



Homeowner Reimbursement Program

Homeowner Application

HOMEOWNER REIMBURSEMENT PROGRAM APPLICATION INSTRUCTIONS

1. **Applicant Information:** In this section you must complete all fields. If something is not applicable, indicate with N/A.
2. **Co-owner Information:** Only use this section if there is a co-owner that also **occupies** the damaged home. If yes, complete all fields or indicate with N/A. If there is a co-owner, but they do not live in the home, do not complete this section.
3. **Eligibility Information:** You must answer all the questions in this section. To be eligible for the Homeowner Reimbursement Program you must have spent your own money on repairs directly related to damages from Hurricane Harvey. You must also be in good standing on your property taxes or be on a current payment plan. If you are required to pay child support, you must also be current or on a payment plan. All repair for which you are requesting reimbursement for must be completed at the time of the application.
4. **Household Composition and Characteristics:** Here you are required to provide information for all members of your household. *All members: to include everyone living in the home related or not.* You will start with yourself as Head of Household.
 - a. **Member Name:** Here you will provide the household members first and last name.
 - b. **Marital Status:** Provide the marital status of each household member.
 - c. **Relationship to Head of Household:** Describe that household member's relationship to you.
 - d. **Date of Birth:** Here you will provide the date of birth for each household member.
 - e. **Dependent:** Here you will indicate with Y(yes) or N(no) for each household member, if he or she is your dependent.
 - f. **Annual Income:** For each household member you will be required to report his or her annual income. If the household member does not have an income indicate with N/A. You will be required to provide the most current tax transcript from each household member.
5. **Household Demographic Information:** Provide the following details for all household members listed in section 4 using the same order as above.
 - a. **Ethnicity:** Provide the ethnicity of each household member as one of the following: Hispanic/Latino, Not Hispanic/Latino, or Other.
 - b. **Race:** Provide the race of each household member.
 - c. **Sex:** Provide the sex of each household member as either M or F.
 - d. **Single (unmarried) Head of Household with Children:** This field only applies if you are a single unmarried female Head of Household with children.
 - e. **Full-time Student:** Indicate with Y(yes) if a household member is a full-time student or N(no) if not.
 - f. **Veteran:** For each household member answer either Y(yes) or N(no) to indicate if he or she is a veteran of the U.S. Armed Forces.
6. **Damaged Property Information:** In this section you will be asked questions related to the damaged home. You must answer all questions in this section. Below you will find descriptions to help with questions listed on the application.
 - a. A separate dwelling unit is something like a garage apartment or separate building located on your property that is occupied by a renter.
 - b. Your primary residence is your main home where you lived most of the time in 2017

- c. Commercial or storefront activities do not include running a home office or storing items for your business at your home.
- d. A home is built completely over water if it is on piers and the house is surrounded on all 4 sides by water at high tide.

7. **Housing Assistance and Insurance Information:** In this section you will be asked to provide details about storm-related assistance or insurance payouts you received. You must complete this section in its entirety.

- a. Storm-related assistance: The first three questions will ask about FEMA, SBA, and construction related assistance. Provide if applicable your FEMA Individual Assistance IA Registration number, and SBA Application and Loan Number. If you received construction assistance from DAHLR, PREPS, HAP, and/or Other check the respective boxes in this section.
- b. Insurance Related questions: You need to indicate if you had any of the following insurance policies at the time of the storm: Flood Insurance, Windstorm Insurance, and/or Homeowner's insurance. For each policy you will need to provide the following information and provide documents:
 - i. Carrier's name
 - ii. Policy number
 - iii. Agent's name
 - iv. Phone number
 - v. Amounts paid out for structural, contents, ALE, and other.

8. **Housing Assistance and Insurance Details:** In this section provide amounts received from each source. If no amount was received indicate with N/A

For the remaining sections, please read each disclosure and provide all requested information. All sections of this application must be filled out to be considered.

All Fields Must be Completed or Indicated with "N/A"

1. APPLICANT INFORMATION:

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Primary Email:	Home Phone:
Secondary Email:	Cell Phone:
Preferred Method of Contact:	
Preferred Language:	

2. CO-OWNER INFORMATION: (If applicable)

Applicant Name:	
Street Address:	
City/State/Zip:	County:
Primary Email:	Home Phone:
Secondary Email:	Cell Phone:
Preferred Method of Contact:	
Preferred Language:	

3. ELIGIBILITY INFORMATION: Please answer all the following questions:

Did you spend your own money for disaster related expenses beyond what you received from other sources (FEMA, SBA, Insurance, or Non-Profit)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently in good standing on your property taxes, or in good standing with a property tax payment plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are required to pay child support, are you current on your payments or in good standing with a payment plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you completed all of the repairs for which you are claiming reimbursement in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all current members of the household

Member Name	Marital Status	Relationship to Head of Household	Date of Birth	Dependent (Yes/No)	Annual Income
1.		<i>Head of Household</i>			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Total Number of Household Members:

5. HOUSEHOLD DEMOGRAPHIC INFORMATION:						
	Ethnicity	Race	Gender	Single (Unmarried) Head of Household with Children?	Full-time Student?	Veteran?
1 (Head)				<input type="checkbox"/> Yes <input type="checkbox"/> No		
2						
3						
4						
5						
6						
7						
8						

6. DAMAGED PROPERTY INFORMATION:					
What type of structure is the property?	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Multi-Family Home	<input type="checkbox"/> Manufactured Housing Unit (MHU)	<input type="checkbox"/> Condominium or Cooperative	<input type="checkbox"/> Other Describe Below:
Damaged Property Street Address:					Year Built:
City/State/Zip:			County:		
<i>Please answer all the following questions:</i>					
Do you currently own a property that was damaged by Hurricane Harvey?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you own the damaged property at the time of the disaster?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the home occupied by tenants/renters, or is it owner-occupied?				<input type="checkbox"/> Owner-Occupied Only <input type="checkbox"/> Renter-Occupied Only <input type="checkbox"/> Occupied by Owner and Renter	
How many dwelling units are in the structure?				<input type="checkbox"/> One <input type="checkbox"/> More than one	
Was the property your primary residence at the time of the storm?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property currently your primary residence?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any portion of the property a separate unit that is exclusively for commercial/storefront activities?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the structure built completely over water?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the structure a manufactured home or travel trailer?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

If a manufactured home or travel trailer, is it built on a permanent frame?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a manufactured home or travel trailer, are all the wheels removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a manufactured home or travel trailer, do you own the land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a manufactured home or travel trailer, is it attached to a permanent foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If it is a manufactured housing, unit do you have a valid Statement of Ownership filed with the Texas Department of Housing and Community Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the damaged property currently in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. HOUSING ASSISTANCE AND INSURANCE INFORMATION:	
Have you applied for and storm-related assistance for damage to your home from any source (local, state, federal, or private) or filed an insurance claim for storm-related damage? If yes, proceed with this section.	
Do you have a FEMA IA Application/Registration # for Hurricane Harvey?	<input type="checkbox"/> Yes If yes, enter your FEMA Application/Registration number: <input type="checkbox"/> No
Have you received any disaster-related assistance from SBA (e.g. an SBA loan) for structural damage to the home?	<input type="checkbox"/> Yes If yes, enter your SBA Application Number: and your SBA Loan Number: <input type="checkbox"/> No
Have you received any disaster-related assistance from USDA (e.g. an USDA loan) for structural damage to the home?	<input type="checkbox"/> Yes If yes, enter your USDA Application Number: and your USDA Loan Number: <input type="checkbox"/> No
Did you receive any additional source of assistance for the repair of your home?	<input type="checkbox"/> DALHR <input type="checkbox"/> PREPS <input type="checkbox"/> HAP <input type="checkbox"/> Other If Other, describe: <input type="checkbox"/> N/A
Do you anticipate receiving any ADDITIONAL Harvey-related recovery funds, from FEMA or any other source, that have not already been reported in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please answer all the following flood insurance related questions:</i>	
Were you required to carry Flood Insurance on the structure as a condition of receiving assistance from a previous disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Was there a Flood Insurance policy in effect for the property at the time of the storm?	<input type="checkbox"/> Yes If yes, enter your flood insurance policy number: <input type="checkbox"/> No
If applicable, what is the name of your Flood Insurance carrier and your policy number?	Carrier's Name: Policy Number:
If applicable, provide your Flood Insurance agent's name and phone number.	Agent's Name: Phone number:
If applicable, did you file a claim with your Flood Insurance carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If applicable, what is the claim number for your Flood Insurance claim?	Claim Number:
<i>Please answer all the following windstorm insurance questions:</i>	
Was there a Windstorm Insurance policy in effect for the property at the time of the storm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, what is the name of your Windstorm Insurance carrier and your policy number?	Carrier's Name: Policy Number:
If applicable, provide your Windstorm Insurance agent's name and phone number.	Agent's Name: Phone number:
If applicable, did you file a claim with your Windstorm Insurance carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If applicable, what is the claim number for your windstorm insurance claim?	Claim Number:
<i>Please answer all the following homeowner/hazard insurance questions:</i>	
Was there a Homeowners/hazard Insurance policy in effect for the property at the time of the storm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, what is the name of your Homeowners/hazard Insurance carrier and your policy number?	Carrier's Name: Policy Number:
If applicable, provide your Homeowners/hazard Insurance agent's name and phone number.	Agent's Name: Phone number:
If applicable, did you file a claim with your Homeowners/hazard Insurance carrier?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If applicable, what is the claim number for your Homeowners/hazard Insurance claim?	Claim Number:

8. HOUSING ASSISTANCE AND INSURANCE DETAILS:

Please enter amounts received for each listed below. If you didn't any benefits, type N/A.

Source	Amount Received
FEMA Home Repair Assistance:	\$
FEMA Rental Assistance:	\$
FEMA Critical Needs Assistance (or Other):	\$
SBA Loan - Real Estate Repair/Replacement Assistance:	\$
SBA Loan – Mitigation Assistance:	\$
USDA – Home Repair/Rebuild Assistance:	\$
Flood insurance award amount for Structure claims:	\$
Flood Insurance award amount for Contents claims:	\$
Flood Insurance award amount for Increased Cost of Compliance (ICC) benefits:	\$
Flood Insurance award amount for ALE, or any other claims:	\$
Windstorm Insurance award amount for Dwelling claims:	\$
Windstorm Insurance award amount for Personal Property claims:	\$
Windstorm Insurance award amount for ALE, or any other claims:	\$
Homeowners Insurance award amount for Structure claims:	\$
Homeowners Insurance award amount for Contents claims:	\$
Homeowners Insurance award amount for ALE, or any other claims:	\$
Legal settlement from insurance arising from disaster losses:	\$
Other philanthropic cash assistance benefits for structural repair:	\$
Other philanthropic cash assistance benefits for temporary housing:	\$

9. SBA RELEASE:	
<p>The U.S. Small Business Administration has my permission, as required by the Privacy Act, to release information to the Texas General Land Office (GLO), and its assigns, employees, agents, and contractors, in connection with this application for a grant, loan or other benefit related to disaster recovery.</p> <p style="text-align: center;"> <input type="checkbox"/> I Agree <input type="checkbox"/> I Decline </p>	
Signature of Applicant:	Date:

10. RIGHT OF ENTRY:	
<p>I, hereby, provide and authorize the Texas General Land Office (GLO) and each of their respective employees, vendors, and contractors, the "Right-of-Entry" in and onto the property describe above for the purpose of performing all necessary activities to carry out the CDBG-DR Program. I will confirm that the officer, official, or employee will present credentials including photo identification, and state the reason for the site visit in order to request entry. Under penalties of perjury, I/we certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.</p> <p style="text-align: center;"> <input type="checkbox"/> I Agree <input type="checkbox"/> I Decline </p>	
Signature of Applicant:	Date:

11. CHILD SUPPORT CERTIFICATION:	
<p>Applicant certifies that he/she is not more than 30 days delinquent in the payment of child support under a valid court order and, therefore, is not barred from receiving the benefits of this grant under Section 231.006(a)(2) of the Texas Family Code. Applicant acknowledges that eligibility for the assistance may be violated if this certification is false, or if delinquency is determined during the period in which assistance is being provided. I, the below-listed Applicant, certify the following:</p> <p>1) I am NOT more than 30 days delinquent in the payment of a child support obligation and am eligible to receive the benefits of this program in accordance with Section 231.006(a)(2) of the Texas Family Code).</p> <p>2) I acknowledge and understand that providing false representations herein constitutes an act of fraud and is punishable under 18 U.S.C. Section 1001.</p>	
Signature of Applicant:	Date:

12. CERTIFICATION OF TAX RETURN:

Your most recent IRS tax return is required to determine eligibility. If you do not have your tax return, please follow this link to begin the process of requesting a copy of your tax return from the IRS:

<https://www.irs.gov/individuals/get-transcript>

The IRS states it takes approximately 5 days to process a request. Once have obtained a copy of your most recent tax return, upload the document here. If you had made the request of the IRS and 5 days have already passed without a response from the IRS, you may check the box below to proceed with processing the remainder of your application. Subsequently, a partner of the GLO will ask you for a copy during their review. You will need a copy of your tax return to process your application. If you have a copy of your tax return, please proceed to the next step.

1. I certify under penalty of perjury that I requested a copy of my tax return from the IRS, however, 5 days have passed without a response from the IRS. Please proceed with processing my application and I will provide my tax return upon request at a later date.

Yes

No

If you are not required to file a tax return, please certify which of the reasons below pertains to your household. If these conditions apply to you, you will need to complete and upload the AGI Worksheet form that will be required to process your application. It can be found at the following link.

<http://recovery.texas.gov/files/resources/housing/s4-adjustedgrossincomeworksheet.xls>

If you need assistance completing this form, please email cdr@glo.texas.gov or call 1-844-893-8937 or 512-475-5000.

2. I certify under penalty of perjury that my income was equal to or less than the standard deduction.

Yes

No

3. I certify under penalty of perjury that I am at least 65 years old, receive Social Security income during the year, and am below the income threshold set by the IRS that exempts me from filing a tax return.

Yes

No

4. I certify under penalty of perjury that I am a dependent claimed on someone's tax return and do not earn more than the income threshold set by the IRS that exempts me from filing a tax return.

Yes

No

Signature of Applicant:

Date:

13. ELIGIBILITY RELEASE:

Name:

Address:

Instructions to Applicant: Your signature on this *Eligibility Release*, authorizes the Texas General Land Office (GLO) and its contractors and agents to obtain information from a third -party regarding your eligibility and continued participation in the Community Development Block Grant Disaster Recovery (CDBG-DR) Homeowner Reimbursement Program (HRP)

Privacy Act Notice Statement: The Texas General Land Office (GLO) requires the collection of the information listed in this form to determine an applicant’s eligibility for the CDBG-DR Program. This information will be used to establish the level of benefits for which the applicant is eligible to receive and to verify the accuracy of the information furnished. Information received from an applicant as a result of verifying an applicant’s eligibility may be released to the appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.

Note: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN.

Information Covered: Inquiries may be made about all items below.

Description	Verification Required	Initials of Applicant
Disaster Assistance (FEMA, SBA, Insurance, etc.)	X	
Income (all sources)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Child Support Verification	X	
Other (list): Dependent Information:	X	

WARNING: *By signing this application, the applicant(s) authorizes the state or any of its duly authorized representatives to verify the information contained herein, including this section. Any person who knowingly makes a false claim or statement to Housing and Urban Development (HUD) may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully makes false or fraudulent statements to any department of the United States Government.*

14. APPLICATION CERTIFICATION:

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this Affidavit. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Signature of Applicant: _____ Date: _____