

# NORTEX REGIONAL PLANNING COMMISSION ESG/ESG CARES INTAKE APPLICATION

Dear Applicant:

The information on this form is needed to determine if your household is eligible to receive services for assistance under a Texas Department of Housing and Community Affairs Program. Please complete this entire form and leave no blanks. If there are any questions that you do not understand, please contact the Housing Services Coordinator or Director of Housing Services at (940)322-5281. Thank you in advance for your cooperation.

Are you completing this application due to COVID 19:        Yes        No

<b>A. CONTACT INFORMATION</b>			
<b>Name (as shown on driver's license or government ID):</b>			<b>Birth Date:</b>
<b>Gender:</b>	<b>Race:</b>	<b>Hispanic Ethnicity:</b>	<b>Marital Status:</b> <small>Type text here</small>
<b>Street Address:</b>			<b>Rent</b> <b>Own</b>
<b>City/State/Zip</b>			<b>County:</b>
<b>Mailing Address (if different from above):</b>			
<b>City/State/Zip:</b>			<b>County:</b>
<b>Home/Cell Phone:</b>	<b>Work Phone:</b>	<b>Other Contact:</b>	
<b>Email Address:</b>			
<b>Emergency Contact Name</b>		<b>Relationship</b>	<b>Phone:</b>

<b>B. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household</b>				
Name of Household Member <small>(List only persons that are part of your household—not persons with whom you may be sharing housing)</small>	Relationship to Head of Household	Date of Birth	Gender	SSN/Alien Registration
	SELF			

Name of Household Member	Relationship to Head of Household	Date of Birth	Gender	SSN/Alien Registration

**C. HOUSEHOLD COMPOSITION INFORMATION**

Is anyone in the household a Veteran? NO \_\_\_\_\_ YES \_\_\_\_\_

Name: \_\_\_\_\_

Is anyone in the household disabled? NO \_\_\_\_\_ YES \_\_\_\_\_

Name: \_\_\_\_\_

Are any household members temporarily absent from the home? NO \_\_\_\_\_ YES \_\_\_\_\_

Name: \_\_\_\_\_

Reason for temporary absence: \_\_\_\_\_

Do you anticipate any other members will join your household within the next 12 months?

NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, explain:

**D. SOURCE OF INCOME – Does anyone in the household receive money from the following sources? Do not list earned income from employment by persons under the age of 18.**

Employment		Self-employment		SSI		SSDI	
TANF		Unemployment		Workers Comp		Child Support	

<b>D. SOURCE OF INCOME cont'd</b>							
Pension		SS Retirement		Grants/Loans		Military	
Family Support		Commissions		Bonuses		Alimony	
Other		Source:					

<b>E. HOUSING ASSISTANCE – List any assistance you receive to assist with rent. Please provide the monthly rent amount, the amount that is paid by the Agency providing assistance and the amount you actually pay monthly.</b>			
ASSISTANCE	MONTHLY RENT	AGENCY AMOUNT PAID MONTHLY	YOUR AMOUNT PAID MONTHLY
Section 8			
Public Housing Authority			
TBRA			
HOPWA			
Other			

<b>F. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)</b>		
Asset Source	Balance/Cash Value	Name of Institution
Checking Account		
Savings Account		
Retirement/Pension Fund		
Real Estate (excluding your home in which you reside)		
Additional Checking/Savings		
Other		

**ANNUAL INCOME LIMITS**

<b>Persons in Family</b>							
1	2	3	4	5	6	7	8
22,600	25,800	29,050	32,250	34,850	37,450	40,000	42,600

If there are additional members in the household over 8 members, please let the Housing Coordinator know so that the appropriate income limit can be provided to you.

**G. Please provide information on all income received monthly that was checked as received by the household. If additional room is needed to add income, household members or other information, an additional page is attached at the end of the application.**

<b>CURRENT EMPLOYMENT CONTACT INFORMATION</b>			
Household Member's Name			Work Phone
Name and Street Address of Employer	City	State	Zip Code
Monthly Salary: _____ Hourly Rate of Pay: _____ How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly			# of Hours worked per week
<b>CURRENT EMPLOYMENT CONTACT INFORMATION</b>			
Household Member's Name			Work Phone
Name and Street Address of Employer	City	State	Zip Code
Monthly Salary: _____ Hourly Rate of Pay: _____ How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly			# of Hours worked per week
<b>CURRENT EMPLOYMENT CONTACT INFORMATION</b>			
Household Member's Name			Work Phone
Name and Street Address of Employer	City	State	Zip Code
Monthly Salary: _____ Hourly Rate of Pay: _____ How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly			# of Hours worked per week

**FORMER EMPLOYMENT CONTACT INFORMATION – Please complete for household members that lost employment within the last 6 months.**

Household Member's Name			Work Phone	
Name and Street Address of Employer		City	State	Zip Code
Monthly Salary: _____ Hourly Rate of Pay: _____ How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly				# of Hours worked per week
Was this job loss due to COVID-19:				
Last Date of Employment:				
Last Date Income Received from Employer:				
Will you receive any additional payments from this employer: If yes, when:				

Household Member's Name			Work Phone	
Name and Street Address of Employer		City	State	Zip Code
Monthly Salary: _____ Hourly Rate of Pay: _____ How often paid: _____ Weekly _____ Bi-weekly _____ Semi-monthly _____ Monthly				# of Hours worked per week
Was this job loss due to COVID-19:				
Last Date of Employment:				
Last Date Income Received from Employer:				
Will you receive any additional payments from this employer: If yes, when:				

OTHER SOURCE OF INCOME	RECEIVED BY	HOW OFTEN RECEIVED	MONTHLY AMOUNT

**H. Please use this blank page to provide information about additional household members, income or assets.**

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**I. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an ESG/ESG CARES program through the Texas Department of Housing and Community Affairs. Your signature acknowledges that the information provided is correct. It also acknowledges that under Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.**

**RELEASE:** My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

\_\_\_\_\_  
Applicant/Resident Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Resident Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Member Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**REQUIRED ASSISTANCE VERIFICATION**

In order to determine your eligibility for assistance, additional documents are required. Please provide these documents along with your application. If you are unable to provide when submitting your application, please be aware your application **CAN'T** be completed until all verification is provided. If you have any questions regarding the required documents or have problems obtaining them, please contact the **Housing Services Coordinator** at **(940)322-5281**.

<b>REQUIRED DOCUMENTS</b>	<b>REQUIRED FOR THE FOLLOWING PERSONS IN THE HOUSEHOLD</b>	<b>EXAMPLES OF ACCEPTABLE PROOF</b>
<b>Identification (ID)</b>	Person submitting application and person on the name of the bills/lease for which assistant is requested	Unexpired Driver's License, State ID, Visa, Passport, birth certificate, etc. (Any ID that does not have a picture, such as a birth certificate must provide additional ID with a picture such as school ID, job ID, etc.)
<b>Residency</b>	Person submitting application	Driver's license, State ID, utility bill (no older than 45 days-no cell phone bills), copy of lease, rental agreement, public assistance letter, support statement
<b>Income</b>	All persons considered members of the household 18 and over	Most recent paystubs (4 if paid weekly, bi-weekly and semi-monthly, and 2 for monthly), Letter from TANF, SSA or Child Support, Workers Comp, Pension statement, Support statement (with donor's name, address, phone number and amount provided and how often)
<b>Assets</b>	All persons considered members of the household 18 and over	Most recent bank statement including checking, savings, etc.
<b>Social Security Number</b>	All household members	SS card, letter, official document with SSN listed
<b>Immigration Information</b>	Non-U.S. Citizens (Please note: At least one person in the household must be able to provide)	Employment Authorization card, 1-94, Visa, Passport or other documents from INS
<b>The verification requested below is dependent upon the type of help you are seeking</b>		
<b>Utility Bill Assistance</b>	Recent bill or termination of service notice	
<b>Rent Assistance</b>	Notice of late payments or eviction notice	
<b>Rapid Re-housing Assistance- Verification of Homelessness</b>	Statement from shelter, Support statement from person providing housing, motel/hotel receipts	