



THE TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM (TERAP)

PROGRAM OVERVIEW

REV. 11/22/2020

The Texas Emergency Rental Assistance Program (TERAP) helps eligible Texas tenants, who are behind on their rent due to the COVID-19 pandemic, stay in their homes and proves up to six months of rental assistance.

Assistance can be used to pay the full contracted rent (within the limits noted below and within the written guidelines of the Administrator) for rent that is past due (in which case up to five months of arrears can be paid and one month of forward rent must be provided) or for rental payments going forward, for up to a total of six months. Any rental payments going forward must be more consecutive months.

FOR EVICTION DIVERSION, REFER TO THE [TEDP ONE-PAGE DOCUMENT](#).

| LANDLORD / UNIT | TENANT / HOUSEHOLD |
|--|---|
| <u>Eligibility Requirements:</u> <ul style="list-style-type: none"> ★ Assistance for rent no older than April 2020 ★ Rent for the household assisted may not exceed the TDHCA maximum limits (enter your zip code on the Rent Limit Calculator at this site for your limits) ★ Must have a bank account and accept direct deposit ★ Units that are already receiving project-based assistance or are public housing units are INELIGIBLE ★ Units that are owned by a unit of government may be ineligible | <u>Eligibility Requirements:</u> <ul style="list-style-type: none"> ★ Household income below 80% of Area Median Income (AMI)* ★ Household has been financially affected by COVID-19 pandemic ★ Tenants are INELIGIBLE if they are receiving tenant-based voucher assistance, are in a unit receiving project-based assistance, or are in public housing |
| <u>Documents Needed:</u> <ul style="list-style-type: none"> ★ IRS W-9 ★ Copy of the executed lease with the tenant or if no written lease, required certification proving tenancy ★ Documentation of Missed Payments (ledger, etc.) ★ Landlord form and certification completed | <u>Documents Needed:</u> <ul style="list-style-type: none"> ★ Personal ID ★ Copy of the executed lease or if no written lease, required certification proving tenancy ★ Income: evidence of eligibility under other qualified program** OR income evidence for past 30 days ★ Tenant application completed. ★ Tenant certification completed |
| <u>You Will Be Required to Certify that You:</u> <ul style="list-style-type: none"> ★ For eviction diversion, will waive late penalties and not pass court fees to the tenant ★ Have not received assistance from another program for the same months of rent for this client and will not apply in the future ★ Will release the tenant from payment liability for this time period, waive all claims raised in the eviction case, and not evict the tenant for the period covered by the TERAP ★ Will reimburse the TERAP within 10 business days if you receive rent payment for this same time period ★ If no written lease, will certify the lease term, rent amount, and be able to provide proof of tenancy | <u>You Will Be Required to Certify that:</u> <ul style="list-style-type: none"> ★ Your household has been economically impacted by the COVID-19 pandemic ★ You have not received rental assistance for the same months of rent and will not seek such assistance in the future for the covered months ★ You have not previously received rental assistance funded with CARES funds that, together with this assistance, will exceed 6 months in total ★ If no written lease, must certify lease term, rent amount, and ability to provide proof of tenancy |

** You are considered eligible and need no other documentation, if you have evidence that you: 1) are currently eligible for assistance under SNAP, SSI or Medicaid; OR 2) if you are living in a rent-restricted property and have evidence of an income certification from that property dated = or after March 31, 2020, but within twelve months of the CDBG application. In some circumstances the TEDP administrator may allow self-certification of income, but the tenant must still be able to demonstrate evidence upon request.

To be eligible for assistance, RENT for the household assisted may NOT EXCEED the TDHCA maximum limits listed below:

| Killeen-Temple, TX HUD Metro FMR Area Advisory Small Area FMRs By Unit Bedrooms | | | | | |
|---|------------|-------------|-------------|---------------|--------------|
| ZIP Code | Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| 76501 | \$570 | \$580 | \$730 | \$1,060 | \$1,280 |
| 76502 | \$720 | \$720 | \$920 | \$1,320 | \$1,590 |
| 76503 | \$630 | \$640 | \$810 | \$1,160 | \$1,400 |
| 76504 | \$690 | \$700 | \$890 | \$1,270 | \$1,540 |
| 76508 | \$690 | \$700 | \$890 | \$1,270 | \$1,540 |

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| Full Name (exactly as it appears on driver's license or other government document) | Relationship to Head of Household | Date of Birth MM/DD/YYYY | Gender | Student Status | Receives Income? | Check if Veteran |
|---|--------------------------------------|-----------------------------|--------|--------------------|---------------------|---------------------|
| 1. | Head of Household | | M | Full Time N/A | Yes | |
| | | | F | Part Time | No | |
| 2. | Spouse Co-Head | | M | Full Time N/A | Yes | |
| | Dependent Other Adult | | F | Part Time | No | |
| 3. | Spouse Co-Head | | M | Full Time N/A | Yes | |
| | Dependent Other Adult | | F | Part Time | No | |
| 4. | Spouse Co-Head | | M | Full Time N/A | Yes | |
| | Dependent Other Adult | | F | Part Time | No | |
| 5. | Spouse Co-Head | | M | Full Time N/A | Yes | |
| | Dependent Other Adult | | F | Part Time | No | |
| 6. | Spouse Co-Head | | M | Full Time N/A | Yes | |
| | Dependent Other Adult | | F | Part Time | No | |

| C. HOUSEHOLD COMPOSITION INFORMATION (Continued) | | | | | | | | |
|--|--------------------------------------|-------------|-----------------------------|--------|--|------|---------------------|---------------------|
| (List all members of the household) | | | | | | | | |
| Full Name (exactly as it appears on driver's license or other government document) | Relationship to Head of Household | | Date of Birth MM/DD/YYYY | Gender | Student Status | | Receives Income? | Check if Veteran |
| 7. | Spouse | Co-Head | | M | Full Time | N/A | Yes | |
| | Dependent | Other Adult | | F | Part Time | No | | |
| 8. | Spouse | Co-Head | | M | Full Time | N/A | Yes | |
| | Dependent | Other Adult | | F | Part Time | No | | |
| 9. | Spouse | Co-Head | | M | Full Time | N/A | Yes | |
| | Dependent | Other Adult | | F | Part Time | No | | |
| D. HOUSEHOLD COMPOSITION INFORMATION | | | | | | | | |
| 1. Is any household member listed above a foster child? | | | | No | Yes | Who? | | |
| 2. Is any household member listed above a live-in attendant? | | | | No | Yes | Who? | | |
| 3. Is any household member temporarily absent from the home? If Yes, indicate reason for temporary absence: | | | | No | Yes | Who? | | |
| 4. Do you anticipate other members will join your household within the next 6 months? If Yes, explain: | | | | No | Yes | | | |
| E. HOUSING ASSISTANCE ON THE UNIT | | | | | | | | |
| List any other housing assistance provided to or received by any household member for the unit you reside in. | | | | | | | | |
| Source | | Amount | Date Received | | List the Months Covered by the Assistance | | | |
| 1. FEMA: Federal Emergency Management Agency No Yes If Yes, which Disaster: | | \$ | | | | | | |
| 2. SBA: Small Business Administration No Yes | | \$ | | | | | | |
| 3. Section 8: Housing and Urban Development No Yes | | \$ | | | | | | |
| 4. TBRA: Tenant Based Rental Assistance No Yes | | \$ | | | | | | |
| 5. Project Based or Other Describe: No Yes | | \$ | | | | | | |
| F. OTHER UNIT AND PROPERTY INFORMATION | | | | | | | | |
| Is the unit public housing? | | No | Yes | | | | | |

| G. CURRENT EMPLOYMENT INFORMATION | | | | | | | | | |
|-----------------------------------|---------|------------------|---------|-------------|----------------|------------------------|-------------|--|-----------|
| 1. Household Member Name: | | | | Occupation: | | | Work Phone: | | |
| Employer Name: | | | | City: | | | State: | | Zip Code: |
| Street Address: | | | | | | | | | |
| Date Hired: | Salary: | Pay Period: | Hourly | Weekly | Bi-weekly (26) | Hours worked per week: | Fax: | | |
| | \$ | Twice month (24) | Monthly | Annually | Other: | | | | |
| 2. Household Member Name: | | | | Occupation: | | | Work Phone: | | |
| Employer Name: | | | | City: | | | State: | | Zip Code: |
| Street Address: | | | | | | | | | |
| Date Hired: | Salary: | Pay Period: | Hourly | Weekly | Bi-weekly (26) | Hours worked per week: | Fax: | | |
| | \$ | Twice month (24) | Monthly | Annually | Other: | | | | |
| 3. Household Member Name: | | | | Occupation: | | | Work Phone: | | |
| Employer Name: | | | | City: | | | State: | | Zip Code: |
| Street Address: | | | | | | | | | |
| Date Hired: | Salary: | Pay Period: | Hourly | Weekly | Bi-weekly (26) | Hours worked per week: | Fax: | | |
| | \$ | Twice month (24) | Monthly | Annually | Other: | | | | |
| 4. Household Member Name: | | | | Occupation: | | | Work Phone: | | |
| Employer Name: | | | | City: | | | State: | | Zip Code: |
| Street Address: | | | | | | | | | |
| Date Hired: | Salary: | Pay Period: | Hourly | Weekly | Bi-weekly (26) | Hours worked per week: | Fax: | | |
| | \$ | Twice month (24) | Monthly | Annually | Other: | | | | |

I. DEMOGRAPHIC AND SPECIAL NEEDS 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 furnish it. You may not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please initial below.

_____ I do not wish to furnish information regarding my ethnicity, race, gender, age, and/or household composition.

**Applicant
initials**

Ethnicity Codes:

A – 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.

B – Not Hispanic

Race Codes:

A – White

B – Black-African American

C – Asian

D – American Indian/Alaska Native

E – Native Hawaiian/Other Pacific Islander

F – American Indian/Alaska Native/White

G – Asian/White

H – Black/African American/White

I – American Indian/Alaska Native/Black-African American

J – Other Multi-Racial

Special Needs Codes:

A – Elderly

B – Person with Disabilities*

C – Person with HIV/AIDS

D – Person with Alcohol and/or Drug Addiction

E – Colonia Resident

F – VAWA/Victim of Domestic Violence

G – Homeless

H – Migrant Farm Worker

I – Public Housing Resident

J – Disaster Victim

K – Veteran

L – Wounded Warrior

M – Money Follows the Person

*** Disability Definition:** A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such an impairment. Does not include current, illegal use of or addiction to a controlled substance.

| | Ethnicity Code | Race Code | Special Needs Code(s) |
|----------|----------------|-----------|-----------------------|
| 1 (Head) | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

L. RELEASE AND SIGNATURES

Each of the undersigned Applicants for the Texas Eviction Diversion Program assistance hereby certify that all of the information provided in the above Application is true and correct, and do 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.



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



TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM (TERAP)

SELF-CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

REV. 11/22/2020

INSTRUCTIONS: This is a written statement from the beneficiary that will serve as documentation that they meet the definition of having an “Annual (Gross) Income” that does not exceed the applicable limits. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. 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.

| FY 2019 Income Limit Area | Median Family Income Explanation | FY 2019 Income Limit Category | Persons in Family | | | | | | | |
|---------------------------------------|----------------------------------|---|-------------------|--------|--------|---------------|--------|--------|--------|---------|
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Killeen-Temple, TX HUD Metro FMR Area | \$63,900 | Very Low (50%) Income Limits (\$) Explanation | 22,400 | 25,600 | 28,800 | 31,950 | 34,550 | 37,100 | 39,650 | 42,200 |
| | | Extremely Low Income Limits (\$) * Explanation | 13,450 | 16,910 | 21,330 | 25,750 | 30,170 | 34,590 | 39,010 | 42,200* |
| | | Low (80%) Income Limits (\$) Explanation | 35,800 | 40,900 | 46,000 | 51,100 | 55,200 | 59,300 | 63,400 | 67,500 |

Beneficiary Information

| | |
|------------|---------------------------------|
| Last Name: | Beneficiary ID (if applicable): |
|------------|---------------------------------|

Member Information

(more than one can be chosen below)

| First Names: | Member IDs (if applicable): | HH | CH | PT≥18 | FS≥18 | <18 |
|--------------|-----------------------------|----|----|-------|-------|-----|
| | 1 | | | | | |
| | 2 | | | | | |
| | 3 | | | | | |
| | 4 | | | | | |
| | 5 | | | | | |
| | 6 | | | | | |
| | 7 | | | | | |
| | 8 | | | | | |
| | 9 | | | | | |

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

Contact Information

| | | |
|-----------------|--------|-----------|
| Address Line 1: | City: | |
| Address Line 2: | State: | Zip Code: |

Income Information:

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

COMPLETE SIGNATURES ON NEXT PAGE

TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM (TERAP)

SELF-CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

REV. 11/22/2020

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.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on:

Effective Date:

Beneficiary ID:

| HEAD OF HOUSEHOLD | | |
|-------------------|--------------|------|
| Signature | Printed Name | Date |

| OTHER BENEFICIARY ADULTS* | | |
|---------------------------|--------------|------|
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| Signature | Printed Name | Date |
| 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 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.

TEXAS EMERGENCY RENTAL ASSISTANCE PROGRAM (TERAP)

TENANT CERTIFICATION

REV. 11/22/2020

Administrator/Subrecipient Name: United Way of Central Texas

Administrator/Subrecipient Contact Information (email and phone): covidrelief@uwct.org 254-778-8616

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 do so, no assistance will be provided.
3. That to my/our knowledge, the Unit for which I am receiving assistance 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) is not receiving project-based assistance, and is not public housing.
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.
6. That to my/our knowledge, I/we, nor the Landlord to our knowledge, have previously received rental assistance funded with Community Development Block Grant (CDBG) Coronavirus Relief Act funds, or that I/we have previously received such rental assistance from (provider) for (#) month(s).
7. That 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 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):
 - A. Household has had a loss of household 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. That 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.

11. Tenant acknowledges that all information collected, assembled, or maintained by Administrator pertaining to this Contract, 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. That I/we have been provided a copy of this certification.

14. That 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)

15. I/we understand that if there is any portion of the rent or rental arrears that is to be paid by or on behalf of the Tenant (Tenant Payment), such Tenant 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.

16. 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

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