



**Texas General Land Office  
Community Development and Revitalization  
Buyout or Acquisition Program  
Intake Beneficiary Application**

Event:
Date Received:
Subrecipient:
Contract #:

**All Blanks Must be Completed or Indicated with "N/A"**

**1. APPLICANT INFORMATION:**

<b>Applicant Name (must be property owner):</b>	
<b>Street Address:</b>	
<b>City/State/Zip:</b>	<b>County:</b>
<b>Email Address:</b>	<b>Home Phone:</b>
	<b>Cell Phone:</b>
<b>Name and Contact Information, including phone number, of the relative who lives in closest proximity:</b>	

**2. CO-APPLICANT INFORMATION: (If applicable)**

<b>Applicant Name: Click or tap here to enter text.</b>	
<b>Street Address: Click or tap here to enter text.</b>	
<b>City/State/Zip: Click or tap here to enter text.</b>	<b>County: Click or tap here to enter text.</b>
<b>Email Address: Click or tap here to enter text.</b>	<b>Home Phone: Click or tap here to enter text.</b>
	<b>Cell Phone: Click or tap here to enter text.</b>
<b>Name and contact information including, including phone number, of relative who lives in closest proximity:</b>	

**Name and contact information for individual completing this application, if this is different from applicant information (e.g. attorney or other designated party)**

<b>Name: Click or tap here to enter text.</b>	
<b>Street Address: Click or tap here to enter text.</b>	
<b>City/State/Zip: Click or tap here to enter text.</b>	<b>County: Click or tap here to enter text.</b>
<b>Email Address: Click or tap here to enter text.</b>	<b>Home Phone: Click or tap here to enter text.</b>
	<b>Cell Phone:</b>

**3. ELIGIBILITY INFORMATION: Please answer the following questions:**

Which disaster event(s) affected you and/or your residence?	
Were you the owner of the residence on the date of the disaster event?	
If applicable, is your property currently owned by a(n): Estate <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
Was the damaged property the homeowner's primary residence on the date of the disaster event?	
Was the damaged property covered under homeowners' insurance at the time of the disaster event?	
Did you register with FEMA for repair assistance for structural damage to your home?	
Have you ever received any other assistance for the repair or rehabilitation of your home?	
If yes, please explain.	

**4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List all current members of the household and any additional household members anticipated within the next 12 months.

Member Name	Marital Status Head of Household Only	Relationship to Head of Household	Date of Birth	Gender
<b>Head of Household</b>				
<b>Total Number of Household Members:</b>				

**5. INCOME INFORMATION (COPY OF PREVIOUS YEAR TAX RETURN):** To determine if you are eligible for funding for a specific housing program, all listed occupants 18 years and over must provide a copy of their previous tax return. *Subrecipients will refer to the GLO's IRS FORM 1040/Adjusted Gross Income (AGI) Method Calculation Policy to determine a beneficiary's household income.*

**6. DIRECT BENEFIT DATA BY HOUSEHOLDS (DEMOGRAPHIC AND SPECIAL NEEDS INFORMATION):**

**Ethnicity Codes:**  
 A – Hispanic: A person of Cuban, Mexican, 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.  
 B – Not Hispanic

**Race Codes:**  
 A – White  
 B – Black/African American  
 C – Asian  
 D – American Indian/Alaskan Native  
 E – Native Hawaiian/Other Pacific Islander  
 F – American Indian/Alaska Native/White  
 G – Asian/White  
 H – Black/African American/White  
 I – American Indian/Alaska Native/Black-African American  
 J – Other Multi-Racial  
 K – Unknown

**Special Needs Codes:**  
 A – Elderly  
 B – Person with Disabilities\*  
 C – Colonia Resident  
 D – Homeless  
 E – Migrant Farm Worker  
 F – Public Housing Resident  
 G – Veteran  
 H – Wounded Warrior

**\*Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment.

	Ethnicity Code	Race Code	Special Needs Code(s)
1(Head)			
2			
3			
4			
5			
6			

**7. DAMAGED RESIDENCE INFORMATION: Please indicate the type of structure for the property:**

Single Family Home  | Modular Home  | Townhome  | Manufactured Housing Unit  | Other: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip, Municipality: \_\_\_\_\_

Name of Neighborhood/Area where your home is located: \_\_\_\_\_

Date you acquired title to the property: \_\_\_\_\_

**Please Provide the following property information which may be available from your recent property tax bill(s):**

Legal Description:	Assessed Value:	Farmland Assessed? (Yes or No)	Annual Property Taxes Amount:	Number of Acres Per Lot (or Lot Size):
	\$		\$	
	\$		\$	
	\$		\$	
<b>Total Acres:</b>				

<b>Please answer Yes, No or N/A to the following questions:</b>			
Is anyone living at the damaged residence?			
Is the property in the floodplain or floodway?			
If you are seeking assistance for a manufactured housing unit, do you own the land?			
Does the manufactured housing unit have a valid Statement of Ownership and Location (SOL) filed with the Texas Department of Housing and Community Affairs?			
Are there any other names on the deed for the damaged property?			
Have you had property foreclosed upon or are you in the process of foreclosure?			
Does the damaged property have a mortgage or any liens?			
Are there any leases, rental agreements, easements or deed restrictions affecting the property? If yes, explain.			
Have any commercial activities ever taken place on this property? If yes, explain.			
Is the property currently listed for sale? If yes, what is the current asking price. <i>Note: While the asking price is a key element in the evaluation of this property, it is non-binding, and is not a commitment of the part of the Subrecipient to pay this amount should this property be selected for the Buyout or Acquisition program.</i>			
Please tell us about your property, including any unique or special environmental features, known historical associations, and any bodies of water on the property or bordering the property.			
Are you current or in good standing with a payment plan on your property taxes?			
If you are required to pay child support, are you current on your payments or in good standing with a payment plan?			
<b>8. HOUSING ASSISTANCE RECEIVED PREVIOUSLY:</b>			
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 you have not applied for other storm-related assistance, include "N/A" in the "Source" column.			
Source	Amount	Date Received	Account Number
<b>1. FEMA:</b> Federal Emergency Management Agency			
<b>2. SBA:</b> Small Business Administration			

**Insurance Claims:** Please provide information on insurance coverage carried and payments received.

<b>Insurance company's name</b>	<b>N/A</b>	<b>Amount</b>	<b>Date Received</b>	<b>Policy Number</b>
<b>National Flood Insurance Program (Flood insurance carrier)</b>	<b>N/A</b>	<b>Amount</b>	<b>Date Received</b>	<b>Policy Number</b>
<b>4. Other Funds (Include Funding Source):</b>				
Have you received assistance from any federal program to repair your home PRIOR to this event? (Yes or NO)				
List the names of the programs and type of assistance received for the damaged home (e.g., HOME, CDBG, GLO/FEMA etc.):				

**9. APPLICANT CERTIFICATION:**

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 (CDBG-DR) Program.

I/We hereby certify that all the information provided herein is true and correct.

I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law.

**Applicant's Authorization:**

**I authorize the entity to which I am applying for assistance to obtain information about me and my household that is pertinent to determining my eligibility for participation in the CDBG-DR Program. I acknowledge that:**

- (1) A photocopy of this form is as valid as the original; AND**
- (2) I have the right to review information received using this form; AND**
- (3) I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND**
- (4) All adult household members will sign this form and cooperate with the eligibility verification process.**
- (5) I understand that my documents may become electronically permanent.**

*By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.*

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

**10. ELIGIBILITY RELEASE:**

Subrecipient:	Contract Number:
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Name:

Address:

**Instructions to Applicant:** Your signature on this *Eligibility Release*, and the signatures of each member of your household who is 18 years of age or older authorizes the above-named Subrecipient to obtain information from a third -party regarding your eligibility and continued participation in the:

**Community Development Block Grant Disaster Recovery (CDBG-DR) Program**

Privacy Act Notice Statement: The Texas General Land Office (GLO) or Subrecipient named above require the collection of the information listed in this form to determine an applicant’s eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant’s eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.

Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.

**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 a Copy of Tax Form” must be prepared and signed separately.**

**Information Covered: Inquiries may be made to third parties regarding the items initialed below by the applicant.**

Description	Verification Required	Initials of Applicants
Disaster Assistance (FEMA, SBA, Insurance, etc.)	X	
Income (all sources)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Child Support Verification	X	
Other (list): Dependent Information:	X	
Full-time Student		
Disabled Household Member		
Minor Children	X	

*By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.*

Signature of Applicant:	DATE:
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Signature of Co-Applicant:	DATE:
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**PLEASE PROVIDE ALL APPLICABLE DOCUMENTS LISTED BELOW TO ENSURE THAT YOUR APPLICATION WILL BE PROCESSED IN AN EXPEDITED MANNER.**

- Completed Buyout and Acquisition Intake Application.
- Properly executed Eligibility Release Form.
- FEMA Award/Denial Letter.
- Small Business Administration (SBA) Award/Denial Letter.
- Private insurance letter (If you did not have private insurance, an Affidavit of no Insurance will be required).
- Letter or announcement from an “Other” award received for the repair or replacement of your damaged home, e.g., non-profit, donation grant, etc.
- Copy of the applicant’s driver’s license (or a state-issued photo ID).
- Warranty Deed for the damaged home or a Statement of Ownership and Location (SOL) for MHU in applicant’s name.
- Latest Financial Institution Bank statement or lien information.
- IRS Income Tax Documents for all individuals that live at the property and that are 18 years and over
- Property tax records including latest payment of property taxes or payment plan documentation from the applicable county appraisal office.
- Child support documentation (If applicable).
- Copy of the applicant’s Lender or Mortgage statement and contact information.
- Photos of the property including structures or items such as barns, fence, etc., if available.
- Property Survey, if available.