



COVID-19 Financial Hardship Application for Assistance

The Corona-virus Aid, Relief and Economic Security Act (CARES Act) signed into Public Law (116-13) on March 27, 2020 has made available the use of limited funding to City of San Benito residents who are experiencing a financial hardship as a result of the Corona-virus. The City of San Benito will make available limited, temporary assistance to residents of San Benito who have demonstrated financial hardship due to temporary or permanent loss of employment income due to effects of the COVID-19 pandemic. The City is not obligated to fund a submitted application. All funding considerations are subject to availability of funding and program regulatory and statutory guidance from the U.S. Department of Housing and Urban Development. ONE application per household will be accepted, assistance will be limited to a maximum of 3 months. Assistance will only be provided for overdue amounts after April 1, 2020.

- * Total household income must be at or below 80% Area Median Income (See Attachment A - HUD 2020 Income Limits Table)
- * All assistance will be on a first come / first serve basis. Financial assistance for utilities may be paid on behalf of qualified households for the following:

Water/Sewer/Trash Services

Electric Service

Texas Gas Service

Financial Assistance for rent up to \$1,000 per month, for up to 3 months may be paid on behalf of qualified households who are: Not in violation of their current lease/rental agreement (e.g. occupancy, pets) and do not owe back rent to the landlord/property manager prior to April 1, 2020.

Financial assistance for mortgage payments may be paid up to \$1,000 per month for up to 3 months on behalf of qualified households for owner occupied homes. **Homeowner must provide:**

- Notification from Lender that the owner does not qualify for a mortgage forbearance or suspension of mortgage payment;
- Mortgage statement showing the amount of principal and interest;
- Proof from lender that they were in good standing with payments on mortgage prior to April 1, 2020.

ALL HOUSEHOLDS MUST DEMONSTRATE A FINANCIAL HARDSHIP DUE TO LOSS OF INCOME FROM EMPLOYMENT DUE TO COVID-19. RENTAL/MORTGAGE ASSISTANCE WILL NOT BE PROVIDED TO HOUSEHOLDS CURRENTLY RECEIVING A FEDERAL HOUSING SUBSIDY OR LIVING IN FEDERALLY SUBSIDIZED HOUSING UNIT/COMPLEX OR ANY HOUSING THAT HAS A FEDERALLY INSURED MORTGAGE

Including Assisted Housing Programs Administered by the U.S. Department of Housing and Urban Development (HUD), Office of Multifamily Housing Programs, Public Housing, Section 8 -Housing Choice Voucher Program, Multifamily Housing Properties Insured by the Federal Housing Administration (FHA), Multifamily Rental Units Receiving Project Based Rental Assistance, Rental Assistance Demonstration (RAD) Program, Single-Family Housing Mortgage insured by the Federal Housing Administration (FHA). Consult your Landlord/Property Manager PRIOR to requesting Rental Assistance.

INSTRUCTIONS - COVID-19 Financial Hardship Application for Assistance

Complete the following application forms and each section as it applies to you/your family/household needs related to this request for Utility and/ or Rental/ Mortgage Assistance.

PLEASE WRITE YOUR ANSWERS CLEARLY IN BLUE OR BLACK INK! * DOUBLE CHECK & CONFIRM YOUR WRITTEN RESPONSES*
Once you have completed the application forms, attach a copy of the following documents to the application:

- Copy of Texas Driver's License or State Identification Card or Other State or Federally issued Identification for all household members over age 18;
- Copy of Proof of citizenship or legal residency is required for all household members (Birth certificate, U.S. Passport, Certificate of Naturalization, or permanent resident card)
- Copy of the last 2 pay stubs (bi-weekly pay) or 4 pay stubs (weekly pay) for household members over age 18
- Copy of most recent Unemployment Payment, as applicable
- Copy of most recent Payroll Protection Program payment, as applicable
- Copy of your award letter for SSA, SSI, VA or VA Disability, retirement & pension funds
- Copy of most recent bank statement for all accounts held by household members
- Copy of current child support order & statement of amounts received
- Copy of award letter for Food Stamps (Lone Star/SNAP or TANF (must be within 30 days of application date)
- Copy of most recent utility bill for which assistance is being sought (water & sewer/electric/gas)
- Copy of Notice from Employer relating to reduction of work hours/employment/business closure due to COVID-19
- Copy of current Rental lease/Agreement executed prior to April 1, 2020- if requesting Rental Assistance (overdue amounts prior to April 1, 2020 are not eligible for rental assistance)
- Copy of current mortgage statement executed prior to April 1, 2020- if requesting mortgage assistance (overdue amounts prior to April 1, 2020 are not eligible for mortgage assistance).

***Staff can make necessary copies of documents as needed.**

Submit application and documents in person to:

**City of San Benito
485 N. Sam Houston
San Benito, Texas 78586
Phone: 956-361-3800**



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Attachment A HUD 2020 Income Limits			
INCOME	Extremely Low Income	Very Low Income	Low Income
Household Size	30% AMI	50% AMI	80% AMI
1 Person	\$12,400	\$20,650	\$33,000
2 Persons	\$14,150	\$23,600	\$37,700
3 Persons	\$15,900	\$26,550	\$42,400
4 Persons	\$17,650	\$29,450	\$47,100
5 Persons	\$19,100	\$31,850	\$50,900
6 Persons	\$20,500	\$34,200	\$54,650
7 Persons	\$21,900	\$36,550	\$58,450
8 Persons	\$23,300	\$38,900	\$62,200

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Place a CHECK MARK in the box indicating the type of assistance requested.
You may select one or both categories for assistance.

Utility Assistance - San Benito City Limits
Rental / Mortgage Assistance - San Benito City Limits

STAFF ONLY
COVID-19 REF# _____
CD STAFF _____ DATE _____

Applicant				Co-Applicant			
NAME / (Please Print)		Head of Household? YES NO		NAME (Please Print)		Head of Household? <input type="checkbox"/> YES NO	
Texas DL /State ID #		Other ID#		Texas DL/ State ID#		Other ID#	
Current Address				Current Address			
City	State TX	Zip Code		City	State TX	Zip Code	
Currently receiving Federal housing assistance?		YES NO <input type="checkbox"/>		Currently receiving Federal housing assistance?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please indicate which type of housing assistance you receive:				If YES, please indicate which type of housing assistance you receive:			
Public Housing		Housing Choice Voucher/Section 8		Public Housing		Housing Choice Voucher/Section 8	
Email		Telephone		Email		Telephone	

FAMILY MEMBER INFORMATION					Ethnicity – mark Y or N if you are of Hispanic origin.	MONTHLY FAMILY INCOME					
LIST EACH FAMILY MEMBER LIVING IN THE HOUSEHOLD	AGE	Gender (M)ale (F)emale	DATE OF BIRTH MM/DD/YYYY	RELATION TO APPLICANT	RACE – mark the number that identifies your Race ETHN RACE	Enter the MONTHLY DOLLAR AMOUNT for each category of income listed; If none then enter zero "0"					
						Employment/ Unemployment /Workers Comp	Social Security/ SSDI VA Disability	TANF/WIC	Pension, Retirement, VA Benefits, Pension	Other Income- Alimony, Child Support, COVID19 Payroll Program Payments	
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
AMI 0-30% >30-50% >50-80% Over 80%						Calculated Total Monthly Income All Sources \$					

Race-select one(1) category applicable to each person in the family. Write the number next to the name of each person indicating that person's RACE.
 11 White 12 Black/African American 13 Asian 14 American Indian/Alaska Native 15 Native Hawaiian/Other Pacific Islander 16 American Indian/Alaska Native & White 17 Asian & White 18 Black/ African American & White 19 American Indian/Alaska Native & Black/African/American 20 OTHER MULTI-RACIAL

HOUSING & EMPLOYMENT INFORMATION			
Name of Apartment Complex	<input type="checkbox"/> N/A	Employer Name/ City	
Property Manager/ Company Name		Supervisor Name	
Telephone		Telephone	
Lease Start / End Date		Last Date Worked/#Hours	

UTILITY ACCOUNTS			
San Benito Utilities (Water) Account #		Child Care Provider Name	<input type="checkbox"/> N/A
Gas Company Name/Account #		City/Location	
Electric Co Name/ Account #			

By checking one of the statements below—You may be required to provide proof to document the statement. CHECK ALL THAT APPLY

A Household Member tested positive for COVID-19 by a source authorized by the State of Texas.

A Household Member was required to quarantine because of close contact exposure to someone who tested positive for COVID-19

