

Bell County ERAP Checklist

All items on checklist must be turned in. <u>Incomplete applications will not be accepted.</u>
When packet is complete, please call 254-870-9986 for an appointment.

Applications are accepted by <u>appointment only</u>.

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	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 <u>OR</u> notice of eviction (if applicable)
	If your landlord has started eviction processing, be prepared to provide the following: O 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 <u>18 and older</u> (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.
	Nental Assistance Facket completed by landiord.
For Lai	ndlords:
	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:
	o 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 <u>must</u> include <u>voided check</u> 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

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.

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be thoroughly reviewed.	istance, no	wever you	u may com	tillue to a	ppiy ioi as	ssistance a	ina your a	ppii
1 Are you seeking assista Texas?	ance for Re	nt and/or	Utilities f	or your pr	imary resi	dence, loc	ated in	
☐ YES ☐ NO								
2 Is your household inco	me less tha	an or equa	al to 80% A	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
3 Can anyone in the hou (this includes past due util 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 paymer are seeking assistance? ☐ YES ☐ NO	nt assistanc	e you are	requestin	g or will r	eceive for	the montl	ns you	

^{*}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.*

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
\square 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 al	so requesting rental assist must cover this period, or	ance for 3 mont	ths of current/future rent for this unit (if you select "YES" onth lease with your landlord must be executed)
☐ YES	□NO		
Utility Ir	nformation		
Are you re	questing Utility Assistance	?	
☐ YES	□NO		
			wer, trash removal, energy costs, such as fuel oil and /or disconnect utility statements.

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.
- 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.

PRINTED NAME		
SIGNATURE	DATE	

Food Stamps -WIC

Food-Emergency Food



BELL COUNTY RENTAL ASSISTANCE HOUSEHOLD DEMOGRAPHICS

First Name:						Middle Init	tial:			Last Nar	ne:					1
Relationship to H	lead of	f House	hold:			Date of Bir	th:		,	Social Se	curity	#:		Gende	er:	
														Male Female		
Address:						City:			-	Zip Code:				Phone	::	
				Н	ead of	f Housel	hold P	ersona	al I	nform	natio	on				
		T														
			9-12th g	th grade HS Graduate			GI	ED	12+	secondar	у	2-4 colle	ege grad			
Disabled				Yes		No		Hispan	ic				Ye	es .	No	
Race		Black/A Americ		White	?	Asian	Hawa	aiian/Pc Is	s1.	Native	Ame	merican Bi-		acial Mu	ılti-racial	Other
Work Statu		Employ		5.000	oyed PT	Migrant	Retire	ed		Unem month			Une	mploye	d	Stude
Not workin	g AN	ID No	ot in s	choo	l: YE	S/NO Rea	son:									•
Health Insu	ranc	e	NONE			Direct P	urchase		N	lilitary			M	edicare		
Medicaid State Children CHIP					CHIP	State-A	dult		E	mploym	ent Ba	sed				
Marital Status Single				N	1arried	Divorce	ed	5	Separate	d	Widowe	d	Don	nestic Par	tner	
Veteran		Yes		No		Eligible	Veter	an Spo	us	e	fs.			Y	ES	NO
Veteran Se	rvice s	tart da	ite			End Date			e Co	nnectea	1	Yes	No	%	Disabled	
Family Type		Ex	tended F		louse	hold an			Int		ition	1	Sing	ile Paren	nt Female	
Single Parent Mal		Sir	ngle Pers	on		2 adults n	o Childre	n	2 P	arent Ho	useho	old			-7177	
Housing		Own	Ren	nt	Tempo	rary Quarte	ers	Homele	ss	If Ou	vned Y	ear Hous	e was	Built		
Residence T	ype		Apt Re	ented				Mobile	Hon	ne Rente	d		Single	e Family	Home Rei	nted
Mobile Home Ow	ned		Single	Family	Home O	wned 7	Temporal	ry Quarte	rs				Home	eless		
							, .	1.01								
Employ	ment	Assis	tance					d Need	S				17 -	-1.1		
Employ			0,010,010,100			Housin			-					al-Insui		
	ment	Resul	me				Assista							_	nancy	
Family						Weath	herizatio	on				Tr	ainin	ig -ESL		

Legal Referral

Medical Prescriptions

Training-GED

Training-Voc. Ed

				Spou	se or Ot	her I	louseho	old I	Meml	ber					
First Name:			ţ.		Middle Initial:				Last Name:						
Relationship to	o Head of H		Date of Birth:			S	Social Security #:			Gender: Male	Femal	le			
Spouse or Other Household Member Personal Information															
Education 0-8th grade			ade	9-12 th	grade	HS Gr	aduate	GEL	D	12+ secondo	ry 2	2-4 college gi	rad		
Disabled			94	Yes	No		Hispar	nic			Yes	5	No		
Race	Race Black/A		ican White		Asian	На	Hawaiian/Pc Isl.		I. Native American		Bi-ra	Bi-racial Multi-racial		Other	
Work Sta	tus ^{En}	ployed	FT Employed PT		Migrant	Retired			Unemployed 6 months or longer		Unemployed			Student	
Not work	ing. No	t a st	uder	it. YES/NO	Reason:					7,1					
Health Ins			ONE	100 may 1 to 100 may	Direct Purchase			Mi	Military Med			edicare			
Medicaid		St	ate Chi	ildren CHIP	State-A	dult		Em	Employment Based		+				
Marital St	tatus		Singi	le I	Married	Divo	rced	-	parateo		red	Domestic	Partr	er	
Veteran		Yes		No	Eligible	Vete	ran Sno	nuce.			\$1,391	YES		NO	
Veteran	Service sta			Service	End Date	vete		e Con	nected	Yes	No	% Disab			

Child or Other Household Member										
First Name:	e: Middle Initial: Last Name:									
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender:							
			Male Female							

Education	0-8th gr	rade	9-12th	grade	HS G	aduate	GI	ED 1	2+ secondary	2-4 college grad		d
Disabled		Ye	s	No		Hispa	nic	7 1 1 1		Yes	. /	Vo
Race	Black/Afr American		hite	Asian	На	waiian/Pc				Bi-racial Multi-racial		ol Other
Work Status	Employed	FT En	ployed PT	Migrant	Re	tired		Unemployed 6 months or longer		Unemployed		Student
Not working.	Not a st	udent.	YES/N	O Reason:					ionger			
Health Insurar	nce N	ONE		Direct P	urchas	e	N	lilitary		Me	dicare	
Medicaid	St	ate Childr	en CHIP	State-A	dult		E	mployment	Based			
Marital Status		Single	le Married		Divo	rced		Separated	Widowed		Domestic F	Partner

Veteran		Yes	No	Eligible Vet	eran Spouse	/8 18 B		YES	NO
Veteran	Service s	tart date		Service End Date	Service Connected Disability	Yes	No	% Disable	d

Child or Other Household Member										
First Name:	Middle Initial:	Last Name:								
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female							

Education	0-8"	grade	3	9-12th g	rade	HS Gr	aduate	GE	D 1	2+ secondary	2-4 college grad		
Disabled			Yes		No		Hispa	nic			Yes	No	40
Race		Black/African White American			Asian	Hawaiian/Pc Isl.			Native American		Bi-racial Multi-racial		Other
Work Status	rk Status Employed FT		Employ	Employed PT Mi		Ret	Retired		Unemployed 6 months or longer		Unemployed		Student
Not working.	Not a	stude	nt. y	ES/NO	Reason:								•
Health Insurar	nce	NONE			Direct P	urchas	е	М	ilitary		Med	licare	
Medicaid	ledicaid State Children CHIP		HIP	HIP State-Adult Married Divorced		En	Employment Based				10-5-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-		
Marital Status Singl		gle	M			rced	ced Se		Separated Widowed		Domestic Partner		

Veteran	Yes	No	Eligible Ve	teran Spouse			YES	NO
Veteran	eteran Service start date		Service End Date	Service Connected Disability	Yes	No	% Disable	1

	Child or Other Hous	ehold Member	
First Name:	Middle Initial:	Last Name:	
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender:
			Male Female

Education	0-8th	grade	9-12th	grade	HS Gr	aduate	GE	ED .	12+ secondary	2	2-4 college grad		
Disabled			Yes	No		Hispa	nic	53.8		Yes		lo	
Race	Black/Aj America		White	Asian	На	waiian/Pc		Native A	merican	Bi-racial Multi-racial		ol Other	
Work Status	Employe	d FT	Employed PT	Migrant	Ret	rired	Unemployed 6 months or longer		* Committee of the comm	Unemployed		Student	
Not working.	Not a s	tuden	t. YES/NO	Reason:									
Health Insurai	nce	NONE		Direct P	Purchas	е	M	lilitary		Me	dicare		
Medicaid		State Chil	dren CHIP	State-A	dult		Er	mploymen	t Based				
Marital Status		Single	2	Married	ried Divorced		-	eparated			d Domestic Partner		

Veteran		Yes No			Eligible Ve	YES	NO			
Veteran	Service s	Service start date Ser			End Date	Service Connected Disability	Yes	No	% Disabled	

	Child or Other Hous	ehold Member	
First Name:	Middle Initial:	Last Name:	
Relationship to Head of Household:	Date of Birth:	Social Security #:	Gender: Male Female

Education	0-8th g	rade	9-12th g	grade	HS Gr	aduate	GE	D 1	12+ secondary	2-4 college grad			
Disabled		Ye	s	No		Hispa	nic			Yes	N	No	
Race	Black/Aj America		hite	Asian	На	waiian/Po	Isl.	Native A	merican	Bi-rac	ial Multi-racial	Other	
Work Status Employed		d FT En	ployed PT	Migrant	t Retired			Unemployed 6 months or longer		Umemployed		Student	
Not working.	Not a s	tudent.	YES/NO	Reason:								•	
Health Insurar	nce	VONE		Direct P	Purchas	е	M	lilitary		Med	dicare		
Medicaid		State Childr	en CHIP	State-A	dult		Er	nployment	t Based				
Marital Status		Single	N	1arried	Divo	Divorced S		Separated Widowed		Domestic Partner			

Veteran		Yes	No	Eligible Ve	Eligible Veteran Spouse					
Veteran	Service s	tart 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:	p
Check the box that applies to your current in	come circumstances.
☐ I hereby certify that I do not receive incom	e from any sources.
☐ I hereby certify that I currently receive cas Cash income amount	h income and have not yet filed taxes for 2020.
Pay frequency (daily, weekly, semi-monthly, I	
Describe what you did to earn this money (be	e specific):
-	
	alse, misleading, or incomplete information
may result in termination of participation i	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
o County
Rental Assistance Packet/Landlord Certification (completed & signed)
 Landlord must include voided check for direct denosits



Hill Country Community Action Association

Rental Assistance Packet

Date			
Dear Vendor:			
Federal income tax law requires us to have your regulation section 6109, you are required to providing mailing.	taxpayer vide us w	identification number (TIN) on file. Under federal rith this information on the W-9 form included with	1
are. If you do business as an individual or sole pr	TIN num coprietor	m 1099 MISC, for you if you are an exempt payee. ber in addition to telling us what kind of payee you , your social security number serves as your TIN lete the enclosed W-9 form. Return both as soon a	
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? Are you a governmental or non-profit business? What is the nature of your business?	□Yes □Yes	□No □No	
Strictly sale of merchandise Provider of services	□Yes □Yes	□No	
(This could include parts/supplies i		□No for the service to be provided)	
A medical provider?	□Yes	□No	
A legal services provider?	□Yes	□No	
PRINTED NAME		TITLE	
SIGNATURE		DATE	



Hill Country Community Action Association

Rental Assistance Packet

Landlord/Owner Verification Form

Date (month/day/year):
Tenant Name:
Tenant Address:
The monthly rent payment is \$ Total Arrears \$ (If client has arrears, a breakdown of months and late fees must be included)
Type of Arrears: \$in Late Fees \$in Utilities \$in Check Fees \$in Other:
The total owed (including arrears) is \$
Please include an itemized billing statement for the past 12 months is available.
Direct Deposit Authorization – Please include a voided check Direct deposits will not be sent without a voided check. Payee Information: Texas Identification Number (TIN) Employer Identification Number (EIN) Social Security Number (SSN) Individual Taxpayer Identification Number (ITIN) Account Information: Vendor Name/Property Name: Financial Institution Name: State: State: Zip:
Routing Number (9 digits):
Account Number: Savings Account Type: Checking Account I authorize the Hill Country Community Action Association, Inc. (HCCAA) to deposit my payments to my financial institution electronically. I understand that HCCAA will reverse any payments made to my account in error. Landlord Phone Number:
Authorized Signature Date



Hill Country Community Action Association

Rental Assistance Packet

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

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<u>only</u>. 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:

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(Rev. October 2018) Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line to	blank.	Torrita	uon.	-						
	2 Business name/disregarded entity name, if different from above										
Print or type. Specific Instructions on page 3.							4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)				
Print or type.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					Exemption from FATCA reporting code (if any)					
Spe	5 Address (number street and ant or suite no) See inchest				(Applies to accounts maintained outside the U.S.)						
See	6 City, state, and ZIP code					dress (op	tional))			
	7 List account number(s) here (optional)					***************************************					
Part	Taxpayer Identification Number (TIN)										
Enter y	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to	o avoid	Soc	cial secu	curity number						
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> later.] -[-[
Or Or			plover ic	identification number							
Number To Give the Requester for guidelines on whose number to enter.				-	- I I I I I I				П		
Part	II Certification										
Under p	penalties of perjury, I certify that:										
2. I am Servi	number shown on this form is my correct taxpayer identification number (or I am waiting not subject to backup withholding because: (a) I am exempt from backup withholding, o ice (IRS) that I am subject to backup withholding as a result of a failure to report all intere- inger subject to backup withholding; and	r (h) I hav	e not h	een not	tified	by the	Intorn	nal Rev d me t	renue hat I am		
3. I am	a U.S. citizen or other U.S. person (defined below); and										
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA repo										
you nav acquisit	ation instructions. You must cross out item 2 above if you have been notified by the IRS that e failed to report all interest and dividends on your tax return. For real estate transactions, ite ion or abandonment of secured property, cancellation of debt, contributions to an individual in an interest and dividends, you are not required to sign the certification, but you must provide	m 2 does	not app	oly. For	morto	gage into	erest	paid,	ente		
Sign Here	Signature of U.S. person ►	Date ▶	•								
Gen	eral Instructions • Form 1099-DIV	(dividend	ds incl	uding th	nose	from eta	ncke	or must	ual		

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- funds)
- · Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.