

CHARACTERISTICS OF HEAD OF HOUSEHOLD MEMBER:

White Black Hispanic
 Native American (Indian) Asian Other

MARITAL STATUS:

Single Married Separated
 Divorced Widowed

ESSENTIAL SERVICE PERSONNEL (please check one):

Medical personnel First Responder Law Enforcement
 Educator Active Military Government Employee

EMPLOYMENT INFORMATION:

APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

Please indicate which of the following statements apply to the Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID-19)
Explain:

- I have had my hours reduced as a result of the coronavirus (COVID-19)
Explain:

- I have been furloughed as a result of the coronavirus (COVID-19)

Explain:

- I have been laid off as a result of the coronavirus (COVID-19)

Explain:

- I have been terminated as a result of the coronavirus (COVID-19)

Explain:

- Other

Explain:

CO-APPLICANT'S EMPLOYER (CURRENT)

NAME: _____ PHONE NUMBER: _____

STREET ADDRESS: _____

YEARS EMPLOYED: _____ POSITION: _____

SUPERVISOR'S NAME: _____

Please indicate which of the following statements apply to the Co-Applicant:

- I have experienced a reduction in salary as a result of the coronavirus (COVID-19)

Explain:

- I have had my hours reduced as a result of the coronavirus (COVID-19)

Explain:

- I have been furloughed as a result of the coronavirus (COVID-19)

Explain:

- I have been laid off as a result of the coronavirus (COVID-19)

Explain:

- I have been terminated as a result of the coronavirus (COVID-19)

Explain:

- Other

Explain:

HOUSEHOLD INCOME:

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

SOURCE	APPLICANT	CO-APPLIANT	OTHER MEMBERS AGE 18+
Gross Salary			
Overtime, Tips, Bonuses			
Social Security			
Disability			
Pensions, Veterans Benefits, etc.			
Unemployment/Workers Comp			
Alimony, Child Support			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF)			
Other			
TOTALS			

ASSETS:

APPLICANT

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Life Insurance				
Vehicles (other than main)				
TOTALS				

CO-APPLICANT

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				
401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Life Insurance				
Vehicles (other than main)				
TOTALS				

ADULT MEMBER OF HOUSEHOLD

TYPE	CASH VALUE	INCOME FROM ASSET	BANK OR POLICY NAME	ACCOUNT NO.
Checking				
Savings				
Cash/Bank Card				

401(k) Retirement				
Stocks, Bonds, Mutual Funds				
Money Market				
Other Accounts				
Other Property Owned				
Life Insurance				
Vehicles (other than main)				
TOTALS				

Are you or the co-applicant on a waiting list for assistance from another agency? __Yes __No

If you have answered yes, please list the agency and describe the requested assistance:

FAIR MARKET RENT

The current Fair Market Rent (FMR) published by HUD determines the maximum subsidy for a family as follows, however is subject to change:

FY 2020 McAllen-Edinburg-Mission, TX MSA FMRs for All Bedroom Sizes

FY 2020 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2020 FMR	\$573	\$577	\$743	\$955	\$1,068

<https://www.huduser.gov/portal/datasets/fmr.html>

TOTAL COMBINED HOUSEHOLD INCOME HUD INCOME GUIDELINES ACCORDING TO FAMILY SIZE AS OF July 1, 2020			
	30% of median	60% of median	80% of median
Family of 1	12400	24780	33000
Family of 2	14150	28320	37700
Family of 3	15900	31860	42400
Family of 4	17650	35340	47100
Family of 5	19100	38220	50900
Family of 6	20500	41040	54650
Family of 7	21900	43860	58450
Family of 8	23300	46680	62200

CERTIFICATION:

I/We certify that the information provided is true and correct and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information submitted may result in civil liability and/or criminal penalties including, but not limited in, fine or imprisonment or both under the provisions of United States Codes

Signature of Applicant Date

Signature of Co-Applicant Date

Other 18+ Household Member Date

Other 18+ Household Member Date

FOR OFFICE USE ONLY:	
Is the Landlord willing to accept rent payment assistance for this household? If No, please provide explanation:	YES or NO
How many months of assistance will be provided?	

Eligibility Reviewed
and Verified by:

Veronica Guerrero, Housing Coordinator

Date



CDBG-CV Emergency Rental Assistance Program

APPLICANT

NAME: _____

ADDRESS: _____

CITY, State, Zip: _____

Please check one that applies to your living arrangements:

- Efficiency \$ _____
- One-Bedroom \$ _____
- Two-Bedroom \$ _____
- Three-Bedroom \$ _____
- Four Bedroom \$ _____

Applicant Signature

Date

Co-Applicant's Signature

Date

Office Use Only	
<p>I hereby acknowledge that I have verified the above information with the applicant and the landlord in order to provide services under the CDBG-CV Emergency Rental Assistance Program. Landlord acknowledged they are not to receive any other source of funding such as insurance, reserves for assistance from local, state or federal to cover the cost of overdue rents.</p>	
_____ Print Name	_____ Date
_____ Signature	_____ Title

Conflict of Interest Affidavit

Please review the list below and disclose if you are related by blood, marriage or in any other capacity to any individual listed.

City of Edinburg City Council

- | | |
|---|--|
| <input type="checkbox"/> Mayor Richard R. Molina | <input type="checkbox"/> Councilmember David White |
| <input type="checkbox"/> Mayor Pro-Tem Gilbert Enriquez | <input type="checkbox"/> Councilmember Johnny Garcia |
| <input type="checkbox"/> Councilmember Jorge Luis Salinas | |

City Management

- | | |
|---|---|
| <input type="checkbox"/> Ron Garza, City Manager | <input type="checkbox"/> Thomas Reyna, Assistant City Manager |
| <input type="checkbox"/> Jesus R. Saenz, Assistant City Manager | |
| <input type="checkbox"/> Bryan Kelsey, Assistant City Manager | |

Housing Assistance Committee

- | | |
|---|---|
| <input type="checkbox"/> Israel Silva, Chairman | <input type="checkbox"/> Richard Peralez, Vice-Chairman |
| <input type="checkbox"/> Martin Briseño | <input type="checkbox"/> Fidel Del Barrio |
| <input type="checkbox"/> Marco A. Garza | |

CD/GM or other City staff

- | | |
|--|---|
| <input type="checkbox"/> Marissa, Garza, Director | <input type="checkbox"/> Veronica Guerrero, Housing Coordinator |
| <input type="checkbox"/> Dalia L. Villarreal, Administrative Asst. | <input type="checkbox"/> Claudia L. Farias, Grant Writer |
| <input type="checkbox"/> Michelle L. Mendoza, Compliance Mngr. | <input type="checkbox"/> Other City Staff _____ |

Former Council, Committee or Staff (up to 12 months after their tenure has ceased)

- David Torres, Mayor Pro-Tem (tenure end date 11/13/19)
- Juan G. Guerra, City Manager (tenure end date 11/13/19)
- Homer Jasso Jr., Mayor Pro-Tem (tenure end date 12/18/19)
- Richard Hinojosa, Interim City Manager (tenure 3/20/20)

Please check the appropriate box below. If you are related to any of the persons listed above, please state how the individual is related to you, if he /she is providing you with any assistance, and if he/she has any interest in your property.

I am not related to any of the listed elected officials or staff members by blood, marriage or in any other capacity.

I am related to one of the elected official or staff members of the City of Edinburg by blood, marriage or as so designated herein, _____

Print Name	Date	Signature	Date
Print Name	Date	Signature	Date



**Participant Assumption of Risk and Waiver of Liability
Relating to Coronavirus/COVID-19**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by participating under the City of Edinburg’s Housing Assistance Programs which includes the Housing Rehabilitation Assistance, Emergency Rental Assistance and CDBG-CV Emergency Rental Assistance Programs, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand exposure to or infection by COVID-19 by participating under the Housing Assistance Programs may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City employees and contractors, subcontractors, or their respective employees.

In no event shall the City or its agents or employees be liable for any claims arising out of the COVID-19 Pandemic. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participating in the Housing Assistance Programs (the “Claims”). I hereby release, covenant not to sue, discharge, and hold harmless the City of Edinburg, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Edinburg, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in the City of Edinburg Housing Assistance Programs which includes the Housing Rehabilitation Assistance, Emergency Rental Assistance, and CDBG-CV Emergency Rental Assistance Programs.

This Agreement shall be governed by the laws of the State of Texas. I agree that the venue for any and all disputes related to this Agreement shall be Hidalgo County, Texas. For any controversy, claim, or dispute arising out of or relating to this Agreement, I shall first attempt to informally resolve such controversy, claim, or dispute with the City. Thereafter, I shall submit in good faith to mediation with the City before commencing a legal proceeding. Each party shall bear its own costs and expenses, including attorneys’ fees and costs, in seeking to enforce the terms of this Agreement.

I am at least eighteen years of age and have carefully read and freely signed this Release of Liability Form. I understand and agree that no oral or written representations can or will alter the contents of this document. I agree that this agreement shall be governed by the laws of the State of Texas (excluding its conflict of laws principles).

Signature of Applicant Print Name Date

Signature of Co-Applicant Print Name Date



**DUPLICATION OF BENEFITS ANALYSIS
APPLICANT SELF-CERTIFICATION**

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Grant funds may not be used to pay for a cost, if another source of financial assistance is available to fully pay for that same cost. This City’s Emergency Rental Assistance Program is funded by CDBG-CV through the CARES Act. In compliance with the CARES Act, a Duplication of Benefits Self-Certification must be completed by every applicant. *Please be aware that you are not eligible to receive duplicate funding under this program.*

- 1) I/We **Have** **Have Not**, received assistance or received a commitment for assistance related to COVID-19, from any other source.

- 2) If you have received assistance or received a commitment for assistance related to COVID-19 from any other source, please disclose the agency name and type of assistance being received: _____

- 3) I/We certify and acknowledge that if I subsequently receive any duplicate funding for assistance related to COVID-19, funds paid on my behalf through this CDBG-CV Emergency Rental assistance program will have to be repaid to the City.

CERTIFICATION:

I/We certify that the information provided is true and correct and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information submitted may result in civil liability and/or criminal penalties including, but not limited in, fine or imprisonment or both under the provisions of United States Codes

Signature of Applicant Date

Signature of Co-Applicant Date

Other 18+ Household Member Date

Other 18+ Household Member Date