



EAST TEXAS COUNCIL OF GOVERNMENTS
HURRICANE IKE DISASTER RECOVERY
HOUSING ASSISTANCE PROGRAM



You are applying for Hurricane Ike Disaster Recovery Housing Assistance Program from the East Texas Council of Governments. This grant is funded entirely by the Texas Department of Housing and Community Affairs in conjunction with the Texas Department of Rural Affairs as part of the Hurricane Ike Disaster Recovery Assistance Program. Direct housing repairs valued at **\$5000 or Less** will be provided for owner-occupied single-family structures with a low-to-moderate income in need of necessary repairs to make the structure safe(r) and/or to prevent future disaster damage.

Program assistance is only available for owner-occupied units in the following counties: Cherokee, Gregg, Harrison, Rusk and Smith. If you have received assistance from FEMA, or if you have an ongoing case with FEMA, you may not be eligible for this program. Due to the limited amount of funding available for this program, applications will be ranked based upon the following guidelines:

- Household Income (must be at or below 80% AMI to qualify)
- Age (62+)
- Disability
- Size of family

Examples of Allowable Housing Assistance Repairs:

1. Roof repair
2. Roof replacement
3. Repair/replacement of siding, vinyl veneer, wood framing, underpinning
4. Repair/replacement of windows
5. Repair/replacement of exterior doors (not including screen doors)
6. Anchoring of manufactured housing
7. Other related repairs as necessary

The following forms and documents **MUST** be submitted with your application. Incomplete applications will **NOT** be eligible. You must verify your application is complete before submitting it; we will **NOT** contact you to request missing items.

- _____ 1. All forms included in this application packet, including checklist
- _____ 2. Copy of state-issued photo ID for all household members over the age of 16
- _____ 3. Proof of Household Income: Pay Stubs for the past 60 days, Bank Statements, Child Support or Certification of Zero Income (Form RS-H 3.2)(if applicable)
- _____ 4. Property Tax Statement showing all taxes are current
- _____ 5. List of all assets over \$10,000 (Form RS-H 3.9)
- _____ 6. Copy of Deed of Trust or Warranty Deed in the name of the applicant. If there are additional names on the deed (not including your spouse), submit Form RS-H 3.15

ELIGIBILITY GUIDELINES

1. Housing Unit must be owner-occupied
2. Housing Unit must be located in an eligible county
3. The housing unit must have been applicant's primary residence on September 13, 2008
4. Requested housing assistance must be disaster-related
5. Household must be low to moderate income (income cannot exceed the income limits per size of household as listed below:

<u>COUNTY</u>	<u>1</u> <u>PERSON</u>	<u>2</u> <u>PERSON</u>	<u>3</u> <u>PERSON</u>	<u>4</u> <u>PERSON</u>	<u>5</u> <u>PERSON</u>
Cherokee	\$24,400	\$27,920	\$31,360	\$34,880	\$37,680
Gregg	\$28,080	\$32,160	\$36,160	\$40,160	\$43,360
Harrison	\$27,360	\$31,200	\$35,120	\$39,040	\$42,160
Rusk	\$26,240	\$29,920	\$33,680	\$37,440	\$40,400
Smith	\$29,680	\$33,920	\$38,160	\$42,400	\$45,760

6. House cannot be within a designated Flood Zone

If you have any questions about this application, please call 903.984.8641 ext 220. Once your application has been submitted you will **NOT** be allowed to resubmit or make amendments to your application.

Application Deadline December 15, 2009

Mail Completed Application To:
 East Texas Council of Government
 Attention: Housing
 3800 Stone Road
 Kilgore, TX 75662

(FOR OFFICE USE ONLY)

CASE # _____
DATE RECEIVED _____
BY _____
SCORE _____



**EAST TEXAS COUNCIL OF GOVERNMENTS
HURRICANE IKE DISASTER RECOVERY
INTAKE APPLICATION**



Type of Assistance Requested: <input type="checkbox"/> Roof Repair/Replacement <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Future Disaster Mitigation (i.e.-anchoring)	Mail Completed Application To: East Texas Council of Government Attention: Housing 3800 Stone Road Kilgore, TX 75662
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APPLICANT INFORMATION		
Applicant Last Name: _____	Applicant First Name: _____	Applicant Middle Name: _____
Current Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Daytime Phone: _____	Date of Birth: _____

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

ELIGIBILITY INFORMATION	
If the answer to any of the following questions is NO, you are not eligible for assistance:	
Was the damaged unit a single family residence (including manufactured housing units, duplexes, or condominiums)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was that unit damaged on September 13, 2008, as a direct result of Hurricane Ike?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the unit the primary residence of the applicant on the date of the storm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED.

It is being collected to ensure compliance with Federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

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

Ethnicity of Head of Household:

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

HURRICANE IKE VICTIMS INFORMATION

In order to be eligible to receive assistance under the Hurricane Ike Disaster Recovery Assistance Program, housing owned by low to moderate income households must have been damaged as a result of Hurricane Ike.

Check all of the following that apply.

- The home occupied by persons in this household was damaged September 13, 2008, by Hurricane Ike.
- I/we are currently homeless or living in sub-standard housing due to damage caused by Hurricane Ike.
Explain: _____
- I/we have been displaced from our housing due to damage caused by Hurricane Ike.
Explain: _____
- Other: _____

OTHER ASSISTANCE RECEIVED

Assistance provided under the Hurricane Ike Disaster Recovery Assistance Program may not exceed a household's unmet housing needs. List all other sources of financial or housing assistance received (local, state, federal, and private sources). List all insurance companies currently covering your real property. List all insurance companies that were providing coverage to your real property on September 13, 2008.

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

Yes No

By signing this application, the applicant authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

FEMA

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

Yes No

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

What is your FEMA Registration No.?

1) _____ 2) _____

Small Business Administration (SBA)

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

Yes No

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

What is your SBA Application No.? _____

What is your SBA Loan No.: _____

INSURANCE

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

Yes No

Insurance coverage in effect 9/13/2008 - _____

Claim received: \$ _____

Purpose: _____

Insurance coverage currently in effect - _____

Purpose (fire, flood, wind, etc.): _____

OTHER SOURCES

Other financial assistance received: _____

Purpose: _____

ATTACH ADDITIONAL SHEET IF THERE ARE ADDITIONAL SOURCES

INCOME INFORMATION

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

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

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

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

APPLICANT CERTIFICATION

I/We understand the information provided above is collected to determine if I/we are eligible to receive assistance under the Hurricane Ike Disaster Recovery Housing Assistance Program.

I/We understand that completing this application does **NOT** guarantee I/we will be eligible for the Housing Assistance Program.

I/We understand this is a competitive application and those determined to be of greatest need will be served first.

I/We understand that I/we am subject all program guideline changes.

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.

I/We authorize the East Texas Council of Governments, the state of Texas and any of its duly authorized representatives to verify all information provided on this application.

Signature of Applicant:

Date

Signature of Co-Applicant:

Date

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



EAST TEXAS COUNCIL OF GOVERNMENTS
 HURRICANE IKE DISASTER RECOVERY
 VERIFICATION OF ASSETS



Applicant Name: _____ County/City: _____
 SSN: _____ - _____ - _____

By signing this form, I affirm that all information on this form and any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements, misrepresentation or incomplete information may be cause for denial of services, and I may be subject to and liable for reimbursement of program expenses as a result.

As part of our processing we must verify the household's assets. The individual authorizes the release of the required information by their signature below. The information you provide will be used only for the purpose of determining the household's eligibility.

Signature of Applicant

Type of Account	Current Value
Cash on Hand	
Savings Account	
Checking Account	
Money Market Account	
Other Account (specify)	
Other Account (specify)	

Type of Asset	Address/Type	Current Value	Amount Owed
Home with land			
2nd Home			
Property			
Property			
Farm/Ranch			
Ag Value Property			
Timeshare			
Farm Equipment			
Business			
1st Vehicle			
2nd Vehicle			
3rd Vehicle			



EAST TEXAS COUNCIL OF GOVERNMENTS
HURRICANE IKE DISASTER RECOVERY
CERTIFICATION OF ZERO INCOME



(To be completed by head household, if appropriate.)

Applicant Name: _____ SSN: _____

County: _____ City: _____

- 1. I hereby certify that I do not individually receive income from any of the following sources:
a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
b. Income from operation of a business;
c. Interest or dividends from assets;
d. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
e. Unemployment or disability payments;
f. Public assistance payments;
g. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
h. Sales from self-employed resources (Avon, Mary Kay, etc.);
i. Any other source not named above.
2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. I understand that any false statements, misrepresentation or incomplete information may be cause for denial of services, and I may be subject to and liable for reimbursement of program expenses as a result.

Signature of Applicant

Printed Name of Applicant

Date



EAST TEXAS COUNCIL OF GOVERNMENTS
HURRICANE IKE DISASTER RECOVERY
OWNERSHIP VERIFICATION



PLEASE ATTACH A COPY OF DEED FOR THE DAMAGED PROPERTY

IF THERE ARE ADDITIONAL NAMES ON THE DEED PLEASE COMPLETE THE SECTION BELOW

Name	Relationship to Applicant	Contact Information

Consent of all deed holders will be necessary to proceed if found eligible.
Additional information maybe needed from each deed holder.



EAST TEXAS COUNCIL OF GOVERNMENTS
HURRICANE IKE DISATER RECOVERY
CLIENT RIGHTS & RESPONSIBILITIES



The East Texas Council of Governments welcomes you as a participant in housing programs for citizens in our region. This grant is funded entirely by the Texas Department of Housing and Community Affairs in conjunction with the Texas Department of Rural Affairs as part of the Hurricane Ike Disaster Recovery Assistance Program.

Programs and services are designed for owner-occupied single family structures occupied by low-to-moderate income families/individuals in need of necessary repairs to make the structure safe(r) and/or to prevent future disaster damage.

Program assistance is only available for owner-occupied units in the following counties: Cherokee, Gregg, Harrison, Rusk and Smith. Information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.
3. You have a right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. Contact information is:

Mrs. Savannah Pacobit, Housing Assistant
3800 Stone Road
Kilgore TX 75662
903.984.8641 ext. 235

Ms. Karen Cline, Housing Coordinator
3800 Stone Road
Kilgore TX 75662
903.984.8641 ext. 220

Mr. Luke Kimbrough, Director of PIRS
3800 Stone Road
Kilgore TX 75662
903.984.8641 ext. 219

4. You have the right to be informed of any change in service(s).
5. You have the right to make a voluntary, confidential, contribution for services received through the Housing East Texas-East Texas Council of Governments. Services will not be denied if an eligible participant is unable or chooses not to make a contribution. All contributions will be kept confidential and will be utilized to expand or enhance the service(s) for which they were provided.
6. You have the responsibility to inform the Housing East Texas-East Texas Council of Governments of your intent to withdraw from the program if you choose to do so before services are rendered.
7. You have the responsibility to provide the Housing East Texas-East Texas Council of Governments or its partner(s) with complete and accurate information.

Signature

Date



EAST TEXAS COUNCIL OF GOVERNMENTS
HURRICANE IKE DISASTER RECOVERY
CLIENT RIGHTS & RESPONSIBILITIES

**KEEP
Client Copy**



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Client Copy- Keep

Signature

Date



EAST TEXAS COUNCIL OF GOVERNMENTS HURRICANE IKE DISASTER RECOVERY CHECKLIST



Applicant _____

City/County _____

Forms Include:

- Intake Application (Form RS-H 3.1)
- Verification of Assets (Form RS-H 3.9)
- Certification of Zero Income, if applicable (Form RS-H 3.2)
- Clients Rights & Responsibilities (Form RS-H 1.3E)
- Copy of State-Issued Photo ID
 - Birth Certificate
- Proof of Income For All Household Members
 - Copy of pay stubs,
 - Bank statement
 - Child support
 - Any other source not name above
- Proof of Ownership
 - Copy of Deed of Trust or Warranty Deed in the name of the applicant
 - Ownership Information, if applicable (Form RS-3.15)
 - Property Tax Statement
- Other _____

