

City of Mission
Community Development Department
TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM (TERAP)
TENANT APPLICATION
REV. 01/06/21

A. ADMINISTRATOR/SUBRECIPIENT INFORMATION

1. **Administrator Name :** City of Mission

B. APPLICANT INFORMATION

1. **Applicant Name:**

2. **Street Address:**

3. **City/State/Zip Code:**

4. **County:**

5. **Email Address:**

6. **Home Phone:** () -

7. **Cell Phone:** () -

8. **Landlord's Name:**

Landlord's Contact Information (Email and/or Phone Number):

9. **Do you live in a public housing unit operated by a Housing Authority or receive a Section 8 voucher?**

☐ No ☐ Yes

If the answer is yes, your unit is not eligible for assistance and you can stop filling out the rest of the application.

FOR TEXAS EVICTION DIVERSION PROGRAM CASES ONLY

10. **Court Docket #:** **Justice of the Peace (J.P.) Precinct #** in **County**

C. UNIT AND CONTRACT RENT INFORMATION

1. **Period of Lease:** to

2. **Date of Unit Occupancy (Lease Start Date):**

3. **Unit Size - Number of bedrooms in the Unit:**

4. **Unit Contract Rent: \$**

The unit contract rent is your monthly rent payment and should match what is reflected in your lease.

If you need assistance in determining the correct amount to enter in #5 & 6, please ask the assistance provider.

5. **120% SAFMR or FMR: \$**

Determine the applicable 120% of Small Area Fair Market Rent (SAFMR) or Fair Market Rent (FMR) for your current unit size and county or zip code [HERE](#).

6. **150% SAFMR or FMR: \$**

If the contract rent is higher than 150% of the SAFMR or FMR, your unit is not eligible for assistance and you can stop filling out the rest of the application.

D. NEEDS ASSESSMENT

1. Amount Owed to Landlord

- a. **Total amount of rent currently owed to your landlord: \$**
Include current month's rent and any arrears owed; do not include late fees.
- b. **List the prior months for which rent is owed:**
Include both month and year. For example: 10/2020, 11/2020 and 12/2020.
- c. **List the current and future months for which you are seeking rental assistance:**
Note that the months of prior, current and future assistance cannot exceed 6 months.

2. Maximum Assistance Allowed

If you need assistance in determining the correct number to enter here, please ask the assistance provider for help.
The maximum assistance this program allows is up to 120% of the SAFMR or FMR.

- a. **Is your unit contract rent more than 120% (the number in C5 above) and less than 150% (the number in C6 above) of SAFMR or FMR?**

☐ No ☐ Yes

➔ If no, you can skip the rest of this question.

- b. **If yes, calculate:**

Contract Rent (item C4) minus (-) 120% of SAFMR or FMR (item C5) = \$

This amount is the portion of monthly rent over 120% of SAFMR or FMR and must be paid to or forgiven by the Landlord for all months of assistance prior to this program making an assistance payment to the Landlord.

- c. **Who will be paying for this amount?**

☐ Tenant ☐ Landlord ☐ Subrecipient ☐ Other (please specify):

3. Housing Assistance Received

- a. **Have you received any rental assistance from other sources (for example, city, county, church or other organization) for the months that you are seeking rental assistance?** ☐ No ☐ Yes

➔ If no, skip the rest of this question.

- b. **If, yes, what is the total amount of rental assistance already received?**

• Month(s) the rental assistance covered:

• What was the source of assistance (for example, name of assistance program)?

4. Unmet Need

What is your total unmet need?

Calculate the total amount of rent currently owed to your landlord (item D1a) minus (-) total amount of rental assistance already received (item D3b).

Note: If your rent is above 120% and less than 150% of SAFMR or FMR, the program will pay the total number of months for which you are seeking assistance multiplied by 120% of SAFMR or FMR (item C5) minus (-) the amount of assistance already received.

F. DEMOGRAPHIC INFORMATION: The Texas Department of Housing and Community Affairs (TDHCA) requests this information for reporting requirements. Although TDHCA would appreciate receiving this information, you may choose not to provide it. You may not be discriminated against on the basis of this information, or on whether or not you choose to provide it.

If you do not wish to provide this information, please check this box: ☐

Ethnicity Codes:

H – Hispanic: A person of Cuban, Mexican, 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.

NH – Not Hispanic

Choose all applicable Race Code(s):

1. American Indian or Alaska Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White

Age Codes:

- A. 0 – 17 years
- B. 18 – 24 years
- C. 25 – 61 years
- D. 62 years +

Disability Status:

A person with a disability has a physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or is regarded as having such an impairment. The definition of disability does not include current, illegal use of or addiction to a controlled substance.

| Member | Ethnicity Code | Race Code | Age Code | Check if Person has Disability |
|----------------|----------------|-------------|----------|-------------------------------------|
| Example | H | 2, 3 | C | <input checked="" type="checkbox"/> |
| 1 (Head) | | | | <input type="checkbox"/> |
| 2 | | | | <input type="checkbox"/> |
| 3 | | | | <input type="checkbox"/> |
| 4 | | | | <input type="checkbox"/> |
| 5 | | | | <input type="checkbox"/> |
| 6 | | | | <input type="checkbox"/> |
| 7 | | | | <input type="checkbox"/> |
| 8 | | | | <input type="checkbox"/> |
| 9 | | | | <input type="checkbox"/> |
| 10 | | | | <input type="checkbox"/> |
| 11 | | | | <input type="checkbox"/> |

E. HOUSEHOLD COMPOSITION INFORMATION**(List all members of the household)**

| Full Name (exactly as it appears on driver's license or other identification document) | Relationship to Head of Household | Date of Birth | Gender | Student Status | Receives Income? | Check if Veteran |
|---|---|------------------|--|---|---|--------------------------|
| 1. | Head of Household | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 6. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 7. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 8. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 9. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 10. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |
| 11. | <input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> |

a. Is any household member listed above a foster child? ☐ No ☐ Yes, who?b. Is any household member listed above a live-in attendant? ☐ No ☐ Yes, who?**G. CATEGORICAL ELIGIBILITY****Is the household made up of 6 or fewer members AND receiving benefits under SSI (for the head or co-head of household), LIHEAP, or SNAP?**☐ Yes If yes, attach source support documentation and skip Section H. ☐ No

H. CURRENT EMPLOYMENT INFORMATION

Add an additional sheet if you need space to list the income of additional household members.

| | | | | | |
|-----------------------------------|----------------------|--|--|--------------------------------|------------------------|
| 1. Household Member Name: | | Occupation: | | Work Phone: () - | |
| Employer Name and Address: | | City: | | State: | Zip Code: |
| Date Hired: | Salary: \$ | Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other | | Hours worked per week: | Employer Email: |
| 2. Household Member Name: | | Occupation: | | Work Phone: () - | |
| Employer Name and Address: | | City: | | State: | Zip Code: |
| Date Hired: | Salary: \$ | Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other | | Hours worked per week: | Employer Email: |
| 3. Household Member Name: | | Occupation: | | Work Phone: () - | |
| Employer Name and Address: | | City: | | State: | Zip Code: |
| Date Hired: | Salary: \$ | Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other | | Hours worked per week: | Employer Email: |
| 4. Household Member Name: | | Occupation: | | Work Phone: () - | |
| Employer Name and Address: | | City: | | State: | Zip Code: |
| Date Hired: | Salary: \$ | Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other | | Hours worked per week: | Employer Email: |

H. CURRENT EMPLOYMENT INFORMATION

Add an additional sheet if you need space to list the income of additional household members.

| | | | | | |
|----------------------------|---------------|---|--|---------------------------|-----------------|
| 5. Household Member Name: | | Occupation: | | Work Phone: () - | |
| Employer Name and Address: | | City: | | State: | Zip Code: |
| Date Hired: | Salary: \$ | Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other | | Hours worked per week: | Employer Email: |
| 6. Household Member Name: | | Occupation: | | Work Phone: () - | |
| Employer Name and Address: | | City: | | State: | Zip Code: |
| Date Hired: | Salary: \$ | Pay Period: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (26) <input type="checkbox"/> Semi-monthly (24) <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other | | Hours worked per week: | Employer Email: |

L. RELEASE AND SIGNATURES

Each of the undersigned Applicants for the Texas Emergency Rental Assistance Program (TERAP) hereby certifies that all of the information provided in the above Application is true and correct, and does hereby authorize the release and/or verification of employment, tenancy, and income information.

| | | |
|-----------------------------|-----------|-------|
| _____ | _____ | _____ |
| Applicant's Printed Name | Signature | Date |
| _____ | _____ | _____ |
| Co-Applicant's Printed Name | Signature | Date |

Warning: 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.

Reasonable accommodations to complete the application will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

Street Address: 221 East 11th Street, Austin, TX 78701 | Mailing Address: PO Box 13941, Austin, TX 78711

Main Number: 512-475-3800 Toll Free: 1-800-525-0657

Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us

