

Program Overview

Name:

Address:

Program Overview



TEXAS RENT RELIEF PROGRAM

Texas Department of Housing
and Community Affairs

1-833-9TX-RENT

1-833-989-7368

Monday-Saturday

8 a.m. - 6 p.m. CST

OVERVIEW

The Texas Rent Relief program provides rental and utility assistance to qualifying applicants to prevent housing instability, potential eviction, and financial hardships of tenants and landlords as a result of the COVID-19 public health emergency. Application for assistance may be initiated by either the Tenant or the Landlord so please read carefully and follow the steps in order to ensure you are filling out the application process correctly.

Program funds may be used to provide up to fifteen (15) months of assistance for the following expenses:

- past due rent,
- current and future rent,
- past due utility and home energy costs, and
- current and future utilities and home energy costs.

While applicants may be assisted for up to 15 total months, the Program will not commit funds for future rent or utility assistance for more than a 3-month period at a time. **We encourage tenants to request 3 future months with the initial application, if you plan on being in the unit.** Applicants must reapply every 3 months and will only be assisted if funds are still available.

This program has specific eligibility requirements and not all households may be eligible. Application funding is subject to availability and will remain open until all available funds have been committed. The duration of the Program and the speed in which a household will be served depends on the number of eligible applicants. Funds may not be available by the time a household applies or is reviewed for eligibility. Other program limitations may also apply, and policies are subject to additional guidance and/or requirements provided by the Department of Treasury. For more information or to view frequently asked questions and program resources, please visit the program's main page at: <https://texasrentrelief.com>.

If you need assistance completing an application, our Call Center staff can complete the application with you by phone at 1-833-989-7368. Call center hours are from 8:00 AM – 6:00 PM Central Time (CT) Monday - Saturday. Help is available in multiple languages.

QUALIFICATION CRITERIA

Households must have income at or below 80% of the Area Median Income (AMI).

1. **AND** One or more of the tenant household members must:
 - Attest they have qualified for unemployment benefits since March 13, 2020; 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
2. **AND** Households must:
 - Demonstrate they are at risk of homelessness or housing instability by providing an eviction notice or past-due utility or rent notice; OR
 - Attest that if they do not receive rental and/or utility assistance, they would need to move into an unsafe or unhealthy living environment, like a shared living situation or emergency shelter
3. **AND** The unit a household is renting must be their primary residence and be located within the State of Texas.

Beginning on April 21, 2021, Texas Rent Relief may now provide assistance to the following groups:

- Tenants living in Public Housing (the tenant paid-portion of rent and/or utilities)
- Tenant households receiving Project-Based or Tenant-Based Vouchers (the tenant paid-portion of rent and/or utilities)
- Tenants living in units with rents above the 150% of their Small Area Fair Market Rent (SAFMR)/Fair Market Rent (FMR). Rent assistance provided may not exceed \$4600 per month.

LANDLORD PARTICIPATION

If your application is eligible and there are funds available, the Texas Rent Relief Program will first try to pay your landlord and/or utility provider. The Texas Rent Relief Program will contact your landlord and/or utility provider for up to 10 days. If a landlord confirms that they do not want to receive payment directly, or if after that period of time has passed a landlord has still not responded, the Texas Rent Relief Program will then pay the tenant directly. If you receive payment directly from the Texas Rent Relief Program, you must use it to pay your landlord and/or utility provider. To not use the funds for that purpose is a violation of state and federal law.

DOCUMENTS NEEDED TO APPLY

As part of the Program application, all tenant households will be required to submit the following documentation required to perform the eligibility review:

- Government-issued or personal ID for at least one household member on the lease,
- Copy of rent or lease agreement
 - If there is no lease agreement, your landlord will have to submit the rent term and monthly rent amount and you must provide a rent receipt or other payment documentation for the three most recent complete months of paid rent to establish a pattern of paying rent.
- Notices of late rent payment or notice to evict, if applicable
- If your landlord has started eviction proceedings, you will need to have ready:
 - Court Docket #
 - Justice of the Peace Precinct #, and
 - County
- Know that you will be asked to sign a certification. To read this ahead of time, you can visit [TexasRentRelief.com](https://www.TexasRentRelief.com). You will be promising that everything you provide is true and that you have not already received assistance for the same months.
- Copies of past due utility bills, if utility assistance is being requested

Income

For all household members 18 years of age or above (or head or co-heads of household if all members are under 18), income documentation must be provided from one of the three options below. Please note that if you follow options 1 or 2, you will only have to provide documentation one time. If you choose option 3 and reapply for additional assistance after three months, you will need to provide income documentation again. Note that households that are applying in the eviction diversion set-aside, and have a court docket #, only need to attest that their income is at or below 80% of Area Median Income; income documentation is not required.

• Option 1: Eligibility Through Other Programs

- Households who receive assistance from other public programs may streamline the application process by providing proof of participation in any of the following programs to meet the income criteria.
 - A household with 6 or fewer members may provide a letter or other documentation dated on or after January 1, 2020 showing that the household receives benefits from one of the following programs:
 - Head Start, LIHEAP/CEAP, or SNAP
 - SSI, TANF, or Tribal TANF, for head or co-head of household
 - Veterans Affairs Disability Pension, Survivor Pension, Enhanced Survivor Benefits, or Section 306 disability pension (not standard VA pension)
 - A household with 3 or fewer members may provide a letter or other documentation dated on or after January 1, 2020 showing that the household receives benefits from Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - If you are living in a rent-restricted property, living in a public housing unit, or receiving tenant-based rental assistance (such as a Housing Choice Voucher) you or your landlord can provide evidence of your most recent income certification (as long as it is no older than one year from when you apply for assistance).
 - If you have either of the items above, the only other information you will have to provide about income is a signed certification (already a part of the application) that your household income is still below the limit.

• Option 2: Annual Income Documentation for 2020

- Filed 2020 IRS Form 1040 if you have completed your 2020 federal income taxes. Household income will be calculated as the adjusted gross income.
- A 2020 IRS Tax Return Transcript will suffice for a 2020 tax return.
- If you have not filed taxes yet, you may use other source documents showing your household's annual income (e.g. wage statement, W2s, interest statement, unemployment compensation statement).
- All file types (PDF, screenshot, picture, etc.) are acceptable.
- Unsigned tax returns are accepted as part of the application. They do not need to be signed.

• Option 3: Monthly Income Documentation:

- Check stubs from your employer for the most recent thirty (30) day-period or current letter from your employer verifying gross wages (pay rate, hours/week, pay date)
- Current Pension/Retirement Benefit letter (if applicable)
- Investment income
- Pension
- Retirement
- Social Security (not SSI)
- Signed certifications (already a part of the application) for any household member who is self-employed, earns cash income, or does not earn income.
- Unemployment compensation

FALSE OR FRAUDULENT DOCUMENTS OR STATEMENTS

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. Landlords and tenants 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.

TO REPORT FRAUD, WASTE, AND ABUSE:

All Texas Department of Housing and Community Affairs (TDHCA) employees and contractor employees have a responsibility to report waste, fraud and abuse within the agency. The public is also invited to share such concerns. If you suspect fraud, waste or abuse please call (833) 61-FRAUD or (833) 613-7283.

Suspected Fraud:

TDHCA reserves the right to decline funding or participation if it is determined that fraud has occurred.

For General Program Questions, Contact Us Here:

By phone: 1-833-989-7368

Via email: info@texasrentrelief.com

Reasonable Accommodation

If you or anyone in your household is a person with disabilities and requires a specific accommodation to apply for this Program, please contact the program call center by phone at 1-833-989-7368 to request an accommodation.

NOTE: Much of the correspondence for this Program is via EMAIL, so please check your Spam email folder if you have not received any emails from Neighborly Software or from the Texas Rent Relief program.

A. Eligibility

Name:

Address:

A. Eligibility

The following questions will help determine whether your household meets basic eligibility for the Texas Rent Relief Program.

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

Yes No

A.2. Is your household income below the program income limit for your county and household size?

- Go to <https://texasrentrelief.com/> and click on "Do I Qualify?"
- Answer a few quick questions to see if your household qualifies.
- Under the "Income Limit Calculator" select the property county, number of household members and hit "Calculate".
- If you need any assistance calculating the Income Limit, please contact our call center at: 1-833-989-7368.

Yes No

A.3. Can you or anyone in your household demonstrate that you are at risk of homelessness by either providing a past due utility or rent notice or eviction notice, or certifying that unless you receive rental assistance, you would have to move to an unsafe/unhealthy environment, like a crowded living situation or emergency shelter?

Yes No

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

Yes No

A.5. Is this the only payment assistance you are requesting or will receive for the months or portion of the rent you are seeking assistance?

Yes No



IF YOU ANSWERED NO TO ANY OF QUESTIONS A.1 - A.5, YOU ARE VERY LIKELY TO BE INELEGIBLE FOR THE TEXAS RENT RELIEF PROGRAM. PLEASE CONTACT OUR CALL CENTER AT 833-989-7368 IF YOU HAVE ANY QUESTIONS.

B. Applicant Information

Name:

Address:

B. Applicant Information

Please enter the contact information below for the person(s) seeking rental and/or utility assistance (the person must be on the lease/rental agreement). If you would like to add additional user(s) to help in the submission of this application, and/or view the status of this application in the future, you can do so in the VIEW USERS section available in the menu on the left hand side of your screen.

PRIMARY APPLICANT

B.1. Applicant First Name: _____

B.2. Applicant Last Name: _____

B.3. Home Address: _____

B.4. County: _____

B.5. Mailing Address (Complete If Different from Home Address): _____

B.6. Telephone Number: _____

B.7. E-Mail: _____

B.8. Preferred Method of Communication: _____

B.9. Is anyone listed on your lease no longer a member of your household? __ Yes __ No

If yes, please explain below. For example, the individual has moved out, has passed away, or is listed on the lease as a co-signer.

C. Household Members

Name:

Address:

C. Household Members

List all household members, starting with the Head of Household (Primary applicant). Social Security number not required. If you elect not to share social security numbers, enter 000-00-0000 in SSN field.

Total Household Members: _____

	Name	Social Security Number (not required)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

D. Eviction

Name: _____

Address: _____

D. Eviction

Some of the rent and utility assistance funding available through the Texas Rent Relief program is dedicated for tenants who have already been sued for eviction by their landlord.

D.1. Have you been sued for eviction by your landlord? ___ Yes ___ No

If no, proceed to next section

D.2. Please enter your Court Docket #: _____

D.3. Please enter the Justice of the Peace Precinct: _____

D.4. Please select the County of the Court: _____

E. Income Verification

Name:

Address:

E. Household Income Verification

You have three options for reporting/entering your household income. Select one of the options below and follow the instructions for that option. Household income is income earned by everyone within the household over the age of 18. Note that households that are applying in the eviction diversion set-aside, and have a court docket #, only need to attest that their income is at or below 80% of Area Median Income; income documentation is not required.

Option 1: If you have a 2020 Tax Return that covers all income earned by members of your household, enter the "adjusted gross income" from your 2020 tax return (IRS Form 1040 Line 11) filed with the IRS. All pages must be included. Unsigned tax returns and source documents for tax returns are also accepted.

OR

Option 2: If you or your household participate in one of the following programs and can provide a document showing that you participate in the program, you do not need to prove any additional income documentation.

- If your household has 6 or fewer members, you can include copies of the most recent (no older than January 1, 2020) benefits letter or program documentation that confirms eligibility from one of these programs:
 - Head Start
 - Low Income Home Energy Assistance Program (LIHEAP), or the Comprehensive Energy Assistance Program (CEAP) in Texas
 - Supplemental Nutrition Assistance Program (SNAP)
 - Supplemental Security Income (SSI), for head or co-head of household
 - Temporary Assistance for Needy Families (TANF) or Tribal TANF, for head or co-head of household
 - Veterans Affairs Disability Pension, Survivor Pension, Enhanced Survivor Benefits, or Section 306 disability pension (not standard VA pension)
- If your household has 3 or fewer members, you can include copies of the most recent (no older than January 1, 2020) benefits letter or program documentation that confirms eligibility from Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- If you live in an affordable housing property, live in a public housing unit, or receive a Housing Choice Voucher, you can include a copy of a Tenant Income Certification (TIC) form from an affordable housing property dated within the last year.

OR

Option 3: Enter income information for every household member for each type of income following the instructions below. Note: You will need to include copies of supporting documents for each type of income for each household member. Please use this option if you are applying to the Eviction Diversion Program and select "Eviction Diversion" for income source to bypass the income requirements. When selecting "Eviction Diversion" you are not required to submit income documentation.

Follow the instructions below to add **at least one source of income for each household member**. If a household member has **zero** income, then add "Zero Income" as an income source from the Dropdown menu.

1. Using the table below, note the appropriate source of income. If the income source isn't listed, a written description is required in the "Additional Information" box.
2. Enter the expected income for the next 12 months specific to the source. If you receive income weekly, bi-weekly, or any other frequency, please indicate this in the cart below.
3. Upload the appropriate documentation as prompted.
4. Repeat for each source of income for each household member until **ALL** household income is entered.

Failure to include **ALL** income information for every household member may prevent assistance from being provided OR you may be required to **REPAY** assistance if you are found to be ineligible after assistance is granted.

Income Sources for this application include:

- | | |
|----------------------------|---------------------------------------|
| 1. 2020 Federal Tax Return | 8. Other - please provide explanation |
| 2. Alimony | 9. Pension |
| 3. Cash Income | 10. Retirement |
| 4. Eviction Diversion | 11. Self-Employment Income |
| 5. Gross Pay | 12. Social Security |
| 6. Investment Income | 13. Tax Return Source Documents |
| 7. No Income | 14. Unemployment Comp |

	Name	Program Participation (Option 2 Only)	Income Source	Income Amount	Income Payment Basis (Annual, Monthly, Weekly, Hourly, etc.)
	<i>Example: Joe Brown</i>	<i>SNAP</i>	<i>Other-Child Support</i>	<i>\$1,000.00</i>	<i>Monthly</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Staff Certification

Applicant Signature

Co-Applicant Signature

F. COVID-19 Impact

Name:

Address:

F. COVID-19 Impact

F.1. Have you or other members of your household qualified for unemployment benefits due to the COVID-19 pandemic since March 13, 2020? ___ Yes ___ No

F.2. Have you or anyone within your household experienced any of the following hardships due directly, or indirectly, to COVID-19? (If yes, please check all that apply below)

REDUCTION IN INCOME

<input type="checkbox"/>	Laid off-Receiving unemployment assistance.
<input type="checkbox"/>	Laid off-Not receiving unemployment assistance.
<input type="checkbox"/>	Place of employment has closed.
<input type="checkbox"/>	Reduction in hours of work.
<input type="checkbox"/>	Must stay home to care for child/children due to closure of daycare or school.
<input type="checkbox"/>	Not able to work and/or missed hours due to contracting COVID-19.
<input type="checkbox"/>	Are self-employed, and their business is no longer supplying them with income or such income has been reduced.
<input type="checkbox"/>	Unwilling or unable to participate in their previous employment due to their high risk of severe illness from COVID-19.
<input type="checkbox"/>	Reduction or elimination of child or spousal support.
<input type="checkbox"/>	Other reduction in household income: please describe the situation below.

INCURRED SIGNIFICANT COSTS

<input type="checkbox"/>	Child or Adult dependent care expenses increased due to COVID-19.
<input type="checkbox"/>	Other significant costs: please describe the situation below.

OTHER FINANCIAL HARDSHIP EXPERIENCED.

If "Other Hardship Experienced," please describe the situation below.

F.3. Has your household received a late rent notice, late utility notice, or eviction notice on or after March 13, 2020?

Yes No

If yes, please include the late rent notice, late utility notice, or eviction notice with your application.

Late rent notice, late utility notice, or eviction notice ***Required**

F.4. If you do not receive rental assistance, would you or anyone in your household need to move into an unsafe or unhealthy living environment, like a shared living situation or emergency shelter? Yes No

G. Rent Assistance Requested

Name: _____

Address: _____

G. Rent Assistance Requested

Fill out the amount that you are requesting for each month of housing payments that you require assistance for due to your household's COVID-19 impact. For instance, if you are asking for \$1,000 of rent missed in November 2020, but only \$500 of rent missed in December 2020, then you would fill out \$1,000 in November 2020 and \$500 in December 2020. Note that you are allowed to request all months of past due rent that you may need assistance with (after March 13, 2020) **AND YOU ARE ALSO ALLOWED TO REQUEST UP TO 3 MONTHS OF CURRENT/FUTURE RENT AT THIS TIME.**

Please note that for this program, rents assistance may not exceed \$4600 per each month. If rent for a given unit is more than \$4600 per month, the Texas Rent Relief Program will provide up to \$4600 per each month for the months of assistance requested.

We encourage tenants to request 3 future months with the initial application, if you plan on being in the unit.

RENTAL ASSISTANCE REQUESTED

G.1. Are you requesting rent assistance? __ Yes __ No

G.1. What is your current monthly rent? _____

G.2. How many bedrooms are in your rental unit? _____

G.3. Rent request by month.

Late fees/penalties should not be included in missed rent, but rather entered in G.4.

Month/Year	Amount Requested	Month/Year	Amount Requested
March 2020		February 2021	
April 2020		March 2021	
May 2020		April 2021	
June 2020		May 2021	
July 2020		June 2021	
August 2020		July 2021	
September 2020		August 2021	
October 2020		September 2021	
November 2020		October 2021	
December 2020		November 2021	
January 2021		December 2021	

G.4. Total Late Fees: _____

Total Rent Assistance Request: _____

G.5. Landlord/Entity Name: _____

G.6. Landlord Address: _____

G.7. Landlord Phone Number: _____

G.8. Landlord Email: _____

H. Water & Gas/Propane Assistance Requested

Name: _____

Address: _____

H. Water & Gas/Propane Assistance Requested

If you are requesting utility assistance, provide the type of utility assistance below for which you are seeking payment. Late fees should be entered in H.7, H.14. If you have changed utility vendors during the time period for which you are requesting assistance, enter your current provider under the relevant category and enter your previous provider under the "Other Home Energy" category in Section J.

WATER ASSISTANCE REQUESTED

H.1. Are you requesting water utility assistance? __ Yes __ No

H.2. If you are requesting water assistance, you must include a copy of your most recent water utility statement with your application. The amount of past-due assistance requested must match the amount owed shown on your statement.

Water Statement ***Required**

H.3. Water Company Name: _____

H.4. Water Company Address: _____

H.5. Account Number: _____

H.6. Water Assistance Request:

Month/Year	Amount Requested	Month/Year	Amount Requested
March 2020		February 2021	
April 2020		March 2021	
May 2020		April 2021	
June 2020		May 2021	
July 2020		June 2021	
August 2020		July 2021	
September 2020		August 2021	
October 2020		September 2021	
November 2020		October 2021	
December 2020		November 2021	
January 2021		December 2021	

H.7. Water/Sewer Late Fees: _____

Total Water Request: _____

GAS/PROPANE ASSISTANCE REQUESTED

H.8. Are you requesting gas/propane assistance? __ Yes __ No

H.9. If you are requesting gas/propane assistance, you must include a copy of your most recent gas/propane utility statement with your application. The amount of past-due assistance requested must match the amount owed shown on your statement.

Gas/Propane Utility Statement ***Required**

H.10. Gas/Propane Company Name: _____

H.11. Gas/Propane Company Address: _____

H.12. Gas/Propane Account Number: _____

H.13. Gas/Propane Assistance Request:

Month/Year	Amount Requested	Month/Year	Amount Requested
March 2020		February 2021	
April 2020		March 2021	
May 2020		April 2021	
June 2020		May 2021	
July 2020		June 2021	
August 2020		July 2021	
September 2020		August 2021	
October 2020		September 2021	
November 2020		October 2021	
December 2020		November 2021	
January 2021		December 2021	

H.14. Gas/Propane Late Fees: _____

Total Gas/Propane Request: _____

I. Electric & Sewer Assistance

Name: _____

Address: _____

I. Electric & Sewer Assistance

If you are requesting utility assistance, provide the type of utility assistance below for which you are seeking payment. Late fees should be entered in I.7. If you have changed utility vendors during the time period for which you are requesting assistance, enter your current provider under the relevant category and enter your previous provider under the "Other Home Energy" category in Section J.

ELECTRIC ASSISTANCE REQUESTED

I.1. Are you requesting electric utility assistance? __ Yes __ No

I.2. If you are requesting electric assistance, you must include a copy of your most recent electric utility statement with your application. The amount of past-due assistance requested must match the amount owed shown on your statement.

Electric Utility Statement ***Required**

I.3. Electric Company Name: _____

I.4. Electric Company Address: _____

I.5. Electric Account Number: _____

I.6. Electric Assistance Request:

Month/Year	Amount Requested	Month/Year	Amount Requested
March 2020		February 2021	
April 2020		March 2021	
May 2020		April 2021	
June 2020		May 2021	
July 2020		June 2021	
August 2020		July 2021	
September 2020		August 2021	
October 2020		September 2021	
November 2020		October 2021	
December 2020		November 2021	
January 2021		December 2021	

I.7. Electric Late Fees: _____

Total Electric Request: _____

SEWER ASSISTANCE REQUESTED

I.8. Are you requesting sewer assistance? __ Yes __ No

I.9. If you are requesting sewer assistance, you must include a copy of your most recent sewer utility statement with your application. The amount of past-due assistance requested must match the amount owed shown on your statement.

Sewer Utility Statement ***Required**

I.10. Sewer Company Name: _____

I.11. Sewer Company Address: _____

I.12. Account Number: _____

I.13. Sewer Assistance Request

Month/Year	Amount Requested	Month/Year	Amount Requested
March 2020		February 2021	
April 2020		March 2021	
May 2020		April 2021	
June 2020		May 2021	
July 2020		June 2021	
August 2020		July 2021	
September 2020		August 2021	
October 2020		September 2021	
November 2020		October 2021	
December 2020		November 2021	
January 2021		December 2021	

Total Sewer Assistance Cost: _____

J. Trash & Other Utility Assistance Requested

Name: _____

Address: _____

J. Trash & Other Utility Assistance Requested

If you do not have an Other utility request, you may skip the step and mark it "Complete and Continue." If you have changed utility vendors during the time period for which you are requesting assistance, enter your current provider under the relevant category and enter your previous provider under the "Other Home Energy" category.

TRASH ASSISTANCE REQUIRED

J.1. Are you requesting trash utility assistance? __ Yes __ No

J.2. If you are requesting trash assistance, you must include a copy of your most recent trash statement with your application. The amount of past-due assistance requested must match the amount owed shown on your statement.

Trash Utility Statement ***Required**

J.3. Trash Company: _____

J.4. Trash Company Address: _____

J.5. Account Number: _____

J.6. Trash Assistance Request:

Month/Year	Amount Requested	Month/Year	Amount Requested
March 2020		February 2021	
April 2020		March 2021	
May 2020		April 2021	
June 2020		May 2021	
July 2020		June 2021	
August 2020		July 2021	
September 2020		August 2021	
October 2020		September 2021	
November 2020		October 2021	
December 2020		November 2021	
January 2021		December 2021	

Total Trash Assistance Cost: _____

OTHER HOME ENERGY COST ASSISTANCE REQUESTED

J.7. Are you requesting other energy cost assistance? __ Yes __ No

J.8. If you are requesting other energy cost assistance, you must include a copy of your most recent other energy utility statement with your application. The amount of past-due assistance requested must match the amount owed shown on your statement.

Other Energy Cost Assistance Provider Statement ***Required**

J.9. Other Company Name: _____

J.10. Other Company Address: _____

J.11. Account Number: _____

J.12. Other Assistance Request:

Month/Year	Amount Requested	Month/Year	Amount Requested
March 2020		February 2021	
April 2020		March 2021	
May 2020		April 2021	
June 2020		May 2021	
July 2020		June 2021	
August 2020		July 2021	
September 2020		August 2021	
October 2020		September 2021	
November 2020		October 2021	
December 2020		November 2021	
January 2021		December 2021	

Total Other Energy Assistance Cost: _____

K. Prior Assistance Received

Name:

Address:

K. Prior Assistance Received

Assistance provided under the Texas Rent Relief Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs. List all other sources of rent or utility assistance received from local governments, the State, non-profit organizations, faith based organizations, or friends and family for the months for which you are applying for assistance. Tenants living in a public housing unit, receiving tenant-based or project-based rental assistance, such as the Housing Choice Voucher or Section 8, do **not** need to list those sources here.

PRIOR HOUSING ASSISTANCE RECEIVED

K.1. For the months for which you are requesting assistance are/were you receiving a Housing Choice Voucher (Section 8), living in a unit receiving Project-Based Rental Assistance, or living in a public housing unit?

Yes No

K.2. Has anyone in your household applied for, or received any rental and/or utility assistance from any source (local, state, federal, private) FOR THE MONTHS/OR RENT PORTION YOU ARE APPLYING TO TEXAS RENT RELIEF PROGRAM? If yes, proceed with this section. If no, proceed to the next section.

Yes No

K.3. List the housing assistance that you have already received each month, where applicable. List all of the sources of financial and/or housing assistance (the name of the local, state, federal or private organization) FOR ONLY THE MONTHS YOUR ARE APPLYING TO the Texas Rent Relief Program.

Month/Year	Amount Requested	Assistance Source
March 2020		
April 2020		
May 2020		
June 2020		
July 2020		
August 2020		
September 2020		
October 2020		
November 2020		
December 2020		
January 2021		
February 2021		
March 2021		
April 2021		
May 2021		

Month/Year	Amount Requested	Assistance Source
June 2021		
July 2021		
August 2021		
September 2021		
October 2021		
November 2021		
December 2021		

L. Required Documents

Name:

Address:

L. Required Documents

Please include a copy of the following documents to complete your application. Submitting an incomplete application will delay processing times. Applicants with missing documents/information will be notified by email, If non-responsive by email, the applicant will be contacted by phone. The application will be rejected after three (3) consecutive unsuccessful contact attempts. Once an application is rejected, the applicant will be notified by email. Rejected applicants are free to re-apply to the TRR Program if funds remain available.

Documentation

Government issued identification or other personal ID for at least one household member on the lease and/or utility bill ***Required**

If no lease agreement, the three most recent rent receipts or other proof of rent payment for example: bank statements, check stubs or document(s) that establish a pattern of paying rent and primary residence. The documents submitted must show name, address, and rent amount due/paid. ***Required**

Submit

Name:

Address:

Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator. Please provide an email address below and once your application has been received, you will receive an email confirming the submission of your application.

Also note: please check your Spam email folder if you have not received any emails from Neighborly.

By submitting this Application for the Texas Department of Housing and Community Affairs ("TDHCA") Texas Rent Relief Program (the "Program"), 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. I/We understand that if the Landlord and/or Utility Provider does not elect to participate, assistance payment may be made directly to me/us as the legally responsible party(ies) for the unpaid bill or future payment, and the payment must only be used for eligible costs as identified in this application. Use of payment received for any purpose other than the rent or utility assistance requested is subject to criminal penalty.
3. That if I/We qualified for the program by confirming having qualified for unemployment benefits after March 13,2020, I confirm the information to be true and authorize the Texas Rent Relief Program to provide my information if needed, to the Texas Workforce Commission to verify my qualification.
4. To my/our knowledge, if the Unit for which I am receiving assistance is receiving Housing Choice Voucher or Project-Based Rental Assistance or is public housing, I/we are not receiving any other form of government or charitable assistance for the same expenses for the same month or months for which this assistance is requested. If I/we am receiving this kind of assistance, I/we have only requested assistance from the Texas Rent Relief program for the tenant-paid portion of rent and/or utilities.
5. 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 Texas Rent Relief Program. If I receive an assistance payment directly, I/we will repay any duplicate assistance that I/we receive to the Texas Department of Housing and Community Affairs within 10 calendar days.
6. I/We will inform the Texas Rent Relief 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 by calling the 1-833-989-7368.
7. 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 month 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.

8. 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.

9. I/We understand that if determined to be ineligible, I/We can appeal the decision by following the appeal instructions at TXRentRelief.com

10. I/We understand and attest that if I/we qualified for this program by providing evidence that we qualify under another eligible program such as Head Start, SNAP, LIHEAP, TANF, VA benefits, or SSI that my/our household size is comprised of 6 or fewer members and that my/our household income does not exceed the applicable limit. I/We understand and attest that if I/we qualified for this program by providing evidence that we qualify under WIC that my/our household size is comprised of 3 or fewer members and that my/our household income does not exceed the applicable limit.

I/We understand and attest that if I/we qualified for this program by providing a Tenant Income Certification, my/our household income does not exceed the applicable limit.

I/we confirm that our household income does not exceed the applicable limit

11. Tenant acknowledges that all information collected, assembled, or maintained by the Texas Rent Relief 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 Texas Rent Relief 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.

12. I/We shall provide the U.S. Department of the Treasury, the U.S. Inspector General, the U.S. General Accounting Office, the Texas Comptroller, the Texas State Auditor's Office, the Office of Court Administration and the Texas Department of Housing and Community Affairs, 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. If provided funds directly, I/we agree to keep records of payment to the Landlord for the later of seven years, or such records will be kept for the longer of seven years, after notice of a monitoring, audit, or litigation, has been provided, the matter has had a final disposition.

13. I/We have been provided a copy of this certification.

14. 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.

15. 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.

16. 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

SUBMITTING PARTY

Is this application being submitted by the primary applicant/tenant? ___ Yes ___ No

If no, please select the relationship of the submitting party to the primary applicant/tenant.

<input type="checkbox"/>	Community Advocate
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Relative
<input type="checkbox"/>	Landlord
<input type="checkbox"/>	Texas Rent Relief Call Center
<input type="checkbox"/>	Other

Date: _____

Authorized Signature: _____

Printed Name: _____

Contact Email Address: _____