

City of Mission
Community Development Department
TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM
(TERAP) TENANT CERTIFICATION

Administrator/Subrecipient Name: City of Mission

REV. 01/06/21

Administrator/Subrecipient Contact Information (email and phone): cdbg@missiontexas.us (956) 580-8670

Tenant Name(s):

Property Address:

Tenant Phone #:

Tenant email:

Unit Number:

Applicable to Texas Eviction Diversion Program (TEDP) cases ONLY:

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

I/We, above named Tenant(s), hereby certify that:

1. I/We have occupied the above-referenced unit as my/our principal residence during the period of time for which the rental 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 this program requires participation from both the Landlord and Tenant and if the Landlord does not elect to participate, no assistance will be provided.
3. To my/our knowledge, the Unit for which I am receiving assistance is not public housing and is not receiving any other form of government assistance for the same month or months of rent for which this assistance is requested, such as tenant-based voucher assistance (such as Section 8), or project-based assistance.
4. I/We will not seek to obtain rental assistance in the future for the same months of rental arrears or rent covered by this assistance, and that if I/we do receive such assistance I will report it to Landlord using the contact information in my/our lease, and to the Administrator using the contact information at the top of this form.
5. I/We will inform the Administrator, using the contact information at the top of this form, within ten calendar days if evicted from the Unit or if I/we no longer occupy the Unit as my/our principal residence during the period of assistance.
6. To my/our knowledge, neither I/We, nor the Landlord, have previously received rental assistance funded with Community Development Block Grant (CDBG) Coronavirus Relief Act funds.
7. I/We have provided a written lease to Administrator, or if I/we have not provided a written lease, that the information I have provided in the Tenant Application regarding the terms of my/our lease and rent amount are true and accurate and if requested, I will provide proof of my/our tenancy.
8. I/We understand that in accordance with Section 2105.151 of the Tex. Gov't Code, I/we have a right to request a hearing if I/we believe the Administrator has been unjust, discriminatory, or without reasonable basis in law or fact, and that I/we have the right to file a complaint with the Texas Department of Housing and Community Affairs.
9. I/We have been impacted by the COVID-19 Pandemic. (Please select any/all conditions that apply to your household since March 13, 2020, the date of the State of Texas Disaster Proclamation):
 - A. ☐ Household has had a loss or reduction of income due to the COVID-19 pandemic.
 - B. ☐ Household has had increased household costs due to school closures or medical expenses associated with the COVID-19 pandemic.

(Please describe your economic impact due to the Coronavirus pandemic including circumstance(s) resulting in loss of income or increased expenses. Statement may be provided verbally and documented by staff completing form.)

10. 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. (Consent may be given verbally).
11. Tenant acknowledges that all information collected, assembled, or maintained by Administrator pertaining to this Certification, except records made confidential by law or court order, are subject to the Texas Public Information Act (Chapter 552 of Texas Government Code) and must provide citizens, public agencies, and other interested parties with reasonable access to all records pertaining to this Contract subject to and in accordance with the Texas Public Information Act.
12. Tenant shall provide the U.S. Department of Housing and Urban Development, 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 certification.
13. I/We have been provided a copy of this certification.
14. I/we understand that if there is a portion of the rent or rental arrears that is to be paid by or on behalf of the Tenant (as identified in the tenant application), such payment must be made to or forgiven by the landlord, and the landlord must confirm receipt or forgiveness, prior to the program making an assistance payment to the landlord.
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.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

Signature of Staff Person

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 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



INSTRUCTIONS: This is a written statement from the program beneficiary that will serve as documentation that they meet the definition of having an “Annual (Gross) Income” that does not exceed the applicable limits for the Texas Emergency Rental Assistance Program (TERAP). Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income: Select the ONE appropriate definition for which you are self-certifying. This certification is only allowable for the two options listed below.

- ☐ My household lives in a rent-restricted property and has provided an income certification from the property dated on or after April 1, 2020, AND my household’s Annual Gross Income remains below 80% of the Area Median Income.
- ☐ My household’s Annual Gross Income is below 60% of the Area Median Income.

APPLICANT INFORMATION	
1. Applicant Name:	
2. Street Address:	
3. City/State/Zip Code:	4. County:
5. Email Address:	6. Home Phone: () - 7. Cell Phone: () -

Member Information

Mark with an X, all the applicable categories. **HH** = Head of Household; **CH** = Co-Head of Household; **PT≥18** = Part-time student age 18 or over; **FS≥18** = Full-time student age 18 or over; **<18** = Child under the age of 18 years

First and Last Name	HH	CH	PT≥18	FS≥18	<18
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Information

Annual gross income (total of all members) = \$

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
1. Signature	Printed Name	Date
2. Signature	Printed Name	Date
3. Signature	Printed Name	Date
4. Signature	Printed Name	Date
5. Signature	Printed Name	Date
6. Signature	Printed Name	Date
7. Signature	Printed Name	Date
8. Signature	Printed Name	Date
9. Signature	Printed Name	Date
10. Signature	Printed Name	Date
11. Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD, the Texas Department of Housing and Community Affairs or the program administrator at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.