



## Bell County ERAP Checklist

All items on checklist must be turned in. Incomplete applications will not be accepted.  
When packet is complete, please call 254-870-9986 for an appointment.  
Applications are accepted by appointment only.

### For Tenants:

- Tenant Application (completed and signed)
- Household Demographics Form(s) (completed and signed)
- Government Issued ID or Personal ID for at least one household member on the lease
- Copy of Lease Agreement
- Notice of late rent payment OR notice of eviction (if applicable)
- If your landlord has started eviction processing, be prepared to provide the following:
  - Court Docket Number - Justice of the Peace Precinct Number - County
- Household Income Verification – We must have proof of income or the Income Certification Form for everyone in the household 18 and older (even if they are a student).
  - **OPTION 1: 2021 Tax Return**
    - Filed 2021 IRS Form 1040
  - **Option 2: Proof of income in the last 30 days**
    - Check stubs from employer (must show date, gross income, employer name, and client name)
    - Current Unemployment Benefits Letter
    - Current Pension/Retirement Benefit Letter
    - Current SNAP, TANF, Social Security, Disability Award Letter
  - **Option 3: Income Certification Form**
    - This form should be filled out ONLY if client receives zero (0) income or gets paid cash.
- Rental Assistance Packet completed by landlord.

### For Landlords:

- Government issued ID (ONLY if individual/sole proprietor)
- Proof of Ownership (Ex. Copy of county's real property record, Appraisal District information that includes the property address and owner's name)
- Documentation you may help tenants provide:
  - Copy of Lease Agreement
  - Notice of Late Payment/Eviction Notice
- Completed W-9 Form (application will be denied without completed/signed W9)
- If involved in eviction proceedings, provide the following:
  - Court Docket Number - Justice of the Peace Precinct - County
- Rental Assistance Packet/Landlord Certification (completed & signed)
  - Landlord must include **voided check** for direct deposits.



# TENANT APPLICATION

## Bell County Emergency Rental Assistance Program

### Eligibility

Households must have income at or below 80% of the Area Median Income (AMI), as defined by HUD.

**AND**

One or more of the tenant household members have:

- Qualified for unemployment benefits; **OR**
- Attest in writing that due to or during the pandemic, they:
  - Experienced a reduction in household income, incurred significant costs, or experienced financial hardship

**AND**

Households must also demonstrate they:

- Are at risk of homelessness or housing instability by providing an eviction notice or past-due utility or rent notice; **OR**
- Live in unsafe or unhealthy housing conditions

\*The unit you are renting must be your primary residence and be located within Bell County.\*

\*Any unpaid rent or utility bills you apply for can go no further back than March 13, 2020.\*

### Preliminary Screening Questions

You may be eligible for the Emergency Rent Relief Program and can begin the application process only if you answer "Yes" to all of the five (5) questions below. If you answer "No" to any of the following questions you may not be eligible for assistance, however you may continue to apply for assistance and your application will be thoroughly reviewed.

1. - Are you seeking assistance for Rent and/or Utilities for your primary residence, located in Texas?

YES       NO

2. - Is your household income less than or equal to 80% AMI for its size?

HH Size	1	2	3	4	5	6	7	8
Annual Income	\$36,250	41,400	46,600	51,750	55,900	60,050	64,200	68,350

YES       NO

3. - Can anyone in the household demonstrate that they are either at risk of homelessness (this includes past due utility/rent notice(s), eviction notice,) or demonstrate unsafe/unhealthy living conditions?

YES       NO

4. - Has anyone in the household experienced any of these financial impacts related to COVID-19: reduction/loss of income, increased expenses, other financial hardship and/or qualified for unemployment benefits since March 13, 2020?

YES       NO

5. - Is this the only payment assistance you are requesting or will receive for the months you are seeking assistance?

YES       NO



## Financial Impact

Which of the following financial impacts that apply to you or anyone within your household were due to, or during, the COVID-19 pandemic? (select all that apply):

Reduction in Income:

- Laid off-Receiving unemployment assistance.
- Laid off-Not receiving unemployment assistance
- Place of employment has closed
- Reduction in hours of work
- Must stay home to care for child/children due to closure of daycare or school
- Not able to work and/or missed hours due to contracting COVID-19
- Unable to find work due to COVID-19
- Unwilling or unable to participate in their previous employment due to their high risk of severe illness from COVID-19
- Other reduction in household income (please describe): \_\_\_\_\_

Incurred Significant Costs:

- Reduction or elimination of child or spousal support
- Increased medical expenses
- Child or Adult dependent care expenses increased due to COVID-19
- Other significant costs (please describe): \_\_\_\_\_
- Other Financial Hardship Experienced (please describe): \_\_\_\_\_

## Housing Instability and Housing Conditions

Is your household at risk of homelessness or household instability? (if you select "YES", you must submit one of these documents: a past due utility notice, a past due rent notice(s), or an eviction notice)

- YES       NO

Are you living in unsafe or unhealthy housing conditions? (if you select "YES", you must submit the Unsafe/Unsanitary Housing Condition Certification)

- YES       NO

## Tenant Household Income Information

If you have completed your household's federal income taxes for 2021, you will need to provide the following:

- Filed 2021 IRS Form 1040

If you have not yet completed your federal income taxes for 2021 OR you are not required to file a federal income tax return for 2021, you will need to provide the following:

- 2021 IRS Form W2
- Current Social Security Benefits letter or 2021 Form 1099-SA (including benefits paid to minors)
- 2021 Form 1099-R
- 2021 IRS Form 1099-MISC for contractor income

## Rent Information

Please enter monthly rent amount and number of months late on rent below.

**You must submit the lease and/or rent receipt for the listed address.**

Monthly Rent	
Number of Months Late On Rent	

Are you also requesting rental assistance for 3 months of current/future rent for this unit ( if you select "YES" your lease must cover this period, or a month-to-month lease with your landlord must be executed)

YES       NO

## Utility Information

Are you requesting Utility Assistance?

YES       NO

Eligible utilities include electricity, gas, water and sewer, trash removal, energy costs, such as fuel oil and internet. Please provide your current, past due, and/or disconnect utility statements.

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I/We, above named Tenant(s), hereby certify that:

1. I/We are currently occupying the unit for which I/we am seeking assistance as my/our principal residence and have occupied the unit during the period of time for which the rental or utility arrears assistance, if any, is requested and will occupy the unit as my/our principal residence throughout the remaining months for which the assistance is provided.
2. That if I/We qualified for the program by evidencing our eligibility for unemployment benefits, I authorize the Bell County Emergency Rental Assistance Program to provide my information to the Texas Workforce Commission in order to verify my documentation.
3. To my/our knowledge, the Unit for which I am receiving assistance is not receiving any other form of government or charitable assistance for the same month or months of rent for which this assistance is requested.
4. I/We will not seek to obtain rental or utility assistance in the future for the same months of rental arrears, rent, utility arrears, or utilities covered by this assistance, and if I/we do receive such assistance I will report it to Landlord and/or Utility Provider using the contact information in my/our lease or utility bill statement, and to the Bell County Emergency Rental Assistance Program.
5. I/We will inform the Bell County Emergency Rental Assistance Program within ten calendar days if evicted from the Unit, if disconnected from Utility services, or if I/we no longer occupy the Unit as my/our principal residence during the period of assistance.
6. I/We have provided a current written lease as part of the application, or if I/we have not provided a current written lease, I/we have provided proof of payment for the three most recent full months that a rent payment was made, and that the information I have provided in the Tenant Application regarding the terms of my/our lease, rent amount, and/or utility arrears are true and accurate.



7. If I/We have requested assistance for any late fees, and I/we certify that those late fees were incurred due to the impact of the COVID-19 pandemic on my/our household and were not accrued prior to March 13, 2021.
8. I/We understand that if determined to be ineligible, I/We can appeal the decision by following the appeal instructions in the denial letter.
9. Tenant acknowledges that all information collected, assembled, or maintained by the Bell County Emergency Rental Assistance Program pertaining to their application, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and the Bell County Emergency Rental Assistance Program must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this application subject to and in accordance with the Texas Public Information Act.
10. I/We shall provide the U.S. Department of the Treasury, Bell County, Hill Country Community Action Association, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this application.
11. I/We have been provided a copy of this certification.
12. I/We may remain responsible for charges presented with my utility bill, such as district assessments, internet, or cooperative fees, that are presented separately from the charges for utility service.
13. I/We may remain responsible for charges authorized under the lease other than rent going forward, including but not limited to pet rent or trash pickup fees.
14. **The information I/We have provided is true, accurate, and complete, and if requested, I am able to provide documentation to prove my household's loss of income or additional expenses. I/We understand that providing false, incomplete, or inaccurate information on application forms or seeking assistance for months in which assistance has been or will be provided, may result in termination of participation in the Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.**

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PRINTED NAME

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SIGNATURE

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DATE



# BELL COUNTY RENTAL ASSISTANCE HOUSEHOLD DEMOGRAPHICS

Head of Household Information

First Name:		Middle Initial:	Last Name:	
Relationship to Head of Household:		Date of Birth:	Social Security #:	Gender:
Address:		City:	Zip Code:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone:				

## Head of Household Personal Information

<b>Education</b>	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
<b>Disabled</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Hispanic</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Race</b>	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
<b>Work Status</b>	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
<b>Not working AND Not in school:</b> YES/NO Reason:							
<b>Health Insurance</b>	NONE		Direct Purchase	Military	Medicare		
<b>Medicaid</b>	State Children CHIP		State-Adult	Employment Based			
<b>Marital Status</b>	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

<b>Veteran</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Eligible Veteran Spouse</b>				YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Veteran</b>	Service start date	Service End Date	Service Connected Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	% Disabled	

Complete all Sections

## Household and Residence Information

<b>Family Type</b>	Extended Family	Multigenerational	Other	Single Parent Female	
Single Parent Male	Single Person	2 adults no Children	2 Parent Household		
<b>Housing</b>	Own	Rent	Temporary Quarters	Homeless	If Owned Year House was Built
<b>Residence Type</b>	Apt Rented		Mobile Home Rented	Single Family Home Rented	
Mobile Home Owned	Single Family Home Owned	Temporary Quarters	Homeless		

Household Needs			
Employment Assistance	Housing	Medical-Insurance	
Employment Resume	Utility Assistance	Medical-Pregnancy	
Family	Weatherization	Training -ESL	
Food Stamps -WIC	Legal Referral	Training-GED	
Food-Emergency Food	Medical Prescriptions	Training-Voc. Ed	



**Describe Emergency Situation**


**Spouse or Other Household Member**

<i>First Name:</i>	<i>Middle Initial:</i>	<i>Last Name:</i>		
<i>Relationship to Head of Household:</i>	<i>Date of Birth:</i>	<i>Social Security #:</i>	<i>Gender:</i> Male      Female	

**Spouse or Other Household Member Personal Information**

<b>Education</b>	<i>0-8<sup>th</sup> grade</i>	<i>9-12<sup>th</sup> grade</i>	<i>HS Graduate</i>	<i>GED</i>	<i>12+ secondary</i>	<i>2-4 college grad</i>	
<b>Disabled</b>	Yes      No		<b>Hispanic</b>			Yes	No
<b>Race</b>	<i>Black/African American</i>	<i>White</i>	<i>Asian</i>	<i>Hawaiian/Pc Isl.</i>	<i>Native American</i>	<i>Bi-racial Multi-racial</i>	<i>Other</i>
<b>Work Status</b>	<i>Employed FT</i>	<i>Employed PT</i>	<i>Migrant</i>	<i>Retired</i>	<i>Unemployed 6 months or longer</i>	<i>Unemployed</i>	<i>Student</i>
<b>Not working. Not a student. YES/NO Reason:</b>							
<b>Health Insurance</b>	<i>NONE</i>		<i>Direct Purchase</i>	<i>Military</i>	<i>Medicare</i>		
<i>Medicaid</i>	<i>State Children CHIP</i>		<i>State-Adult</i>	<i>Employment Based</i>			
<b>Marital Status</b>	<i>Single</i>	<i>Married</i>	<i>Divorced</i>	<i>Separated</i>	<i>Widowed</i>	<i>Domestic Partner</i>	

<b>Veteran</b>	Yes	No	<b>Eligible Veteran Spouse</b>				YES	NO
<b>Veteran</b>	<i>Service start date</i>		<i>Service End Date</i>		<i>Service Connected Disability</i>	Yes	No	<i>% Disabled</i>

**Certification Statement**

I certify that the above information is true and accurate. I also understand that during verification should any part be false, participation may be terminated. I also understand that that the information contained will be held in confidence and be used to determine eligibility and program planning. I understand that this information will be shared with Federal, State and local agencies as necessary.

Applicant Name \_\_\_\_\_

Client Name \_\_\_\_\_

Date \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse or Other Household Member

Child or Other Household Member

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes	No	Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working. Not a student. YES/NO Reason:							
Health Insurance	NONE	Direct Purchase	Military	Medicare			
Medicaid	State Children CHIP	State-Adult	Employment Based				
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled		

Child or Other Household Member

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad	
Disabled	Yes	No	Hispanic			Yes	No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial	Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed	Student
Not working. Not a student. YES/NO Reason:							
Health Insurance	NONE	Direct Purchase	Military	Medicare			
Medicaid	State Children CHIP	State-Adult	Employment Based				
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner	

Veteran	Yes	No	Eligible Veteran Spouse				YES	NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes	No	% Disabled		



Child or Other Household Member

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad
Disabled	Yes    No		Hispanic			Yes    No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial    Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed    Student
Not working. Not a student. YES/NO Reason:						
Health Insurance	NONE		Direct Purchase	Military	Medicare	
Medicaid	State Children CHIP		State-Adult	Employment Based		
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner

Veteran	Yes    No	Eligible Veteran Spouse				YES    NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes    No	% Disabled	

Child or Other Household Member

Child or Other Household Member			
First Name:		Middle Initial:	Last Name:
Relationship to Head of Household:		Date of Birth:	Social Security #: <span style="float: right;">Gender: Male    Female</span>

Education	0-8 <sup>th</sup> grade	9-12 <sup>th</sup> grade	HS Graduate	GED	12+ secondary	2-4 college grad
Disabled	Yes    No		Hispanic			Yes    No
Race	Black/African American	White	Asian	Hawaiian/Pc Isl.	Native American	Bi-racial Multi-racial    Other
Work Status	Employed FT	Employed PT	Migrant	Retired	Unemployed 6 months or longer	Unemployed    Student
Not working. Not a student. YES/NO Reason:						
Health Insurance	NONE		Direct Purchase	Military	Medicare	
Medicaid	State Children CHIP		State-Adult	Employment Based		
Marital Status	Single	Married	Divorced	Separated	Widowed	Domestic Partner

Veteran	Yes    No	Eligible Veteran Spouse				YES    NO
Veteran	Service start date	Service End Date	Service Connected Disability	Yes    No	% Disabled	



# Income Certification Form Bell County Emergency Rental Assistance (ERAP) Program

To be completed by adult household members who are claiming cash income, or zero income from any sources. Please call 254-870-9986 with questions.

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt No. \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Check the box that applies to your current income circumstances.

- I hereby certify that I do not receive income from any sources.
- I hereby certify that I currently receive cash income and have not yet filed taxes for 2020.

Cash income amount \_\_\_\_\_  
Pay frequency (daily, weekly, semi-monthly, bi-monthly, monthly, annually) \_\_\_\_\_  
Describe what you did to earn this money (be specific):

**I attest that the above information is true, correct, and complete to the best of my knowledge. I understand that submitting false, misleading, or incomplete information may result in termination of participation in the Program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## LANDLORD PACKET

This section must be completed by your landlord.  
Incomplete packets will not be accepted and may result in a denial.  
Please call 254-870-9986 for questions or to set up appointment.

### For Landlords:

- Government issued ID (ONLY if individual/sole proprietor)
- Proof of Ownership (Ex. Copy of county's real property record, Appraisal District information that includes the property address and owner's name)
- Documentation you may help tenants provide:
  - Copy of Lease Agreement
  - Notice of Late Payment/Eviction Notice
- Completed W-9 Form (application will denied without completed/signed W9)
- If involved in eviction proceedings, provide the following:
  - Court Docket Number
  - Justice of the Peace Precinct
  - County
- Rental Assistance Packet/Landlord Certification (completed & signed)
  - Landlord must include **voided check** for direct deposits.



Date \_\_\_\_\_

Dear Vendor:

Federal income tax law requires us to have your taxpayer identification number (TIN) on file. Under federal regulation section 6109, you are required to provide us with this information on the W-9 form included with this mailing.

We will not have to file an annual information return, Form 1099 MISC, for you if you are an exempt payee. However, the law requires that you give us your TIN number in addition to telling us what kind of payee you are. If you do business as an individual or sole proprietor, your social security number serves as your TIN number. Please provide the information below and complete the enclosed W-9 form. Return both as soon as possible.

Thank you for your attention to this request.

\_\_\_\_\_  
VENDOR NAME/PROPERTY NAME

\_\_\_\_\_  
REMITTANCE ADDRESS (IF DIFFERENT)

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CONTACT EMAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

Is your business incorporated? Yes No

Are you a governmental or non-profit business? Yes No

What is the nature of your business?

Strictly sale of merchandise Yes No

Provider of services Yes No

▪ (This could include parts/supplies if required for the service to be provided)

A medical provider? Yes No

A legal services provider? Yes No

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE







## Landlord Certification Form

By signing below, Landlord certifies:

- The Tenant(s) for which assistance is requested is/are one of the persons that has/have occupied the Unit identified in the Application.
- Landlord is not requesting assistance for any Tenant for any month of assistance prior to March 13, 2020.
- Landlord must accept payment from the Bell County Emergency Rental Assistance Program via direct/ACH deposit, to an insured account at a financial institution within the United States, unless otherwise agreed to.
- The Unit(s) identified in the Tenant's Application(s) is/are not, to my knowledge, receiving any other form of government or private assistance for the same months of rent for which this assistance is requested, including but not limited to Community Development Block Grant rental assistance, Emergency Solutions Grant, HOME Partnerships Program rental assistance.
- Landlord will not seek to obtain other assistance for the same Units identified in Tenant Applications and for the same months of rent or rental arrears covered by this assistance, and that to the extent any such assistance is received, Landlord will repay this assistance to Hill Country Community Action Association within 10 calendar days.
- Landlord has attached a copy of each Tenant's lease or if there is no current written lease, Landlord certifies that the information provided in the Application for the Tenant regarding the terms of the lease with the Tenant and rent amount are true and accurate, and Landlord has attached proof of Unit ownership or ability to sublease.
- If the written lease or oral agreement is expired or will expire during period covered by this assistance, Landlord will enter into a new written lease or extend the current lease with Tenant for a monthly payment amount no greater than the monthly amount for the expired or expiring lease or agreement, for a time period at least equal to the period covered by the rent assistance. The new lease may not increase or impose other fees or charges not allowed under the current lease or oral agreement with the tenant, including but not limited to pet rent or trash pick-up. The Landlord may continue to charge all costs, expenses, and fees including but not limited to utility and internet charges if allowed under the original lease.



Landlord attests that any late fees for nonpayment of rent for which Tenant and Landlord are requesting assistance are lawful pursuant to Texas Property Code § 92.019 (i.e., notice of the fee is included in a written lease; the fee is reasonable; and any portion of the tenant's rent has remained unpaid two full days after the date the rent was originally due). Reasonable late fees are defined as those that are not more than 12 percent of the amount of monthly rent for a dwelling located in a structure that contains not more than four dwelling units; those that are not more than 10 percent of the amount of monthly rent for a dwelling located in a structure that contains more than four dwelling units; or those that comply with the other standards established in Texas Property Code § 92.019.

Landlord will not charge a fee to the tenant for applying to the Bell County Emergency Rental Assistance Program. If applicable for eviction diversion cases, no court costs will accrue or be charged to the Tenant, and the Landlord waives all claims raised in the eviction case.

Landlord hereby releases the Tenant and Tenant's Household from payment liability for any rent for the time period covered by the assistance actually received by the Landlord, as well as any fees related to that rent. The Landlord will not evict the Tenant for any reason that predates the acceptance of the funds or for any reason related to rent or fees during the time period covered by the funds and will not evict the Tenant for a nonmonetary default during the time period covered by the rental assistance actually received, except for actions or breaches of the lease that are related to criminal activity, property damage or physical harm to others. Nothing in this certification shall waive a Landlord's right to file an eviction based on a nonmonetary default that occurs after the expiration of the time period covered by the rental assistance actually received.

Landlord shall provide the U.S. Department of the Treasury, Bell County, Hill Country Community Action Association, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this certification, including, but not limited to, copies of the rent payment ledger showing the missed payment(s) for the tenant, and for incorporated entities, a corporate resolution listing the individual or individuals authorized to execute documents. Such records will be kept for the longer of seven years, or until after notice of a monitoring, audit, or litigation, has been provided and the matter has had a final disposition.

If the Owner is a different legal entity than the Landlord, Landlord or Landlord's Agent certifies it has the legal authority to enter into this agreement.

Notwithstanding anything to the contrary in this certification, the Landlord shall have the right to terminate participation in the program at any time prior to receiving assistance.

The information provided is true, accurate, and complete, and if requested, Landlord is able to provide further documentation to support any representations.

In signing this certification you are acknowledging that that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

In signing this **\*\*Application\*\*** (including electronic signature) you are acknowledging that that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PLEASE RETURN TO:

Applications are accepted by appointment only.  
Please call your nearest center for an appointment.  
254-870-9986

Temple HELP:  
604 North 3rd Street, Temple, TX 76501  
Fax: 806-454-3179

Killeen HELP:  
204 Priest Drive Killeen, TX 76541  
Fax: 806-454-3179



