



Name: _____

Date: _____

Type of Assistance:

___ Mortgage ___ Rent

___ Light ___ Water

___ Gas

CITY OF MISSION
COMMUNITY DEVELOPMENT BLOCK GRANT CDBG-CV
EMERGENCY RENT / MORTGAGE / UTILITY ASSISTANCE PROGRAM

- **Due to COVID-19, applications will not be taken on a walk-in basis.**
- In order to expedite the process, applicants **MUST** have a completed application and the required documents listed below. (Household members 18+ years of age are also required to provide the required documents.)
- Upon gathering all required documents, call the **CDBG Office (956) 580-8670** to schedule an appointment and have staff review application for completeness and to continue with the application process.
 If **any** additional documents are needed, applicant will have **10 days** to gather pending documents and reschedule appointment.
- Applications for assistance will be processed on a first come, first served basis until funds are exhausted.
- Only the Applicant, Co-Applicant and household members 18+ years of age, if applicable, **must** be in attendance for the scheduled appointment.
- **No children** are allowed in the office during the appointment.
- It is recommended for Applicants to wear a face mask for the duration of the visit to the department.

CHECKLIST		Date	Initials
1	Valid/current Texas Driver's License/Texas I.D. Card and Proof of Citizenship/Permanent Resident Card for every adult member in the household (Out of state driver's license or Identification cards will not accepted); DLs and/or IDs address must match their current residence. Divorce Decree, if applicable.		
2	All members in the household must have Social Security cards and Birth Certificates to be considered for assistance. Work Visas or out-of-state/country employees are not eligible for this program.		
3	Lease Agreement (signed Rent Contract)/Mortgage Statement (Promissory Note/Warranty Deed) showing the amount of monthly payment, escrow accounts, late fees, and any other costs incurred and included.		
4	Utility Bills-the bills must be labeled "Disconnect Notice" or "Past-due" to be considered and must be under the applicant or co-applicant's name.		
5	Obtain a letter from the employer verifying job loss or reduction in hours from the affected company and must be included in the application. The letter must be on the official employer/company letterhead.		
6	Most recent Income Tax Return (<i>Business owners do not qualify for this program</i>).		
7	Two months most recent pay stubs, showing year-to-date earnings for each applicable household member. If the applicant/household member is unemployed due to the pandemic and has not filed for unemployment benefits or exhausted their claim, a notarized affidavit-of-fact stating their current employment status and means of income will be acceptable.		
8	Individuals receiving government assistance (Social Security Benefits, Food Stamps (SNAP), Unemployment, and/or Disability must provide most recent benefit/award letter.		
9	Last three months of bank account(s) statements for <u>all</u> household members (checking, savings, money market, etc.). If applicant does not have a bank account, a notarized affidavit-of-fact will be required to fulfill this criteria.		
10	Mortgage Assistance: Past Due Mortgage Statement or Foreclosure Notice is required as proof of hardship and mortgage statement of arrears and late fees must accompany this notice. Rental Assistance: Past due Statement or Eviction Notice from Landlord is required and statement of total amount owed with a breakdown of pending payments (months listed & amount per month).		
11	Eligibility Release of Information Form.		
12	COVID-19 Liability Waiver Form and COVID-19 Statement.		
13	Duplication of Benefits Form(s): ___ Client ___ Landlord (Rent) ___ Mortgage (Mortgage) ___ Utility Company (Water / Electricity / Natural Gas)		
14	Form W-9: ___ Landlord (Rent) ___ Mortgage (Mortgage) ___ Utility Companies (Water/Electricity/Natural Gas)		
Office Use Only:		Date	Initials
15	Conflict of Interest Affidavit Form (To be executed upon appointment)		
16	Employer Verification Form (To be executed upon appointment)		
17	Verification of any other form of income: Retirement benefits, Investments, etc. (To be executed upon appointment)		